



# CHILD SAFETY FORWARD SACRAMENTO

## 2020-2030 STRATEGIC PLAN

Eliminating Child Abuse and Neglect Fatalities and Critical Injuries in Sacramento County



Child Abuse Prevention Council  
of Sacramento, Inc.



*Helping People Build Better Communities*

**Resources are available:** We will be trying to identify strategies to reduce child abuse and neglect, and this may be a sensitive topic.

- Sacramento Suicide Prevention Hotline: **(916)368-3111**
- National Maternal Mental Health Hotline: **1-833-943-5746 (1-833-9-HELP4MOMS)**
- Suicide prevention/crisis intervention serving the LGBTQ+ community: **call 1(866)488-7386 or text START to 678678**
- 24/7 Crisis Text Line: **text HOME to 741741**



Child Safety Forward Sacramento has developed this Strategic Plan to ensure Sacramento County’s children, youth and families are safe, healthy, and able to thrive at home, in school, and in their communities through the county's commitment to valuing and supporting the needs of our diverse population.

This Strategic Plan is intended to be a living document and will be reviewed annually with community and policy leaders to update, ensuring all strategies and activities are adaptive and responsive to the emerging needs of the community.

*Last Updated: 07/21/2023*

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# About Us

## Child Abuse Prevention Council of Sacramento

The Child Abuse Prevention Council of Sacramento (CAPC) is an agency affiliate of The Child Abuse Prevention Center, a statewide training, education, research, and resource center dedicated to strengthening children, families, and communities. For more than 40 years, The Center has successfully implemented its mission of preventing child abuse and neglect by training home visitors and family resource instructors that support and strengthen thousands of families each year. The Child Abuse Prevention Center has seen reductions in child abuse cases among the families they have served, increased school readiness for children served, and seen high rates of foster youth served graduate high school or complete its equivalency.

The CAPC is the backbone organization helping to facilitate the work of the Sacramento County Prevention Cabinet and will be the lead agency for the Department of Justice's Office for Victims of Crime Grant to Reduce Child Fatalities and Recurring Child Injuries Caused by Crime Victimization. CAPC has extensive experience with federal grants, managing \$70 million in competitive grants for the past 19 years. CAPC administers Sacramento County's Child Death Review Team, which has investigated the death of all county children for 29 years. For more information about the services provided by The Child Abuse Prevention Center, visit [www.thecapcenter.org](http://www.thecapcenter.org).

# Executive Summary

The Executive Summary provides a quick look at the collective efforts of the Sacramento County Prevention Cabinet to implement the Child Safety Forward Sacramento initiative. The goal is to eliminate child abuse and neglect deaths and critical injuries by 2030.



# Executive Summary

## BACKGROUND

**Sacramento County has a dedicated Child Death Review Team which annually conducted a fatality review to identify recommendations and create a coordinated response to increase child safety.**

The Child Abuse Prevention Council of Sacramento (CAPC) facilitates the work of the Sacramento County Child Death Review Team (CDRT) which reviews the death of every child in Sacramento County. The primary function of the Sacramento County CDRT is to identify how and why children die to facilitate the creation and implementation of strategies to prevent future child deaths. Sacramento County's long-standing fatality review processes are strong and have been the catalyst for child abuse prevention programs such as Birth & Beyond and the Black Child Legacy Campaign.

**Recommendations from the 2015 Child Death Review Team Annual Report resulted in the formation of the Sacramento County Prevention Cabinet.**

When developing the Sacramento County CDRT's 2015 Annual Report, Sacramento County acted upon a priority recommendation from *Within Our Reach* to conduct a retrospective review of child maltreatment fatalities and make recommendations for prevention.<sup>1</sup> Sacramento County's 2015 CDRT Report had a recommendation to convene a multidisciplinary team (MDT) to: **(1) identify trends, risk factors, patterns** across the cases, and categorize opportunities to identify and intervene in intergenerational cycles of violence, and **(2) develop a set of evidence-based recommendations** for a comprehensive countywide strategy to improve policy, systems, and services to end child maltreatment fatalities.

In January 2019, cross-systems leaders attended a Summit hosted by California Department of Social Services Office of Child Abuse Prevention. This group of 10 multidisciplinary leaders that came together to attend the Summit formed the Board of Supervisors-approved MDT, and became known as the Sacramento County Prevention Cabinet (Prevention Cabinet). The Sacramento County Prevention Cabinet consists of multidisciplinary, public/private, authoritative leadership and is co-led by the Child Abuse Prevention Center and the Director of the Department of Child, Family, and Adult Services.

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<sup>1</sup> Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. <https://www.acf.hhs.gov/cb/report/within-our-reach-national-strategy-eliminate-child-abuse-and-neglect-fatalities>

## CHILD SAFETY FORWARD SACRAMENTO

**The Prevention Cabinet has developed a model for a coordinated response to effectively identify and address recurring child injuries and fatalities using collaborative partnerships.**

In 2019, the U.S. Department of Justice funded a three-year demonstration initiative to develop multidisciplinary strategies and responses to address fatalities or near-death injuries due to child abuse and neglect. The Child Abuse Prevention Council of Sacramento (CAPC), and thereby the Prevention Cabinet, was one of the five demonstration sites in the nation chosen for this grant.

Systems partners participating in the Prevention Cabinet shared a sincere acknowledgement that child safety was not solely a “Child Welfare issue,” and acknowledged the need for all child- and family-serving agencies and organizations to do better. While collaboration across agencies and systems in Sacramento County was already strong, there was a lack of resources to fully implement a public health approach to prevent child maltreatment. The public health approach emphasizes system leadership and accountability, multidisciplinary support for families, decision-making grounded in data, and a shared responsibility to promote family safety. The Child Safety Forward initiative supported the Prevention Cabinet to plan and implement a cross-systems strategic plan that honors the principles of the public health approach. The Prevention Cabinet adopted the title “*Child Safety Forward Sacramento*” to promote the strategic plan locally.

During the planning phase, the Sacramento County Prevention Cabinet began to analyze the capacity for sustaining this work beyond the Child Safety Forward grant initiative.<sup>2</sup> The sustainability assessment became a catalyst to redefine collaboration within the Prevention Cabinet to create an operational structure, center community voice, partner with an evaluator, and leverage countywide collaborative efforts. These became the core components of a public health model which are imperative for any child abuse prevention initiative.

## CHILD SAFETY FORWARD SACRAMENTO

### *Vision*

Sacramento County will eliminate child abuse and neglect deaths and critical injuries, by 2030.

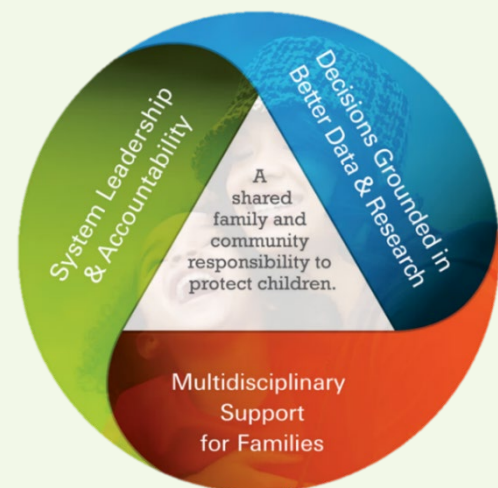
### *Mission*

All Sacramento County Systems will be integral parts of a multidisciplinary system of care to provide support for families.

### *Positive Change Statement*

Sacramento County’s children, youth and families are safe, healthy, and able to thrive at home, in school, and in their communities through the county’s commitment to valuing and supporting the needs of our diverse population.

### *Public Health Approach*



<sup>2</sup> The Prevention Cabinet utilized the CDC Program Sustainability Assessment Tool (PSAT) to determine which program elements need to be maintained, eliminated, or adapted, and to prioritize the areas of sustainability capacity to address first.

**The Prevention Cabinet realized four key lessons that have been identified as essential components for a public health approach to promote family safety.**

As we continue our collaborative journey, we will remain committed to these principles, knowing that they are instrumental in creating lasting, positive change for children and families in Sacramento County.

- 1) **Create an operational structure to prioritize and facilitate planning and implementation.** The Prevention Cabinet established subcommittees to prioritize and assign activities to ensure collective responsibility and sustainability.
- 2) **Center community voice to create shared power.** The Prevention Cabinet intentionally slowed down the planning process in order to center community voice by recruiting and onboarding Community Representatives. The intent was to establish shared power and ensure that the plan was responsive to community needs.
- 3) **Leverage and integrate countywide collaborative efforts to reduce duplication of efforts.** The Prevention Cabinet expanded its reach into other systems and existing collaboratives to broaden the capacity for systems change. This also increases the capacity to pool resources across systems, agencies, and organizations to coordinate efforts effectively.
- 4) **Involve an external evaluator as a neutral technical assistance partner.** The Prevention Cabinet partnered with an external evaluator to gain technical assistance for decision-making and strategic planning from a neutral party. The external evaluator helps to uphold the best interests of the initiative over any specific agency or organization.



**The Prevention Cabinet brings together Community Representatives and leadership from across the family and child-serving systems to share decision-making power in designing and implementing a strategic plan.**

The Prevention Cabinet originally consisted of 10 multidisciplinary public and private partners who had authoritative leadership at the highest level within their agencies or programs. From the sustainability assessment, the Prevention Cabinet identified an opportunity to meaningfully incorporate community voice in the design of the strategic plan. The Prevention Cabinet determined that engagement of community members needed to be authentic, intentional, ongoing, and the number one priority for formalizing the strategic plan. In July 2021, the Prevention Cabinet voted to include community, parent, and youth voices within the Cabinet by appointing "Community Representatives." Community Representatives serve as representatives of the stories, voices, and life experiences of those who have had contact with any child and family serving system/agency in Sacramento County. These representatives were recruited to co-create the strategic plan, inform community

outreach strategies, share the perspectives of those connected to child and family-serving systems, and promote hope in the community.

*“Being a Prevention Cabinet Member and Community Representative has provided me with the opportunity to be a part of the work that is being done to increase child safety. I love the transparency from all the different partners and the fact that I can contribute by sharing feedback and inputs. As a parent, this is empowering!”*

*“My experience with the prevention cabinet has been so fulfilling. As an engaged neighbor and citizen, the cabinet has allowed me to witness first hand actual professionals that are driven by purpose and not monetary influence. The various state agencies’ leaders have been super articulate in demonstrating the need for this work and provided common sense strategies in trying to solve the problem of child abuse.”*

Community Representatives participate at the same level as other Cabinet members, receive stipends for their participation, and are paired with Prevention Cabinet Partners to enhance their learning and engagement. By pairing community representatives with "Partners," we establish connections to valuable resources and information, fostering shared understanding and ownership throughout the planning and implementation process. This inclusive approach will help us create and maintain a plan that is in alignment with the emerging needs of the community.

**Sacramento County Prevention Cabinet Representation**



## THE DATA THAT COMPELLED US

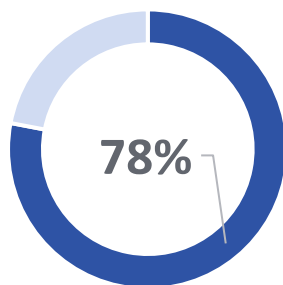
**In the 10-year period prior to the Child Safety Forward Sacramento initiative, 130 children were victims of a child abuse and neglect death or critical injury and 78% were 0-5 years of age.**

The Prevention Cabinet, in partnership with the Sacramento County Child Death Review Team (CDRT) and the Department of Child, Family and Adult Services (DCFAS), analyzed child-level incident data for child abuse and neglect deaths and critical injuries for the 10 years prior to the Child Safety Forward Sacramento Initiative (established in 2019). The purpose of the analysis was to gain insight from incidents of child abuse and neglect deaths or critical injuries in Sacramento County and identify prevention opportunities through systems change efforts.

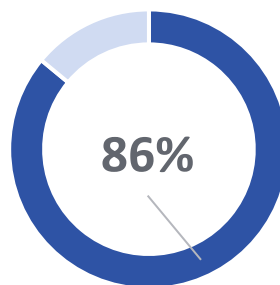
In the 10-year period prior to the Child Safety Forward Sacramento initiative, there were 130 children who experienced child abuse and neglect resulting in critical injury or death. Among these children, 78% of children were five years old or younger, and about one-third were infants (under the age of one). This illuminates the need to focus prevention efforts within systems that serve families with infants and young children in Sacramento County.

### Data that Compels Us

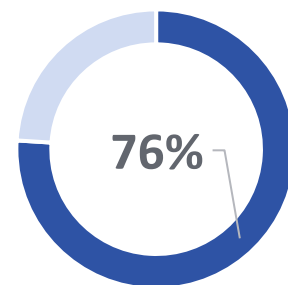
**130** children were victims of a child abuse and neglect death or critical injury in the ten years prior to Child Safety Forward Sacramento (2009-2018)



of victims were **ages 0-5**, of which **30% were less than 1 year of age**.



of perpetrators were **biological parents** acting together or alone.



had a history of **child welfare involvement**.

An analysis of each case involving children five years of age or younger showed that victims of child abuse and neglect deaths and critical injuries were most likely to be male (64%) and Black/African American (39%), and the majority (76%) had previous contact with Child Welfare. Local statistical modeling revealed that prior contact with the child welfare system, as well as poverty and parental crime and drug history, are factors that are correlated with child abuse and neglect deaths or critical injury incidents.

Incidents of child abuse and neglect deaths and critical injuries were compiled by ZIP Code along with community indicators, available through the U.S. Census and in partnership with the Department of Child, Family and Adult Services (see [online dashboard of Sacramento County Child Abuse and Neglect \(CAN\) Deaths and Near Fatalities for Children 0-5](#)). The ZIP Codes with the highest number of child abuse and neglect deaths also had the highest, or near-highest high school dropout rate, minority population, and substantiated allegations of child abuse or neglect.

The needs assessment data collection framework included focus groups with community members, which were originally planned to occur in January 2021. This element of the data collection framework was intentionally delayed to maximize community voice in the planning and creation of a listening session protocol. As soon as Community Representatives were onboarded to participate in the Prevention Cabinet, these efforts resumed. Community listening sessions were successfully completed in January-May of 2023.

Child Safety Forward Sacramento held seven community listening sessions reaching 42 caregivers in the wider Sacramento area to share their insights to inform family strengthening strategies across the county. Participants offered a call to action to promote prevention and improve service delivery to empower families. The strategies and opportunities outlined by community members will be utilized to prioritize the work of the Prevention Cabinet. See the [Summary of Community Listening Sessions](#) for a complete list of recommendations.

### Community Call to Action

#### Promote Prevention to Ensure Thriving Communities

These efforts will improve:

- ✓ **Availability and access** to preventive services and supports
- ✓ **Quality and safety** of public spaces and prevention services

#### Improve Service Delivery to Empower Families

These efforts will result in:

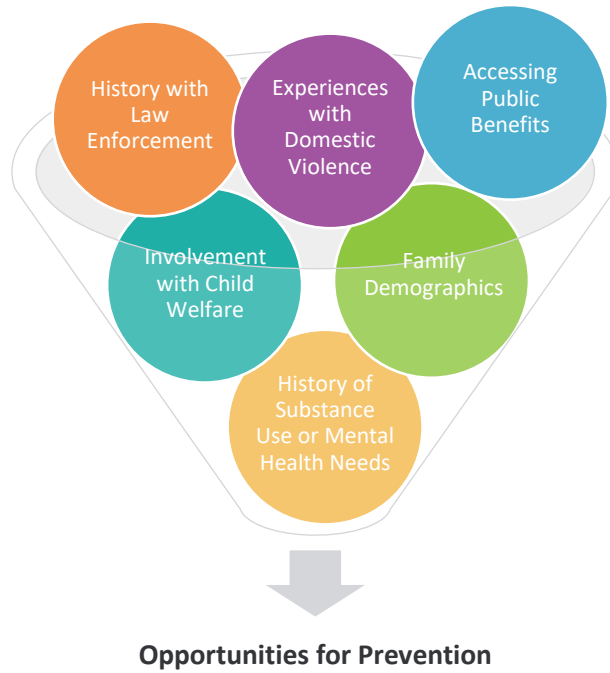
- ✓ **Relational-focused supports** promote trust as a vehicle for intervention delivery.
- ✓ **Family-centered services** promote shared decision-making and is inclusive of all family members, with the goal of family stabilization.
- ✓ **Trauma-informed supports** that recognize and account for all sources of trauma.
- ✓ **Equitable and inclusive services** that recognize and address barriers to engagement for groups with diverse cultural and ethnic backgrounds.

The Prevention Cabinet is in the process of planning its first annual community gathering to identify what is needed to help families thrive, particularly as it relates to fostering trust in seeking help. This was a common barrier shared in the community listening sessions. There is an opportunity to bring together providers and community members to discuss how to move forward to enhance training for mandated reporters, so that they can offer more support by connecting families to essential services before entering into the Child Welfare system.

*“Fear is a good motivator. There needs to be somebody who’s not a mandated reporter. There needs to be a thin line in between, where families can say, ‘This is my situation’ and get options, like: ‘Okay, this needs to be fixed or start getting fixed within a certain amount of time, or these things are going to happen.’ Otherwise, there’s too much unknown.”*

*“I went to Kaiser, trying to get mental health support and all they did was to interrogate me. ‘Oh, we’re mandated to report. So, tell me, why you did this? Oh, and just letting you know, I’m going to report this to CPS.’ This is why I can’t talk. Because there’s no safe place, no ‘in-between’ for it. And now I went to get my medical records, and it says everything I said in some kind of a twisted way. It’s like, ‘Oh, let’s assess the mother.’ I’m like, ‘Dang! I was actually under a microscope!’”*

Information gathered during the needs assessment helped to guide the Prevention Cabinet in defining a theory of change, key strategy areas, and start to build this strategic plan.



These findings underscore the role that community- and family-serving agencies and organizations can play in improving equitable access to family support services. Research shows that, by taking a public health approach to prevent child maltreatment that is centered around meeting the basic needs of families, we can reduce abuse and neglect fatalities and help families avoid and/or limit interaction with the child welfare system. Furthermore, families thrive when they have a supportive community for their children to grow.



## STRATEGIES FOR SYSTEMS CHANGE

The Prevention Cabinet developed a theory of change diagram to document its foundational values, key strategy for systems change, and vision of success.

The Child Safety Forward Sacramento Initiative is a bold systems-change project aimed at incubating, piloting, and sustaining strategies for systems change to reduce child maltreatment. The Prevention Cabinet partnered with Applied Survey Research (ASR), a local evaluation firm, to conduct a needs assessment to identify prevalence and risk factors related to child abuse and neglect and facilitate strategic planning. Findings from the needs assessment provide a portrait of prevalence, family and community risk factors, gaps, and opportunities to reduce child deaths and critical injuries.

The Sacramento County Prevention Cabinet identified key activities to strengthen Sacramento County's system of care, forming into this local strategic plan. The strategic plan is a living document that will continuously be revised in response to an evolving service and needs environment. Activities documented in the Strategic Plan will include short-term and long-term objectives. The Prevention Cabinet will review the list of activities to identify Action Plans to prioritize activities for the next six-month period.

The figure on the next page contains more detailed descriptions for each of the key strategy areas.

### CHILD SAFETY FORWARD SACRAMENTO

#### *Foundational Values*

Diversity, equity, and inclusion

Parent, youth, and community voice

Collective responsibility and accountability

Health and well-being are critical. Be mindful of your self-care by prioritizing your mental, emotional, and physical health and well-being.

The well-being of children and families is the responsibility of everyone, and not the individual responsibility of any one system/agency.

#### *Key Strategy Areas*

Community, Parent, and Youth Voice

Racial Equity

Trauma-Informed Systems/Practices

Building & Implementing a System of Care



## KEY STRATEGY AREAS

### 1 COMMUNITY, PARENT, AND YOUTH VOICE

Many initiatives aim to include family feedback and experience to inform the development and execution of new practices. Engaging families in this capacity is complex and requires dedicated resources. The Sacramento County Prevention Cabinet has recognized the need for the intentional and genuine engagement of community, parent, and youth voice, which needs to come from those with lived experience.

### 2 RACIAL EQUITY

Racial Equity is “a reality in which a person is no more or less likely to experience society’s benefits or burdens just because of the color of their skin, holding society to a higher standard, and demanding that we pay attention not just to individual-level discrimination, but to overall social outcomes.” (Racial Equity Glossary [Excerpt from] The Aspen Institute — Roundtable on Community Change). The local needs assessment conducted by the Sacramento County Prevention Cabinet identified disparities by race in which child abuse and neglect deaths and critical injuries of children 0 to 5 years of age were higher among African American families.

Strategies implemented to achieve racial equity, as well as reduce disparities of child abuse and neglect deaths and critical injuries must address the policies, practices, and mental models (norms and social narratives) that maintain historical, institutional, cultural, and structural racism that contribute to this social outcome. The Sacramento County Prevention Cabinet has identified a need to further embed racial equity into all aspects of work related to the Child Safety Forward Initiative, with a focus on 1) identifying equity measures, and 2) including equity as a foundational element across the implementation plan.

### 3 TRAUMA-INFORMED SYSTEMS/PRACTICES

Trauma is the result of “an event, series of events, or set of circumstances that is experienced by an individual as emotionally harmful or life threatening and that has lasting effects on the individual's functioning and mental, physical, social, or spiritual well-being” (Substance Abuse and Mental Health Services Administration [SAMHSA], Trauma and Justice Strategic Initiative, 2012). Given the risk factors associated with child abuse and neglect, the Sacramento County Prevention Cabinet has chosen Trauma-Informed Systems/Practices as a primary strategy to reduce fatalities and near fatalities.

### 4 BUILDING & IMPLEMENTING A SYSTEM OF CARE

Building & Implementing a System of Care highlights the need for systems change to significantly impact community health. A healthy community is built upon a multi-tiered system involving community, child, and family-serving agencies/organizations across service fields, both public and private. To effectively engage in this work, the Sacramento County Prevention Cabinet aims to increase collaboration to better serve families.

Each of the preceding strategies builds a foundation strategy for Implementing a System of Care. Systems throughout the county will have improved program design and service delivery through shared approaches that enhance information sharing to identify service gaps, trauma-informed practices, integrated community voice, and practices to reduce racial disparities. The final solution will provide a roadmap for identifying relevant resources in the community and coordinate services across systems.

**Eliminate Child Abuse and Neglect Deaths and Critical Injuries**

# Introduction

An overview of the landscape of child abuse and neglect deaths and critical injuries in Sacramento County leading to the formation of the Sacramento County Prevention Cabinet and the Child Safety Forward Sacramento initiative.

# Introduction

## BACKGROUND INFORMATION

**Sacramento County represents a diverse community and seeks opportunities to provide culturally responsive and appropriate support services.**

Understanding the characteristics of children and families in Sacramento County is important for implementing relevant and specific strategies to support families to meet their basic needs and thrive. In 2020, Sacramento County became the third most diverse county in California, moving up from seventh in 2010.<sup>3</sup> Knowing the race/ethnicity of the child and youth population can help prepare systems and community organizations to better serve families in a culturally responsive manner.

Families who struggle with meeting their basic needs are prioritized for services related to employment, housing, education, health care, and more. Research shows that, **by taking a public health approach to prevent child maltreatment that is centered around meeting the basic needs of families, we can reduce abuse and neglect fatalities and help families avoid and/or limit interaction with the child welfare system.** Furthermore, families thrive when they have a supportive community for their children to grow.

**Sacramento County has a dedicated Child Death Review Team which annually conducted a fatality review to identify recommendations and create a coordinated response to increase child safety.**

The Child Abuse Prevention Council of Sacramento (CAPC) facilitates the work of the Sacramento County Child Death Review Team (CDRT) which reviews the death of every child in Sacramento County. The primary function of the Sacramento County CDRT is to identify how and why children die to facilitate the creation and implementation of strategies to prevent future child deaths. Our CDRT has a 33-year history that: 1) reviews all child deaths 0-17 years of age; 2) reports findings and recommendations to the Board of Supervisors; 3) has been coordinated by CAPC since its inception; and 4) has a Chief Program Officer that has participated in child fatality review at the national level.

Sacramento County's long-standing fatality review processes are strong and have been the catalyst for child abuse prevention programs such as Birth & Beyond and the Black Child Legacy Campaign.

**Recommendations from the 2015 Child Death Review Team Annual Report resulted in the formation of the Sacramento County Prevention Cabinet.**

When developing the Sacramento County CDRT's 2015 Annual Report, Sacramento County acted upon a priority recommendation from *Within Our Reach* to conduct a retrospective review of child maltreatment fatalities and make recommendations for prevention.<sup>4</sup> Sacramento County's 2015 CDRT Report had a recommendation to convene a multidisciplinary team (MDT) to examine, in detail, fatalities over the past 12-year period, citing *Within Our Reach* findings that using such data can prevent future deaths.

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<sup>3</sup> U.S. Census. <https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-united-state-2010-and-2020-census.htm>

<sup>4</sup> Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. <https://www.acf.hhs.gov/cb/report/within-our-reach-national-strategy-eliminate-child-abuse-and-neglect-fatalities>

The purpose of the MDT, as recommended by the CDRT, was to: **(1) identify trends, risk factors, patterns** across the cases, and categorize opportunities to identify and intervene in intergenerational cycles of violence, and **(2) develop a set of evidence-based recommendations** for a comprehensive countywide strategy to improve policy, systems, and services to end child maltreatment fatalities.

The MDT was coordinated by the CAPC. The recommendation included expectations for involving representatives from CDRT, policy leaders, County Agency Directors, hospital systems, nonprofit agency stakeholders, First 5 Sacramento, Birth & Beyond Family Resource Centers, Reduction of African American Deaths Steering Committee, and Child Protective System Oversight Committee. The formation of the Prevention Cabinet would ensure that a single, collaborative team of leaders with broad-based representation and authority from public/private agencies and child abuse prevention initiatives lead this effort.

In January 2019, cross-systems leaders attended a Summit hosted by California Department of Social Services Office of Child Abuse Prevention. This group of 10 multidisciplinary leaders that came together to attend the Summit formed the Board of Supervisors-approved MDT, and became known as the Sacramento County Prevention Cabinet (Prevention Cabinet). The Sacramento County Prevention Cabinet consists of multidisciplinary, public/private, authoritative leadership and is co-led by the Child Abuse Prevention Center and the Director of the Department of Child, Family, and Adult Services.

While the Prevention Cabinet was comprised of key players, it lacked the resources and technical support to navigate next steps for prevention planning. The Child Safety Forward initiative supported the Prevention Cabinet to develop a public health approach to become a more robust collaborative.

## THE SUMMIT THAT INSPIRED US:

As the CAPC was still working to assemble the MDT, Sacramento County was selected by the California Department of Social Services Office of Child Abuse Prevention to participate in a statewide Summit. The Summit included national experts presenting frameworks for child abuse prevention strategies and facilitated individual county team discussions to set goals, review data, develop an action plan, and schedule follow-up meetings to further the work. Sacramento County was represented by attendees from Child Welfare, Public Health, First 5, CAPC, schools, hospitals, law enforcement, economic development, and a Family Resource Center.

**This group of 10 multidisciplinary leaders that came together to attend the Summit formed the Board of Supervisors-approved MDT, known as the Sacramento County Prevention Cabinet (Prevention Cabinet).**

The Summit invigorated the original Cabinet members with shared passion about the vision, frameworks, and priorities.

## CHILD SAFETY FORWARD SACRAMENTO

**The Prevention Cabinet has developed a model for a coordinated response to effectively identify and address recurring child injuries and fatalities using collaborative partnerships.**

The collaboration of leaders from systems across the service spectrum was initially brought about through participation in a statewide convening sponsored by the Office of Child Abuse Prevention in early 2019. Since then, the Sacramento County Prevention Cabinet has developed a model for a coordinated response to effectively identify and address recurring child injuries and fatalities using collaborative partnerships.

In 2019, the U.S. Department of Justice funded a three-year demonstration initiative to develop multidisciplinary strategies and responses to address fatalities or near-death injuries due to child abuse and neglect. The Child Abuse Prevention Council of Sacramento (CAPC) was one of the five demonstration sites in the nation chosen for this grant. The CAPC is the backbone organization helping to facilitate the work of the Sacramento County Prevention Cabinet and will be the lead agency for the Department of Justice's Office for Victims of Crime Child Safety Forward initiative.

The Prevention Cabinet leveraged the Child Safety Forward initiative to expand analysis of child fatality, near-fatality, and injury data, gather social determinants of health data for neighborhoods most at-risk, review current screening and investigative policies, and use this information to inform and implement a strategic plan to eliminate child abuse and neglect fatalities in Sacramento County, by 2030. Participating in the Child Safety Forward initiative has afforded the Prevention Cabinet the opportunity to participate in peer-to-peer learning and connect with subject-matter experts to support planning and implementation of a cross-systems strategic plan using a public health approach. The planning phase of the Child Safety Forward initiative supported the Prevention Cabinet to get started with a framework to produce a theory of change, an implementation plan, an evaluation plan, and a sustainability plan.

Systems partners participating in the Prevention Cabinet shared a sincere acknowledgement that child safety was not solely a "Child Welfare issue," and acknowledged the need for all child- and family-serving agencies and

## CHILD SAFETY FORWARD SACRAMENTO

### *Vision*

Sacramento County will eliminate child abuse and neglect deaths and critical injuries, by 2030.

### *Mission*

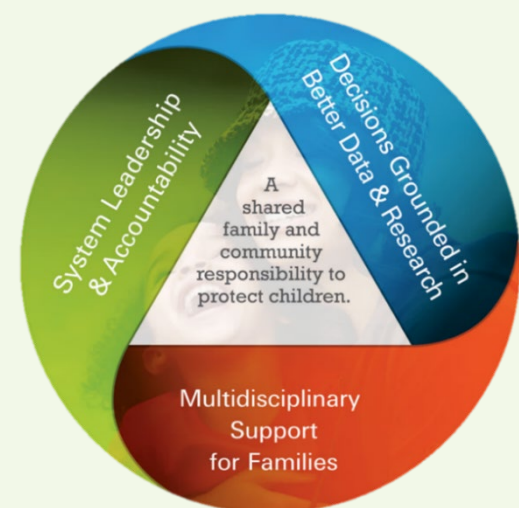
All Sacramento County Systems will be integral parts of a multidisciplinary system of care to provide support for families.

### *Positive Change Statement*

Sacramento County's children, youth and families are safe, healthy, and able to thrive at home, in school, and in their communities through the county's commitment to valuing and supporting the needs of our diverse population.

### *Public Health Approach*

This initiative helped the Prevention Cabinet to implement a public health approach.



organizations to do better. While collaboration across agencies and systems in Sacramento County was already strong, reflecting a sense of shared responsibility and accountability for child safety and well-being, there was a lack of resources to fully implement a public health approach to prevent child maltreatment through systems change. The Child Safety Forward initiative has supported Sacramento County’s Prevention Cabinet to plan and implement a cross-systems strategic plan that honors the principles of the public health approach.

The public health approach emphasizes system leadership and accountability, multidisciplinary support for families, decision-making grounded in better data and research, and a shared responsibility to promote family safety. The Prevention Cabinet adopted the title “*Child Safety Forward Sacramento*” to promote the strategic plan locally.

**The Prevention Cabinet aims to include a wide array of systems in this planning effort, and has taken steps to purposefully integrate and leverage other countywide collaborative efforts.**

Originally, the Prevention Cabinet consisted of 10 multidisciplinary public and private partners who had authoritative leadership at the highest level within their agencies or programs. The Prevention Cabinet has continuously expanded its reach into other systems and sectors to broaden the capacity for systems change and in response to key data insights. With an extensive list of partners contributing to planning and implementation, the Prevention Cabinet has increased access to resources (tangible and intangible) to sustain the work.

Prior to establishing a shared vision and mission as the Prevention Cabinet, each system collaborated to define their own partner commitments (see figure below).

**Figure 1. Partner Commitments to the Sacramento County Prevention Cabinet**

<b>Behavioral Health</b>	Provide a holistic approach to services/ resources that support wellness and recovery, promote protective factors, and strengthen families.
<b>Child Abuse and Neglect Service Provider Network</b>	Create a common vision and strategies, build a coordinated network of services, and engage community in holistically strengthening families and communities.
<b>Child Welfare</b>	Invest in strategies and services for families with children 0-5 that promote child safety, strengthen families, and reduce disparities.
<b>Early Childhood Education/Education</b>	Provide a holistic approach to services/resources that promote protective factors and strengthen families.
<b>Health Care</b>	Screen for and connect high-risk families to community-based, family strengthening services/resources outside of medical treatment.
<b>Investors/Investments</b>	Increase coordinated and equitable investments in services and strategies prioritizing primary prevention for Black/African American families with children ages 0-5.
<b>Judicial/Law Enforcement</b>	Provide holistic support to communities, children, and families to reduce traumatic experiences with law enforcement and the legal system, and partner with community-based organizations to provide additional support.
<b>Public Benefits</b>	Work together to promote, screen, and connect high-risk families to relevant community-based supports.
<b>Public Health</b>	Provide a holistic approach to services/resources, that promote and support optimal health, utilizing the life course perspective to identify needs and promote protective factors to strengthen individuals, families, and communities and reduce disparities in health access and outcomes.

*“Participating on the Child Safety Forward Sacramento Prevention Cabinet has changed the way I approach collaboration. I am better connected to my colleagues and can reach out directly now when I have questions or potential collaboration ideas.”*

*“Participating on the Prevention Cabinet has helped me think more broadly about engagement efforts, with partners, that will result in a direct increase in services to kids and families, as well as enhancement to existing services.”*

The Prevention Cabinet has taken steps to intentionally cross-pollinate, reduce duplication, and share data-for-action across co-existing collaboratives in the county.

In Sacramento County, many of the partners who sit on the Prevention Cabinet also support the work of **Family First Sacramento** (Family First Prevention Services State Block Grant) and **Sacramento County’s Child, Youth and Family System of Care** (formed in response to Assembly Bill 2083). Sacramento County Child, Youth and Family System of Care focuses on creating a robust, trauma-informed system of care for youth and families.<sup>5</sup> The Family First Sacramento Comprehensive Prevention Plan encompasses a range of prevention strategies across Child Welfare, Behavioral Health, and Probation agencies. This initiative aims to address the root causes of social issues and promote positive outcomes for families and will ensure sustainability for the duration of the State Block Grant. Because the Prevention Cabinet has such a widespread reach across county agencies and organizations, the Prevention Cabinet has been selected as the governing body of the county's efforts to implement the Family First Sacramento Comprehensive Prevention Plan. By leveraging and integrating with these co-existing collaborative bodies, the Prevention Cabinet can secure resources and support for our prevention efforts, ensuring longevity.

In September 2022, the Prevention Cabinet was asked to be the Governance Body to the Family First Sacramento efforts to complete the Comprehensive Prevention Plan. A representative of the Prevention Cabinet attends the Family First Sacramento Implementation Team meetings, and collaboration continues to develop. Members of the Prevention Cabinet reviewed the findings from Family First Sacramento needs assessment to ensure alignment among priority populations. As a result, the Prevention Cabinet expanded the list of priority ZIP Codes to include all Family First Sacramento priority neighborhoods.

Since December 2020, the Sacramento County Child, Youth and Family System of Care has begun monitoring performance measures that are in alignment with the Prevention Cabinet’s goals and strategies, thereby sharing the burden of evaluation. Performance measures are monitored quarterly to identify successes and opportunities for improving systems coordination and collaboration to better meet the needs of families. The Prevention Cabinet’s Data Subcommittee will monitor performance indicators reported quarterly on the Child, Youth and Family System of Care Partner Data Dashboard to review trends and offer feedback.

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<sup>5</sup> Sacramento County’s Child, Youth and Family System of Care (CYFSOC) was established in response to Assembly Bill 2083 (AB 2083) requiring system partners in Child Welfare, Probation, Courts, Education and Behavioral Health to ensure that all children and youth in, or at risk of, foster care receive coordinated, timely, and trauma-informed services by establishing a memorandum of understanding. Alta California Regional Center, Department of Human Services, Public Health, and First 5 Sacramento also participate. The intent is to build an interagency model on behalf of children served by multiple agencies.



Although each of these efforts have their own set of priorities and activities, the Prevention Cabinet prompted each of these collaboratives to adopt a shared “positive change” statement to symbolize their alignment across collaborative groups in the county working toward similar goals.

**Sacramento County’s children, youth and families are safe, healthy, and able to thrive at home, in school, and in their communities through the county’s commitment to valuing and supporting the needs of our diverse population.**

**The Prevention Cabinet identified an opportunity to meaningfully engage community members for shared power and decision-making.**

In the early spring of 2021, the Prevention Cabinet was tasked with identifying the best approach to engage community members to gather input on the strategic plan (e.g., focus groups). The Prevention Cabinet saw an opportunity to pause the planning process until community members were recruited to participate in the planning meetings to co-create the approach. The Prevention Cabinet determined that engagement of community members needed to be authentic, intentional, ongoing, and the number one priority for formalizing the strategic plan. Ultimately, the Prevention Cabinet took a step back to be able to redefine the collaborative process with community members positioned to contribute to the decision-making process.

In July 2021, the Prevention Cabinet voted to include community, parent, and youth voices within the Cabinet by appointing "Community Representatives." Community Representatives serve as representatives of the stories, voices, and life experiences of those who have had contact with any child and family serving system/agency in Sacramento County. These representatives were recruited to co-create the strategic plan, inform community outreach strategies, share the perspectives of those connected to child and family-serving systems, and promote hope in the community.

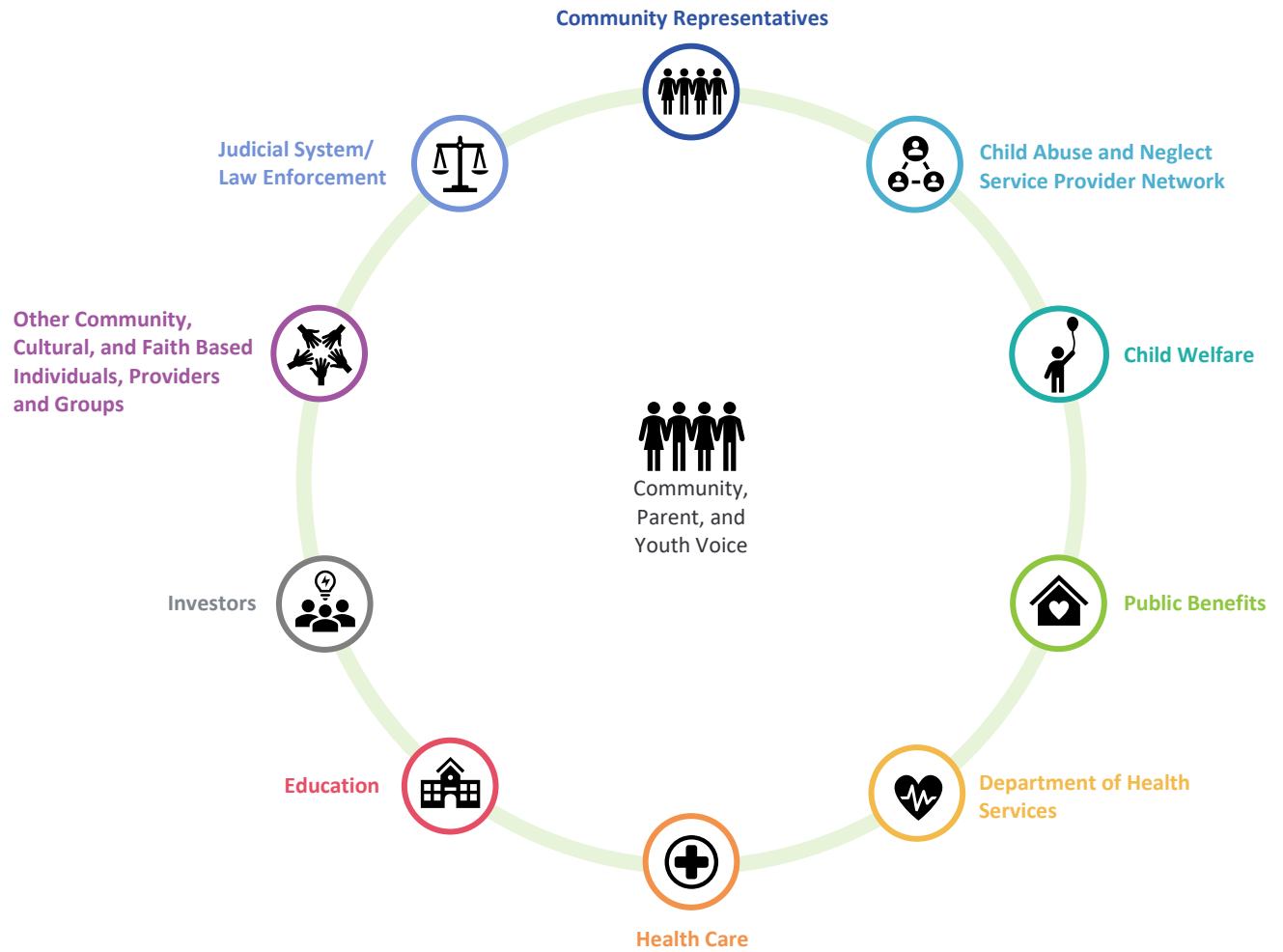
Community Representatives participate at the same level as other Cabinet members, receive stipends for their participation. In order to provide the best possible support to Community Representatives, a CAPC Staff member will always be available as a consistent point of contact for any technical questions and concerns, and to provide the monthly stipends prior to participation, allowing for appropriate accommodations (child care, transportation, etc.). Additionally, the Prevention Cabinet wanted to provide a Prevention Cabinet member as a partner, available from a system related to their interests, background, and/or experiences, to enhance the learning and experience of the Community Representative and to brief and/or debrief with the Community Representative as needed. By pairing community representatives with "Partners," we establish connections to valuable resources and information, fostering shared understanding and ownership throughout the planning and implementation process. This inclusive approach will help us create and maintain a plan that is in alignment with the emerging needs of the community.

*“Being a Prevention Cabinet Member and Community Representative has provided me with the opportunity to be a part of the work that is being done to increase child safety. I love the transparency from all the different partners and the fact that I can contribute by sharing feedback and inputs. As a parent, this is empowering!”*

*“My experience with the prevention cabinet has been so fulfilling. As an engaged neighbor and citizen, the cabinet has allowed me to witness first hand actual professionals that are driven by purpose and not monetary influence. The various state agencies’ leaders have been super articulate in demonstrating the need for this work and provided common sense strategies in trying to solve the problem of child abuse.”*



Figure 2. Sacramento County Prevention Cabinet Representation



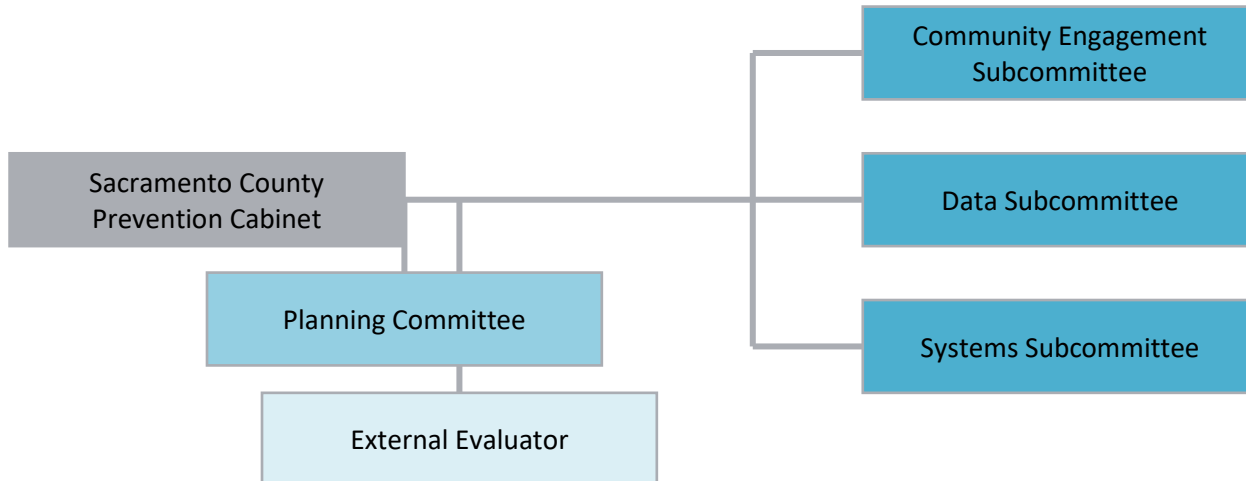
For more information about the Prevention Cabinet and Community Representatives, [click here](#).

**The Prevention Cabinet was able to create operational subcommittees to prioritize and assign activities for planning and implementation to ensure collective responsibility.**

The Prevention Cabinet has established four subcommittees, which may include members in addition to the Prevention Cabinet members. The Data, Systems, and Community Engagement Subcommittees meet in between Prevention Cabinet meetings and provide a deeper dive into their respective areas. The Planning Committee meets once a month, preceding each Prevention Cabinet Meeting, to discuss and provide input on the upcoming Prevention Cabinet Meeting.

The subcommittees carry forward the work of the strategic plan to identify and implement strategies for prevention. Activities are assigned to subcommittees based on an annual discussion around priority efforts with consideration for the landscape of prevention efforts and priorities identified by the community (e.g., listening sessions, town halls, etc.). This operational structure also lends itself to better support systems integration efforts with other prevention collaboratives such as the Family First Prevention Services and the Sacramento County's Child, Youth and Family System of Care.

**Figure 1. Prevention Cabinet Committees & Subcommittees**



For more information about the operational structure of the Prevention Cabinet, [click here](#). It is important to note that the Prevention Cabinet operates with CAPC as a backbone organization, offering instrumental support for administrative duties and tasks to complete key elements of the strategic plan.

## THE DATA THAT COMPELLED US

The Prevention Cabinet developed a data collection framework to ensure that the strategic planning process was informed by local needs.

The Sacramento County Prevention Cabinet developed a needs assessment data collection framework with support from local evaluators (Applied Survey Research) to better understand the problem and identify potential approaches to strengthen families and protect children.

### Data Collection Framework:

- **Child-level incident data** analysis over the 10-year period prior to Child Safety Forward Sacramento to identify a profile of child deaths and critical injuries
- **Community indicators** to describe other possible risk factors
- **Key informant interviews with directors** from across child- and family-serving systems to describe the systemic response, protocols, and gaps existing in current supports
- **Community listening sessions** with parents who have received services to identify the most pressing needs of our community and identify opportunities to improve systems
- **Literature review** to document risk factors and promising practices in the field

**In the 10-year period prior to the Child Safety Forward Sacramento initiative, 130 children were victims of a child abuse and neglect death or critical injury and 77% were 0-5 years of age.**

The Sacramento County Prevention Cabinet in partnership with the Child Death Review Team (CDRT) and the Department of Child, Family and Adult Services (DCFAS) analyzed child-level incident data for child abuse and neglect deaths and critical injuries for the 10 years prior to the Child Safety Forward Sacramento Initiative (established in 2019). The purpose of the analysis was to gain insight from incidents of child abuse and neglect homicides or critical injuries in Sacramento County to identify prevention opportunities through systems change efforts.

## CHILD DEATH REVIEW TEAM

Over the last 30 years, one of the principal functions of the Sacramento County Child Death Review Team (CDRT) has been to ensure that all child abuse and neglect, as well as child abuse-related and neglect-related deaths are identified. Trends, risk factors, and patterns across the cases are also identified. **While there has been progress toward the reduction of child abuse and neglect fatalities, with zero child abuse and neglect homicides of children ages five years and younger in 2018, the work is never done.**

## DATA DEFINITIONS

Data was provided by the Sacramento County Child Death Review Team (CDRT) and Sacramento County Child Protective Services (CPS) to identify characteristics of families involved in child abuse and neglect deaths and near-fatalities.

The CDRT provides the following definition of child abuse and neglect deaths:

*A death that is the direct result of abuse or neglect at the hands of a caregiver, such as a parent, guardian, babysitter, or family friend.*

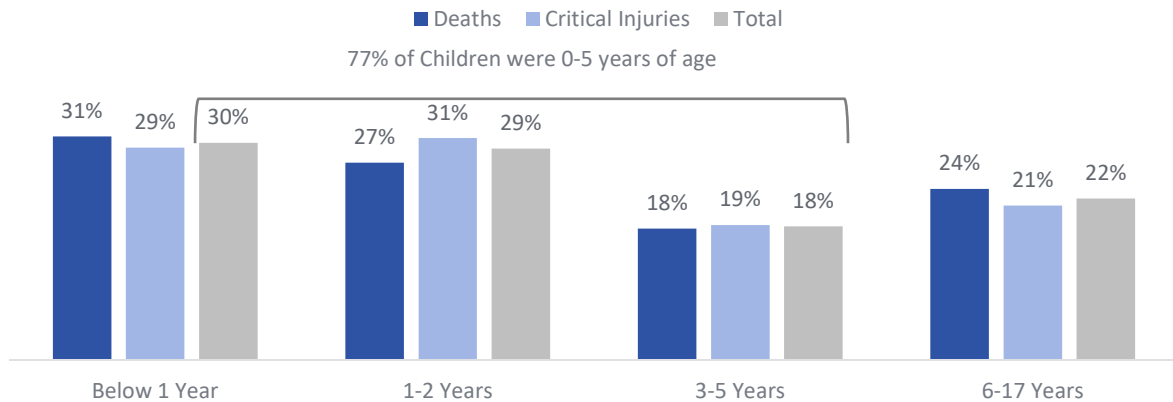
CPS shared that the county must verify that both of the following conditions have been met to qualify an incident as a near-fatality (“critical injury”):

- 1) *That a physician has certified that the child was in critical or serious condition, and*
- 2) *Either: A) that a law enforcement investigation has concluded that child abuse or neglect occurred; or B) a county child welfare services agency substantiated the child abuse or neglect.*

Incidents of child abuse and neglect deaths and critical injuries from 2009 through 2018 were reviewed for this analysis. During this ten-year period, there were 55 deaths and 75 critical injuries related to child abuse and neglect, totaling 130 cases in Sacramento County.

The age of victims of child abuse and neglect deaths were similar to the ages of the victims of child abuse and neglect critical injuries (see Figure below). The analysis revealed that **78% of children involved in child abuse and neglect deaths and critical injuries in Sacramento County were five years old or younger, and about one-third (30%) were infants (under the age of one).**

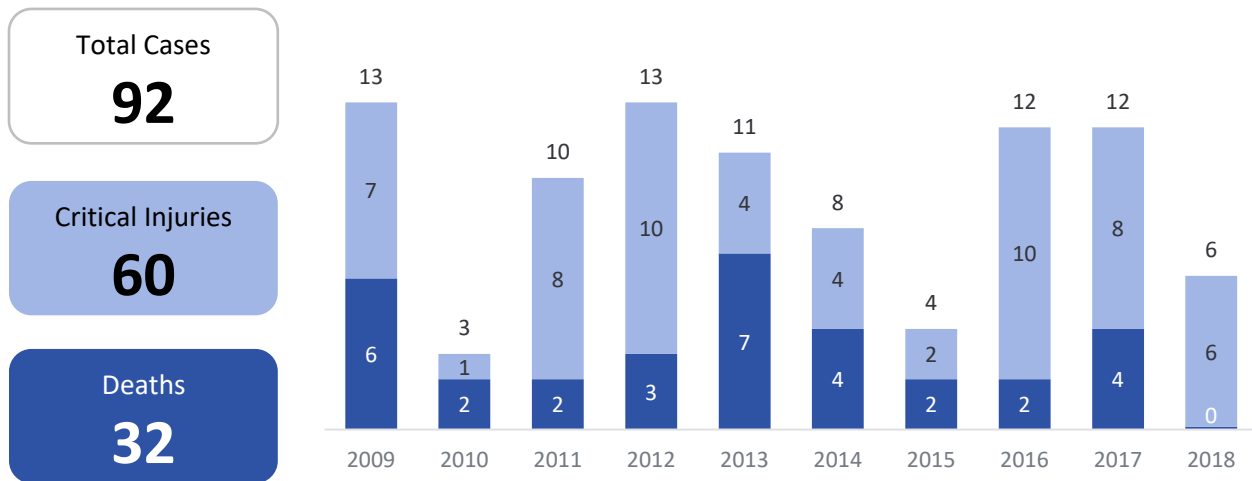
**Figure 2. Child Abuse and Neglect Deaths and Critical Injuries Incident Rate by Child Age (2009-2018)**



Source: Child abuse and neglect deaths (CDRT) and critical injuries (DCFAS) for all children in Sacramento County between 2009 and 2018.

The remainder of the needs assessment is limited to victims who were five years of age or younger for being identified at greater risk. In the ten-year period prior to the Child Safety Forward Sacramento initiative, there were 42 child abuse and neglect deaths and 60 child abuse and neglect critical injuries involving children ages five or younger (see Figure below). **On average three children ages five or younger died each year and an additional six children ages five or younger were critically injured due to child abuse and neglect in Sacramento County.** This illuminates the need to focus prevention efforts within systems that serve families with young children and infants in Sacramento County.

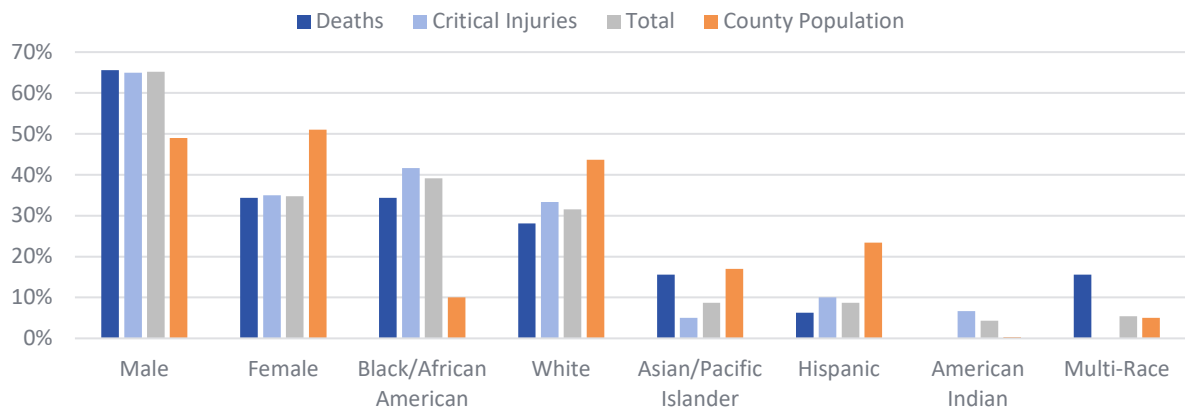
**Figure 3. Child Abuse and Neglect Deaths and Critical Injuries of Children 0-5 years of age in Sacramento County (2009-2018)**



Note: This analysis includes child abuse and neglect deaths and critical injuries for children 0 to 5 years of age.

An analysis of gender and race/ethnicity of the victims of child abuse and neglect deaths and critical injuries revealed that 64% were male and 39% were Black/African American. Compared with the population of Sacramento County this indicates a racial disparity (see Figure below).

**Figure 4. Gender and Race of Victims (2009-2018) compared to County Population Statistics (2018)**



Additional sources and notes: U.S. Census Bureau, American Community Survey 2018, 1-year estimates. This analysis includes child abuse and neglect deaths and critical injuries for children 0 to 5 years of age.

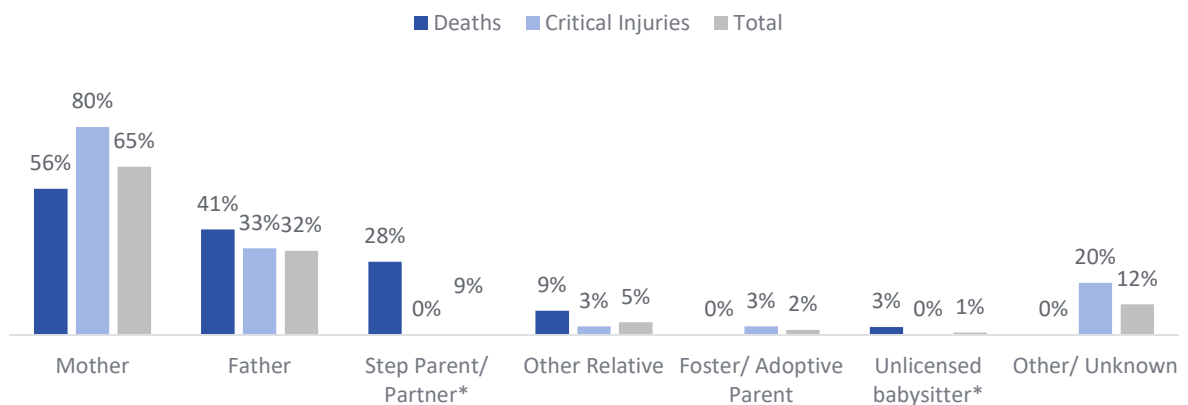
An analysis of the residence of victims revealed that out of the 54 ZIP Codes in Sacramento County about half (55%) of child abuse and neglect deaths and critical injuries occurred in just 6 neighborhoods, or 10 ZIP Codes:

- Valley Hi/Florin (95823/95828)– 13.0%
- Arden-Arcade/Carmichael (95821/95608/95825) – 10.9%
- North Sacramento/Del Paso Heights (95838/95815) – 8.7%
- Garden/South Natomas (95833) – 12.0%
- Foothill Farms (95841) – 5.4%
- Meadowview (95822) – 4.3%
- Fruitridge (95824) – 4.3%

Out of these 11 ZIP Codes, six of them were identified by Family First Sacramento as a priority for prevention among African American children and youth involved in child welfare systems. Family First Sacramento will prioritize: 95821, 95815, 95823, 95828, 95825, and 95838.

After identifying the characteristics of victims, the Sacramento County Prevention Cabinet also sought to identify the characteristics of the caregivers who were involved in child abuse and neglect deaths and critical injury incidents. In 86% of cases, the parents were involved in the incident that resulted in death or critical injury caused by child abuse and neglect. In half of cases (56%) involving a child abuse and neglect death, and 80% of cases involving critical injury, the mother of the child was involved. The father of the child was involved in one-third of cases (41%) involving child abuse and neglect deaths, and one-third (33%) of critical injury incidents. Additional detail for child abuse and neglect deaths showed less than one-third (28%) of cases a step parent/partner was involved.

**Figure 5. Caregiver Involved in Child Abuse and Neglect Deaths and Critical Injuries (2009-2018)**

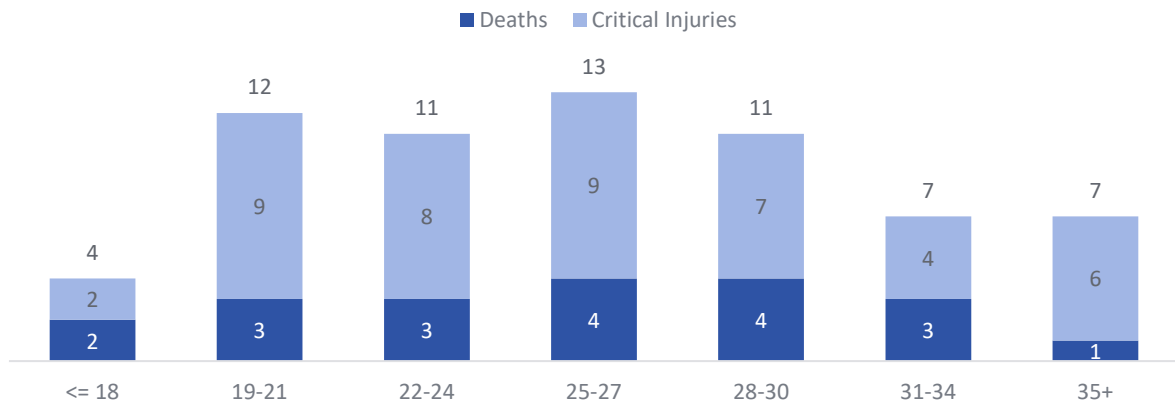


Note: \* data is only available for child abuse and neglect deaths. This analysis includes child abuse and neglect deaths and critical injuries for children 0-5 years of age.

Several key indicators were analyzed to identify risk factors for families and children 0-5 years of age. Since mothers were commonly involved in child abuse and neglect deaths and critical injury incidents, the age of the mother at the child’s birth was analyzed to identify patterns and potential high-risk age groups. However, teen moms only accounted for four cases or 4% of all deaths and critical injuries related to child abuse and neglect.

The distribution of the incidents by age of the mother when the child was born does not change drastically over the course of adulthood from 19 to 30 before tapering off (see Figure below).

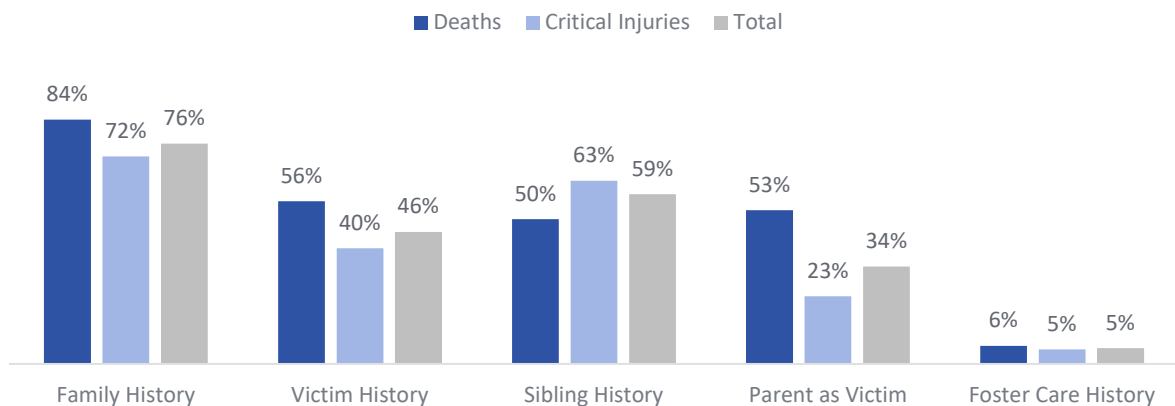
**Figure 6. Count of Cases by Mother's Age at Birth (2009-2018)**



Note: In 12 cases of child abuse and neglect deaths and 15 critical injury incidents the mother's date of birth was not known. This analysis includes child abuse and neglect deaths and critical injuries for children 0-5 years of age.

History of involvement with Child Protective Services, substance use, criminal past (violent and non-violent), domestic violence, mental health, and poverty were additional parent risk factors that were analyzed to identify prior system involvement for services and supports. As shown in the figure below, the family had prior contact with Child Protective Services in Sacramento County in 84% of cases involving child abuse and neglect deaths and 72% involving a critical injury. A large proportion of cases involving child abuse and neglect death or near fatalities had prior contact with Child Protective Services regarding the welfare of the victim (56% of deaths, 40% of critical injuries) or a sibling (50% of deaths, 63% of critical injuries). **This represents a critical doorway to prevent child abuse and neglect deaths and critical injuries through services and support systems that are already in place and in contact with families.**

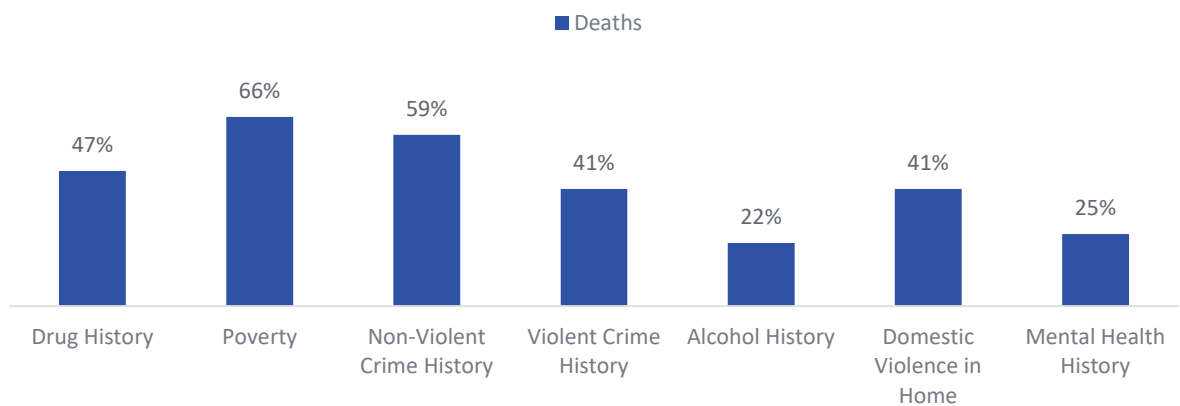
**Figure 7. Family History of Involvement with Child Protective Services in Sacramento County (2009-2018)**



Note: This analysis includes child abuse and neglect deaths and critical injuries for children 0-5 years of age.

Local statistical modeling revealed that prior contact with the child welfare system, as well as poverty, and parental crime and drug history are factors that are correlated with child abuse and neglect deaths or critical injury incidents. Given the limited reporting for critical injuries, the present analysis focused on deaths only. The graph below shows that in 47% of child abuse and neglect deaths the parents of the victim had a history of drug use. A history of alcohol abuse was common in 22% of child abuse and neglect deaths. Moreover, 66% of child maltreatment fatalities occurred in families living in poverty (e.g., receiving assistance from food stamps, Medi-Cal, or TANF). It was also common for parents to have non-violent (59%) or violent (41%) crime history. It is important to note that data on substance use, domestic violence, and mental health history are chronically underreported, therefore, these data points should be interpreted with caution. About one-third (41%) of families involved in a child abuse and neglect death had a history of domestic violence in the home, and one-quarter (25%) were receiving support services for mental health needs.

**Figure 8. Additional Risk Factors Assessed for Incidents of Child Abuse and Neglect Deaths (2009-2018)**



Note: Poverty includes those who are receiving Food Stamps, TANF, or Medi-Cal. This analysis includes child abuse and neglect deaths for children 0-5 years of age.



**Findings from the ten-year incident analysis underscore the role that family-serving agencies and organizations can play in improving equitable access to support services to prevent child maltreatment.**

**Data that Compels Us**

**Priority Population:**

- Children 0-5 years of age, Males, Black/African American
- Parents with young children

**Priority Geographic Areas:**

- 95823, 95828 (Valley Hi)
- 95838 (Del Paso Heights)
- 95833 (Garden/South Natomas)
- 95821 (Arden-Arcade)
- 95841 (North Highlands)
- 95822 (Meadowview)
- 95608 (Carmichael)
- 95824 (South Sacramento)
- 95826 (Rosemont)

**Involvement with Systems of Care:**

- Child Welfare
- Behavioral Health
- Substance Use
- Human Assistance
- Probation/Justice System
- Domestic Violence
- Health Care
- Education

**Opportunities for Action**

Identify and support family services that are culturally relevant and responsive for families with infants and young children.

Increase access to family support services in these high-need areas.

Identify new practices to increase family stability and child safety at all touchpoints.

**Community indicator data was used to better understand the characteristics of communities where incidents of child abuse and neglect deaths and critical injuries were highest.**

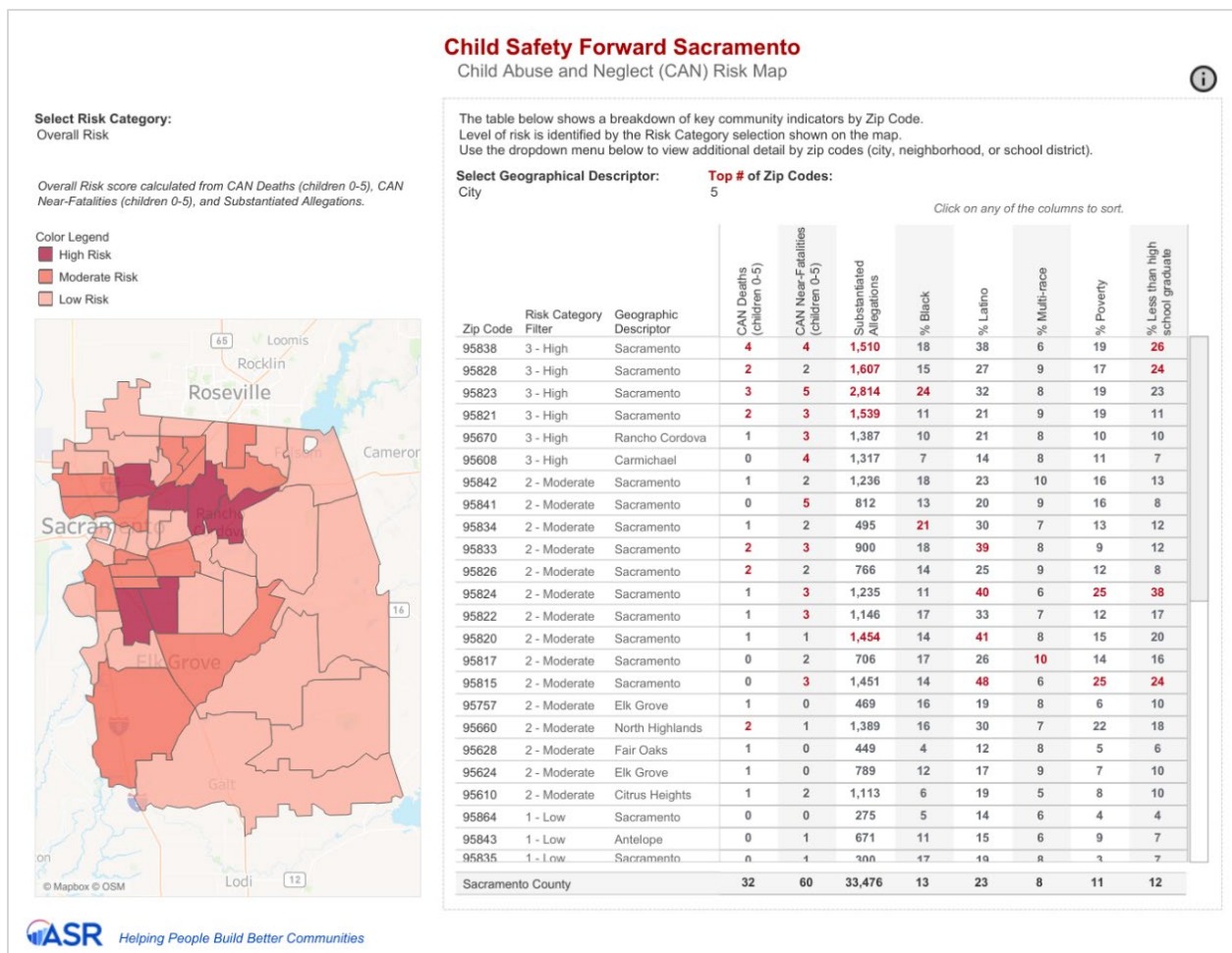
Community indicator data elements were selected by the Sacramento County Prevention Cabinet that were readily available through the U.S. Census or in partnership with the Department of Child, Family and Adult Services. The community indicators include:

- 10-year analysis of child abuse and neglect deaths, near-fatalities, and substantiated allegations of maltreatment by ZIP Code (2009-2018).
- 2018 American Community Survey 5-Year Estimates to identify the median age and high school dropout rates by ZIP Code, as well as the percent of the population who are children 0-5 and members of a minority population or living in poverty.

The three neighborhoods with the highest number of child abuse and neglect critical injuries and deaths were Valley Hi, Del Paso Heights, and Natomas. Each of these neighborhoods are located within the city of Sacramento; Valley Hi and Natomas are in South Sacramento and Del Paso Heights is in North Sacramento. When compared to the population of the city of Sacramento, the populations of Valley Hi, Del Paso Heights and Natomas have higher proportion of Hispanic and Black populations, and within these neighborhoods there are ZIP Codes with higher proportion of families whose income in the past 12 months was below poverty level. In Valley Hi and Del Paso Heights the high school dropout rate (24-26%) was much higher than the rate countywide (12%). ZIP Codes located within the neighborhoods of Valley Hi, Del Paso Heights, and Natomas also account for 27% of substantiated allegations of child maltreatment in the county.

Applied Survey Research (ASR) developed an [online dashboard of Sacramento County Child Abuse and Neglect \(CAN\) Homicide and Near Fatalities for Children 0-5](https://public.tableau.com/app/profile/asr1451/viz/SacramentoCountyCANMap/Dashboard) to view incident data and community indicator data by ZIP Code.

**Figure 9. Online Dashboard of Sacramento County Child Abuse and Neglect (CAN) Homicide and Near Fatalities for Children 0-5**

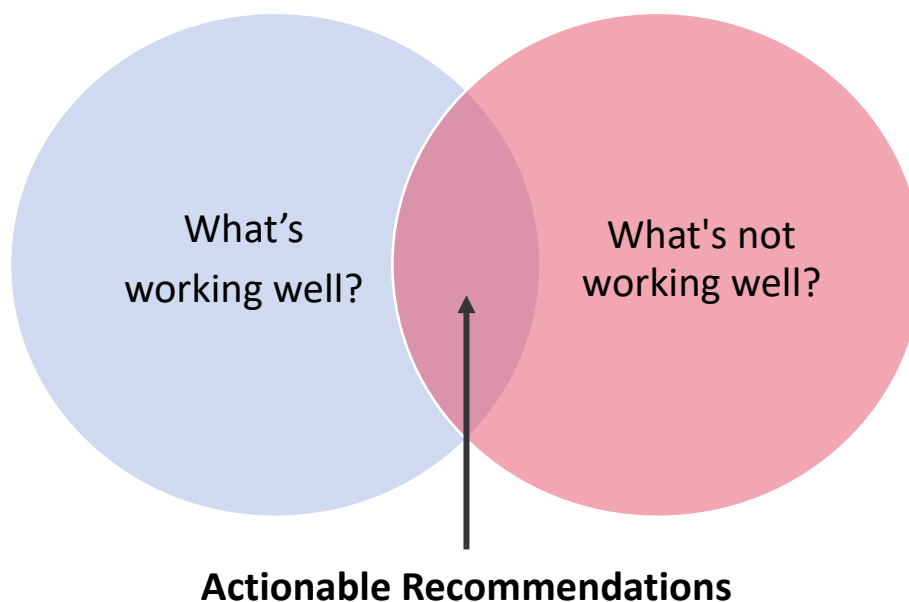


Note: Click the image to view the dashboard, or go to <https://public.tableau.com/app/profile/asr1451/viz/SacramentoCountyCANMap/Dashboard>

**Key Informant Interviews with leaders from across family-serving agencies and organizations revealed opportunities improve systems to better meet families' needs, address disparities, and implement a public health approach.**

To develop a local strategic plan, the Sacramento Prevention Cabinet required more information about what systems are already doing to promote child safety and well-being, as well as any gaps present in these systems and across Sacramento County. As part of this effort, the evaluation team at ASR conducted semi-structured interviews with leaders and directors from agencies across the key sectors, excluding Public Health, Child Abuse and Neglect Service Provider Network, and Investors.

The goal of these interviews was to learn what systems are doing to promote child safety, and identify gaps present in the systems serving families in Sacramento County. Participants were asked to answer system-wide questions about what's working well across systems and agencies in Sacramento County to protect children and increase family safety, and alternatively what's not working so well. Given the landscape of services, both system-wide and within their own agency, each participant was asked to identify actionable recommendations to successfully eliminate child abuse and neglect fatalities in Sacramento County.



There were 15 agencies who participated in Key Informant Interviews across seven key sectors:

- Child Welfare
- Behavioral Health
- Health Care
- Public Benefits
- Early Childhood Education
- Judicial System/Law Enforcement.
- Domestic Violence

*What's working well in Sacramento County?*

<b>Collaboration</b>	Collaboration between agencies and referrals to other services is celebrated as one of Sacramento County's greatest assets at baseline.
<b>Review Teams</b>	Child Death Review Team (CDRT), Suspected Child Abuse and Neglect (SCAN) Meetings, CPS Oversight
<b>Exemplary Practices</b>	Black Child Legacy Campaign, Cultural Brokers, Community Incubator Leads, Birth & Beyond, Crisis Nursery, Family Resource Centers, Help Me Grow, Early Intervention Family Drug Court, Early Head Start, Child Welfare/Public Health Screenings

*Alternatively, what's not working well?*

<b>Lack of resources and people</b>	Too many cases and low-risk cases may be triaged out of service due to lack of resources
<b>Working in "silos"</b>	Need to define roles for each agency and close the loop on multidisciplinary training
<b>Referral pathway to enhance referrals</b>	Seeking clarity on how to identify appropriate referrals (relevant/accessible) and improve communication about the referral status
<b>Culturally competent services</b>	Comprehensive and relevant implicit bias training, data on cultural disparities, and culturally competent services  Equitable access to care (transportation, location, etc.)

*What are the top three things we should do?*

Participants all agreed that "this is not a CPS issue" and remain committed to identifying and implementing new practices to improve all child and family-serving systems. Their recommendations to improve systems include:

- ✓ Support families to meet basic needs
- ✓ More funding/more staffing to respond to family needs
- ✓ Prevention education
- ✓ Identify and address disparities
- ✓ Implement a public health approach; this effort will require coordination and collaboration, shared responsibility, a continuum of care and support, and improved referral processes that includes clear roles, data sharing agreements, and feedback loops.

Findings from these interviews have been used to identify current practices, implementation gaps, and recommended next steps to effectively change the way systems, agencies, and organizations work together for prevention.

## Community members who participated in listening sessions shared a call to action to promote prevention and improve service delivery to empower families.

The needs assessment data collection framework included focus groups with community members, which were originally planned to occur in January 2021. This element of the data collection framework was intentionally delayed to maximize community voice in the planning and creation of a listening session protocol. As soon as Community Representatives were onboarded to participate in the Prevention Cabinet, these efforts resumed. Community listening sessions were successfully completed in January-May of 2023.

Child Safety Forward Sacramento held seven community listening sessions reaching 42 caregivers in the wider Sacramento area to share their insights to inform family strengthening strategies across the county. Participants offered insights about community strengths, community needs, their experiences with public agencies, and a call to action to promote prevention and improve service delivery to empower families.

The strategies and opportunities outlined by community members will be utilized to prioritize the work of the Prevention Cabinet. See Appendix C for a complete list of recommendations from community listening sessions.

### Call to Action: Promote Prevention to Ensure Thriving Communities

- Promote Local Access to Resources
- Increase Availability of Quality and Timely Services
- Enhance Referrals
- Increase Co-Location of Services
- Simplify Eligibility/Accessibility
- Improve Transportation
- Promote Quality of Care/Education
- Promote School Safety
- Enhance Public Spaces
- Increase Community Investments

#### These efforts will improve:

- ✓ **Availability and access** to preventive services and supports
- ✓ **Quality and safety** of public spaces and prevention services

### Call to Action: Improve Service Delivery to Empower Families

- Foster Community and Social Support in Systems
- Promote Community Cohesion and Belonging
- Promote Family Engagement
- Promote Continuity of Care
- Provide Family Centered Services
- Create Safe Spaces
- Increase Structured Supports
- Implement Equitable Practices

#### These efforts will result in:

- ✓ **Relational-focused supports** promote trust as a vehicle for intervention delivery.
- ✓ **Family-centered services** promote shared decision-making and is inclusive of all family members, with the goal of family stabilization.
- ✓ **Trauma-informed supports** that recognize and account for all sources of trauma.
- ✓ **Equitable and inclusive services** that recognize and address barriers to engagement for groups with diverse cultural and ethnic backgrounds.

Insights and strategies shared by community members reflect a lot of the same themes identified by the key informant interviews with directors across systems, but offer more context, lived expertise, and concrete direction for prevention priorities (see Appendix C for the Community Listening Session Summary).

**The literature review to identify risk factors and promising practices are in alignment with the findings of our own local needs assessment.**

Much of the risk factors described in the literature is in alignment with what we found in our own data analysis.

- Infants (first year of life) and toddlers are at greater risk
- Mother’s education and age, prenatal care (likely compounded by age), mental health, and personal history of child abuse
- When homicides were committed by men, there was likely previous abuse in the household (DV or child).
- Pre-existing signs of violence and involvement with public agencies were found to be risk factors for child abuse and neglect homicides

Common themes of promising practices to reduce child abuse and neglect homicides:

- Primary strategies including parent education and increasing community awareness
- Secondary strategies including holistic care and bystander involvement
- Tertiary strategies including early behavior problem identification, reporting, treatment and referral
- Systems change approaches including multidisciplinary prevention strategies, policy and organizational adaptations
- Public health approaches rely on a community assessment of risk factors prevalent in local communities and an examination of how agencies work collaboratively to address the complex nature of the set of risk factors

Additional details and research on promising practices from the field are presented in each of the strategy areas of the strategic plan.

## CREATING A LOCAL STRATEGIC PLAN WITH COMMUNITY

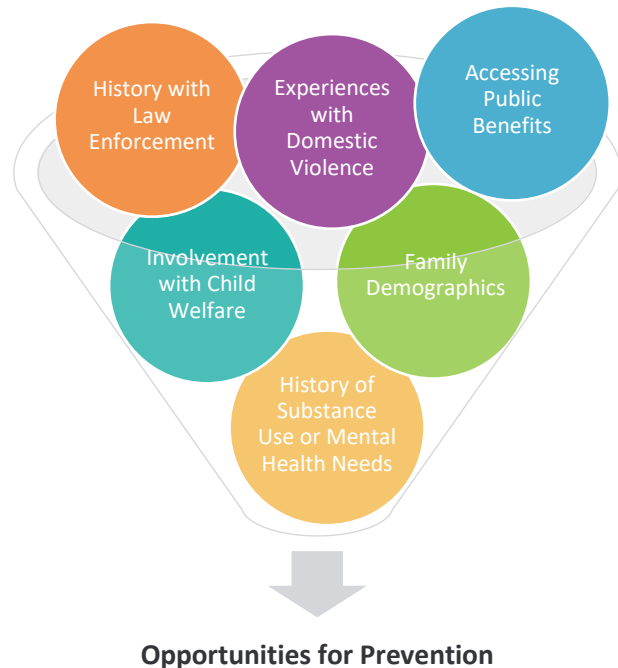
Information gathered during the needs assessment helped to guide the Prevention Cabinet in defining a theory of change, key strategy areas and activities defined in this strategic plan.

The Child Safety Forward Sacramento Initiative is a bold systems-change project aimed at incubating, piloting and sustaining strategies to eliminate near-fatalities and deaths due to child abuse and neglect in Sacramento County by 2030. The project is building upon the substantial fabric of collaboration that already binds many of the project's partners together, such as the multidisciplinary Child Death Review Team (CDRT) in place for over 30 years, and the differential response protocol between Child Welfare and Birth & Beyond Family Resource Centers.

Findings from the needs assessment provide a portrait of prevalence, family and community risk factors, gaps, and opportunities to reduce child deaths and critical injuries. This information also reveals the role of community- and family-serving agencies and organizations to improve equitable access to family support services. Research shows that, by taking a public health approach to prevent child maltreatment that is centered around meeting the basic needs of families, we can reduce abuse and neglect fatalities and help families avoid and/or limit interaction with the child welfare system. Furthermore, families thrive when they have a supportive community for their children to grow.

The Prevention Cabinet hopes to continuously engage community members and providers through listening sessions and community gatherings to gain insights about what is needed to help families thrive. This inclusive approach will help us create and maintain a plan that prioritizes the needs of the community.

Members of the Prevention Cabinet were asked to generate a list of potential prevention activities, thereby producing the strategic plan outlined in this document. The activities include primary and secondary prevention, and tertiary intervention activities, as well as short-term and long-term objectives spanning the 10-year planning and implementation period.<sup>6</sup> These activities are organized into four strategy areas to strengthen Sacramento County's system of care: community, parent, and youth voice, racial equity, trauma-informed systems/practices, and building/implementing a system of care. The strategic plan is a living document that will continuously be revised in response to an evolving service and needs environment. The Prevention Cabinet will review the list of activities to identify Action Plans to prioritize activities for the next six-month period.



<sup>6</sup> See definitions for primary, secondary, and tertiary activities here: <https://www.childwelfare.gov/topics/preventing/overview/framework/>

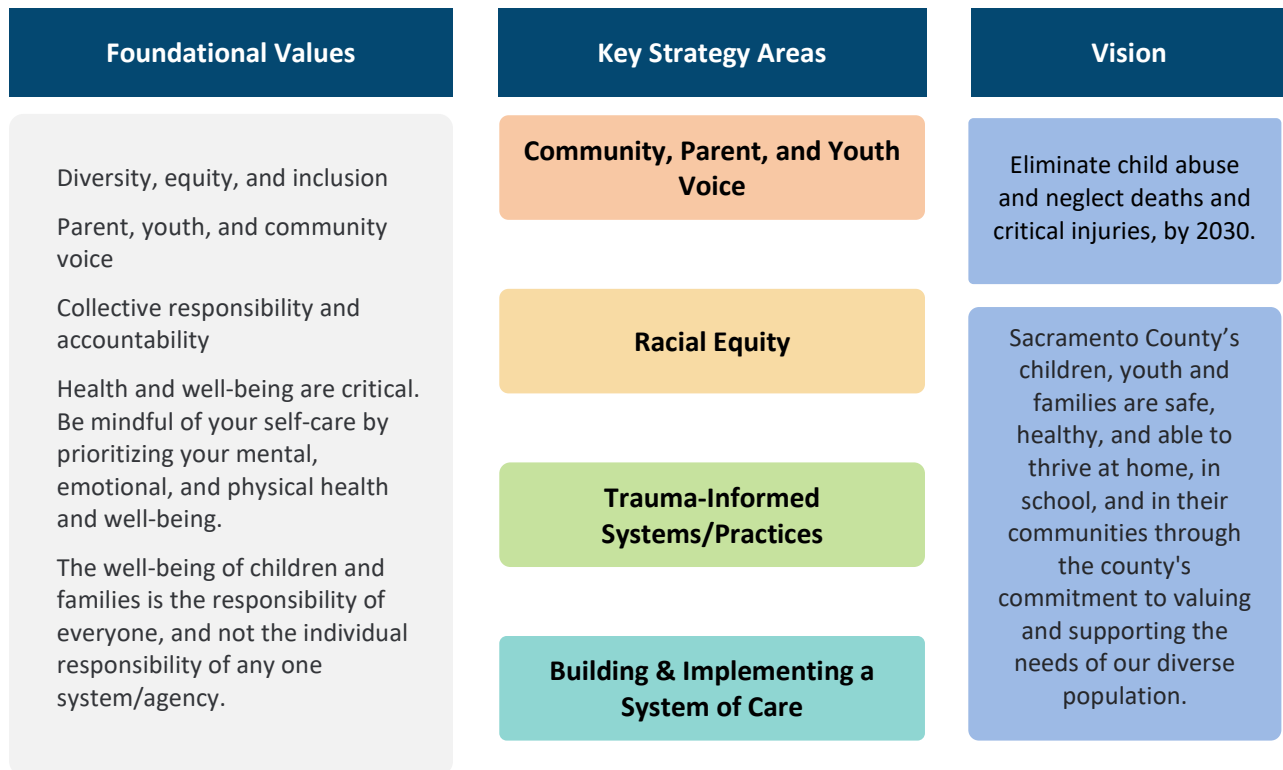


The Sacramento County Prevention Cabinet has identified four key foundational values crosscutting all activities and strategies implemented as part of this effort:

- **Diversity, equity, and inclusion** are guiding practices across actions. Equity is addressed, without hesitation, in disparities that are identified in data review and included in the strategic plan.
- **Parent, youth, and community voice** on the Prevention Cabinet and within system’s will further equity practices by actively involving those most affected.
- The strategic plan will describe equity practices with sustained **collective responsibility and accountability**.
- **Health and well-being are critical**. Be mindful of your self-care by prioritizing your mental, emotional, and physical health and well-being.
- **The wellbeing of children and families is the responsibility of everyone, and not the individual responsibility of any one system/agency**.

While making systems changes to serve vulnerable children, it is assumed that changes will impact the well-being of all children (i.e., trickle down). Both public and private service provider involvement is critical to the success of the vision. The diagram below represents the Sacramento County Prevention Cabinet Theory of Change.

**Figure 10. Theory of Change Diagram**



The figure on the next page contains more detailed descriptions for each of the key strategy areas.



## KEY STRATEGY AREAS

### 1 COMMUNITY, PARENT, AND YOUTH VOICE

Many initiatives aim to include family feedback and experience to inform the development and execution of new practices. Engaging families in this capacity is complex and requires dedicated resources. The Sacramento County Prevention Cabinet has recognized the need for the intentional and genuine engagement of community, parent, and youth voice, which needs to come from those with lived experience.

### 2 RACIAL EQUITY

Racial Equity is “a reality in which a person is no more or less likely to experience society’s benefits or burdens just because of the color of their skin, holding society to a higher standard, and demanding that we pay attention not just to individual-level discrimination, but to overall social outcomes.” (Racial Equity Glossary [Excerpt from] The Aspen Institute — Roundtable on Community Change). The local needs assessment conducted by the Sacramento County Prevention Cabinet identified disparities by race in which child abuse and neglect deaths and critical injuries of children 0 to 5 years of age were higher among African American families.

Strategies implemented to achieve racial equity, as well as reduce disparities of child abuse and neglect deaths and critical injuries must address the policies, practices, and mental models (norms and social narratives) that maintain historical, institutional, cultural, and structural racism that contribute to this social outcome. The Sacramento County Prevention Cabinet has identified a need to further embed racial equity into all aspects of work related to the Child Safety Forward Initiative, with a focus on 1) identifying equity measures, and 2) including equity as a foundational element across the implementation plan.

### 3 TRAUMA-INFORMED SYSTEMS/PRACTICES

Trauma is the result of “an event, series of events, or set of circumstances that is experienced by an individual as emotionally harmful or life threatening and that has lasting effects on the individual's functioning and mental, physical, social, or spiritual well-being” (Substance Abuse and Mental Health Services Administration [SAMHSA], Trauma and Justice Strategic Initiative, 2012). Given the risk factors associated with child abuse and neglect, the Sacramento County Prevention Cabinet has chosen Trauma-Informed Systems/Practices as a primary strategy to reduce fatalities and near fatalities.

### 4 BUILDING & IMPLEMENTING A SYSTEM OF CARE

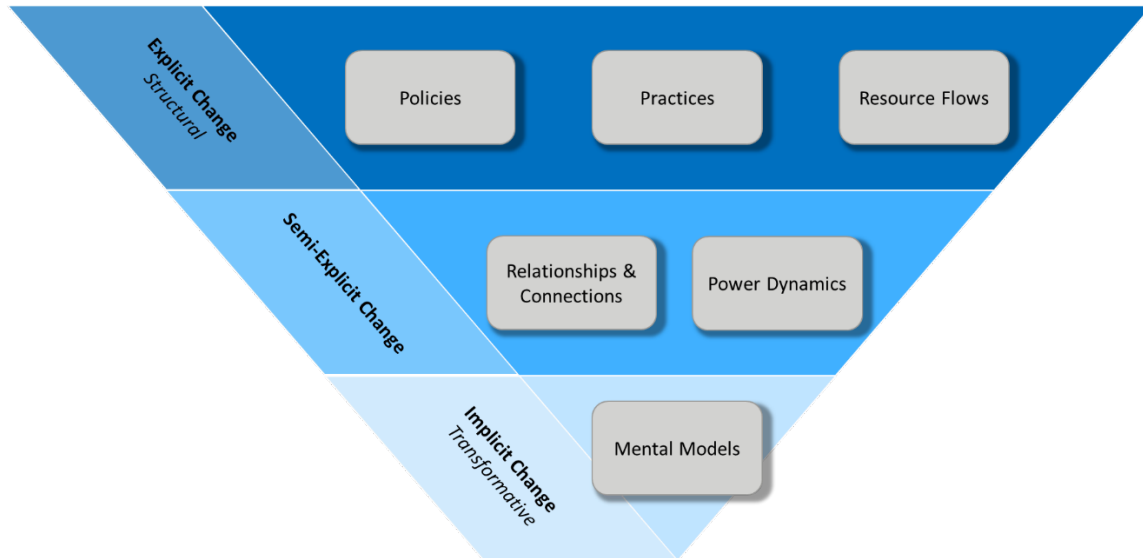
Building & Implementing a System of Care highlights the need for systems change to significantly impact community health. A healthy community is built upon a multi-tiered system involving community, child, and family-serving agencies/organizations across service fields, both public and private. To effectively engage in this work, the Sacramento County Prevention Cabinet aims to increase collaboration to better serve families.

Each of the preceding strategies builds a foundation strategy for Implementing a System of Care. Systems throughout the county will have improved program design and service delivery through shared approaches that enhance information sharing to identify service gaps, trauma-informed practices, integrated community voice, and practices to reduce racial disparities. The final solution will provide a roadmap for identifying relevant resources in the community and coordinate services across systems.

**Eliminate Child Abuse and Neglect Deaths and Critical Injuries**

The Child Safety Forward Sacramento Initiative aims to achieve systems change by adopting the Water of Systems Change model (see figure below). Each of the activities identified in the strategic plan have been selected using the Water of Systems Change model to help improve health outcomes for children and families in Sacramento County.

**Figure 1. Water of Systems Change Model**



**Definitions**

<b>Explicit</b>	Policies	Advocating for changes to rules, regulations, and priorities
	Practices	Organizational and practitioner activities targeted to addressing and making progress
	Resource Flows	How money, people, knowledge, and information are allocated and distributed
<b>Semi-Explicit</b>	Relationships & Connections	Supporting relationships and connections among families and providers; improving communication between actors
	Power Dynamics	Promoting community voice and sharing decision-making power, authority, and influence
<b>Implicit</b>	Mental Models	Changing the narrative around child abuse and neglect to address deeply held beliefs and assumptions

## LESSONS LEARNED

The sustainability assessment completed as part of the Child Safety Forward grant initiative became a catalyst to redefine collaboration within the Prevention Cabinet to create an operational structure, center community voice, partner with an evaluator, and leverage countywide collaborative efforts.<sup>7</sup> These became the core components of a public health model which are imperative for any child abuse prevention initiative.

As we continue our collaborative journey, we will remain committed to these principles, knowing that they are instrumental in creating lasting, positive change for children and families in Sacramento County.

- 1) **Create an operational structure to prioritize and facilitate planning and implementation.** The Prevention Cabinet established subcommittees to prioritize and assign activities to ensure collective responsibility and sustainability.
- 2) **Center community voice to create shared power.** The Prevention Cabinet intentionally slowed down the planning process in order to center community voice by recruiting and onboarding Community Representatives. The intent was to establish shared power and ensure that the plan was responsive to community needs.
- 3) **Leverage and integrate countywide collaborative efforts to reduce duplication of efforts.** The Prevention Cabinet expanded its reach into other systems and existing collaboratives to broaden the capacity for systems change. This also increases the capacity to pool resources across systems, agencies, and organizations to coordinate efforts effectively.
- 4) **Involve an external evaluator as a neutral technical assistance partner.** The Prevention Cabinet partnered with an external evaluator to gain technical assistance for decision-making and strategic planning from a neutral party. The external evaluator helps to uphold the best interests of the initiative over any specific agency or organization.

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<sup>7</sup> The Prevention Cabinet utilized the CDC Program Sustainability Assessment Tool (PSAT) to determine which program elements need to be maintained, eliminated, or adapted, and to prioritize the areas of sustainability capacity to address first.

## Child Safety Forward Sacramento Lessons Learned in Redefining Collaboration

The Prevention Cabinet was able to create operational subcommittees to prioritize and assign activities for planning and implementation to **ensure collective responsibility**.



The Prevention Cabinet recognized the need to actively involve community members in the decision-making process to **establish shared power**.



The Prevention Cabinet creates **shared resources** and ensures sustainability by integrating and leveraging other countywide collaborative efforts.



The Prevention Cabinet partnered with an external evaluator to **support data-driven decision-making**, strategic planning, and evaluation from a neutral position.

# Strategic Plan

Each of the Child Safety Forward Sacramento Strategy Areas are described in more detail in the following sections of this report. This will include a description of the strategy, defining the need for the specified strategy, documented input from the community, current practices in Sacramento County, other promising practices in the field, implementation gaps, and a summary of activities being conducted as part of the Sacramento County Prevention Cabinet.

# Strategy Area 1 — Community, Parent, and Youth Voice

Many initiatives aim to include family feedback and experience to inform the development and execution of new practices. Engaging families in this capacity is complex and requires dedicated resources. The Sacramento County Prevention Cabinet has recognized the need for the intentional and genuine engagement of community, parent, and youth voice, which needs to come from those with lived experience. To anticipate and respond to engagement barriers, this strategy involves the following key activities:

- Support capacity building to strengthen and lift up the voice of communities and those with lived experience.
- Invite families who are receiving services to provide input to ensure that supports are relevant, accessible, trauma-informed, culturally responsive, and desired throughout service delivery.

Those with lived experience includes families and community members who have direct or indirect experience with service providers who offer primary, secondary, or tertiary interventions.

## DEFINING THE NEED

The goal to eliminate child abuse and neglect deaths and critical injuries in Sacramento County must involve community members, families, and youth alongside the lead directors from the field of child welfare, behavioral health, criminal justice, public health, health care, early education, and human assistance. The lead directors among local agencies or organizations are those who can influence the structural changes (i.e., policies, practices, and resource flows). To identify ways that the relationships and power dynamics could be adjusted to better serve families the Child Safety Forward Sacramento Initiative must include families, youth, and community, cultural, and faith-based providers, groups, and individuals in the strategic planning process. Collaboration and inclusion of community members and families will help to change the mental models that stand in the way of progress.

To achieve community and systems change, the Child Safety Forward Sacramento Initiative will prioritize community, parent, and youth voice to inform strategic planning, implementation, and evaluation.

## COMMUNITY INPUT

This project brings together community members and families who have direct knowledge and experience with family services and supports, alongside leaders in family-serving agencies, to work on bringing child abuse and neglect to an end in our communities. As part of this process, Child Safety Forward Sacramento held seven community listening sessions reaching 42 caregivers in the wider Sacramento area to share their insights to inform family strengthening strategies across the county. Participants offered insights about community strengths, community needs, their experiences with public agencies, and a call to action to promote prevention and improve service delivery to empower families.

Among the strategies offered, the community members offered two key strategies that emphasize the importance of community, parent, and youth voice to improve service delivery:

- **Relational-focused supports promote trust as a vehicle for intervention delivery.** These efforts promote social connectedness and social support across multiple contexts, central to resilience, prioritizing continuity of care, to allow for development of trust-based relationships as a vehicle for intervention delivery.
- **Family-centered services promote shared decision-making and is inclusive of all family members, with the goal of family stabilization.** This means that services are offered to families rather than individuals, with the goal of providing the whole family support and stabilization.

The participants provided general direction on these strategies, as well as specific feedback for systems with a role to play. The table below highlights some of the priorities outlined in these community listening sessions.

### Relational-Focused Supports

Strategy	System	Community Recommendation
<b>Foster Community and Social Support in Systems</b> <i>Evaluate how systems of care can be successfully leverage communal responsibility to care for children and strengthen families.</i>	Child Welfare	<b>Leverage social networks, church communities, and community leaders to hold families accountable</b> and help families stay together while they work on improving their parenting skills.
	Community-Based Resources	<b>Implement community-oriented services</b> where staff are assigned to families and can check-in via phone or visit them in their homes and offer supports and resources.
		<b>Employ Community Navigators to connect individuals in low-income communities with necessary resources and supports.</b> These relational programs provide peer support to families facing challenges.
<b>Promote Community Cohesion and Belonging</b> <i>Create a sense of belonging and community cohesion and safety through community-based initiatives and events.</i>	Community-Based Resources	<b>Implement collaborative approaches involving residents and community organizations to address safety issues</b> that hinder a sense of safety and belonging.
		<b>Host events that facilitate connections among parents</b> , such as classroom introductions or parent gatherings, can promote understanding and collaboration.
	Early Learning & Education	<b>Facilitate social events that foster connections and promote a sense of belonging</b> among families.  <b>Streamline the process for parent volunteers</b> , with consideration for diversity (e.g., literacy, language).
<b>Promote Continuity of Care</b> <i>Promote continuity of care to allow providers to build trusted relationships with families.</i>	Child Welfare	<b>Enhance communication with other service providers</b> to promote warm handoffs, timely access to resources, and reduce disruptions in families' lives.
	Health & Behavioral Health	<b>Allocate sufficient time to build trust and address caregivers' questions</b> about child development, milestones, and parenting.
	Community-Based Resources	<b>Assign providers to each family to build lasting relationships</b> with families and minimize the time spent on getting to know case specifics.  <b>Improve follow-up communication</b> to build trust with families and encourage help-seeking in the future.

*“We need more of a connection. We need people that maybe live in good neighborhoods, people that come from good backgrounds to come out and find out what's really happening out here, because all we're doing is creating a generation after generation of kids that are failing. Kids that are going to prison. Kids that are coming from drug addict parents who are just growing up to be drug addicts. And I see this every day. I live in this.”*

*“Maybe if you contact somebody, like a community center, and you talk to somebody, have that person talk to the same person that they talked to, because that person will know all the information and what the other person is seeking help for. It's like a friendship kind of thing, you know? That they can build something together and be the same person that will help you every time you go. It won't be different people.”*

### Family-Centered Services

Strategy	System	Community Recommendation
<b>Provide Family-Centered Services</b> <i>Emphasize the goal of stabilizing and strengthening families by providing necessary support services that are family-centered, rather than individual</i>	Child Welfare	<p><b>Preserve and strengthen the bond between children and their parents by providing whole family supports and minimizing the trauma of separation.</b> Recognize that removing children from their homes undermines their resilience.</p> <p><b>Empower parents by engaging them in case planning</b> (e.g., identifying resource needs, setting goals, and case planning for family stabilization or reunification). Create more opportunities for families to be heard as equal participants, providing guidance and feedback to improve services.</p>
	Domestic Violence & Law Enforcement	<p><b>Implement a family-centered approach that provides mental health, counseling for substance use, and social services supports to the entire family affected</b> by domestic violence, not just the victim.</p> <p><b>Ensure that when individuals reach out for help it does not result in child removal because a lack of available supports</b> (e.g., housing, treatment, social network, etc.).</p>
	Health & Behavioral Health	<p><b>Create a welcoming and supportive environment to support the needs of the whole family</b> in healthcare settings, not just the primary client.</p>
	Community-Based Resources	<p><b>Support more events, mental health services, and parenting workshops,</b> etc. that are inclusive of fathers and families.</p>

*“When someone needs help and asks for help, does that mean your kids are going to be taken away? Or does that mean someone's going to come and analyze your household? For my community, African American, it is that fear of what's going to happen next? Can you decline services? Can you say, ‘I need help in this one area, but not the other’? Is that okay? Or are we looked bad upon if we get information on a food bank? Things of that nature.”*

*“Instead of labeling broadly, let the families come, then say, ‘Okay, how can I support you?’ Because every mother knows what they need.”*

*“There's a lot out there for women and children but not for men and fathers. He's very involved with the kids, but I come home and I'm like, ‘Yeah, this event! Oh, it's only for women and children.’”*



## CURRENT PRACTICES

Several public-serving agencies and organizations in Sacramento County are already implementing strategies to engage community and family voice to improve their services, supports, and planning efforts. Each agency or organization has varying methods for including family voice in their practices, but the goal is to reunify families and keep children from entering the system. Some include family voice by offering client experience surveys, some include family voice directly in-service planning, and others offer regular or special meetings with community members to hear about what’s working to increase family safety. **The Spectrum of Community Engagement to Ownership**, mentioned again below in promising practices, has been adopted by the Community Engagement Subcommittee as a valuable tool to review an agency/organization’s level of engagement and to inspire new ways to build upon and increase their levels of community engagement. The bulleted list below represents a handful of current practices of engaging community voice throughout Sacramento County (see appendix B for more details about each program).

- First 5 Sacramento
  - Parent Empowerment Network
- Sacramento County Department of Health Services
  - COVID-19 Zoom Q&A Sessions
  - Maternal, Infant and Early Childhood home visiting program audits
  - Perinatal Equity Initiative - Fatherhood Program
  - Maternal Child Adolescent Health Program - Community Needs Assessment
  - Sexual Health Unit
- Sacramento County District Attorney’s Office
  - The District Attorney Youth Academy
  - “Youth & Community Connect” App
- Sacramento County Probation Department
  - Juvenile Justice Coordinating Council Subcommittee
- Sacramento County Sheriff’s Department
  - Co-develop Safety Plans
- Sacramento County Office of Education
  - Early Head Start
  - Help Me Grow
- WEAVE Inc.
  - Community Listening Sessions

## Advisory Boards

- Child Abuse Prevention Center
  - Birth & Beyond Parent/Community Advisory Board
- First 5 Sacramento
  - Advisory Committee
- Sacramento County Advisory Boards:
  - Human Services Coordinating Council
  - Children’s Coalition
  - CPS Oversight Committee
  - Mental Health Advisory Board
  - Mental Health Youth Advisory Board
  - Commission on the Status of Women and Girls
  - Steering Committee on the Reduction of African American Child Deaths
  - Mental Health Services Act Steering Committee
- Sacramento County Department of Health, Division of Behavioral Health Services
  - Mental Health Services Act Steering Committee
  - Mental Health Board
  - Alcohol and Drug Advisory Board
  - Youth Mental Health Advisory Board
  - Family and Youth Advocates
  - Consumer, Family and Youth Advocate Liaisons
  - Client Satisfaction Surveys
  - Substance Use Prevention and Treatment Unit
    - Youth Advisory Board
    - “Talk, They Hear You Campaign”
- Sacramento County Department of Health Services
  - Nurse Family Partnership - Maternal Child Adolescent Health Advisory Board

## Surveys

- Kaiser Permanente
  - Patient Survey
- Sacramento City Police Department

- Community Surveys
- Sacramento County Department of Human Assistance
  - Customer-Centered Surveys
- UC Davis Medical Center
  - Patient Survey
- WEAVE Inc.
  - Survey

## OTHER PROMISING PRACTICES IN THE FIELD

- Collective Impact
- Congregation-Based Organizing
- The Spectrum of Community Engagement to Ownership
- Credible Messenger Movement
- Water of Systems Change

## IMPLEMENTATION GAPS

Many of the community, child, and family-serving agencies and organizations in Sacramento County have implemented practices to include family voice and choice in their service delivery models. There are also a handful that have established community advisory teams and engaged community members in their decision-making process. However, there is always room for expanding and enhancing community engagement. This strategy area reflects the Sacramento County Prevention Cabinet’s commitment to community, parent, and youth voice as a foundational value underlying the systems change efforts of this strategic plan. In order to enhance community engagement, the Sacramento County Prevention Cabinet seeks to implement activities that will support capacity building across systems to lift up community voice.

## SUMMARY OF ACTIVITIES: COMMUNITY, PARENT, AND YOUTH VOICE

No.	Description	System(s)	Resource(s)
1.1	<i>Support capacity building to strengthen and lift up the voice of communities and those with lived experience.</i>		

<b>1.1.1</b>	<p>Intentionally integrate and recruit community members with lived experiences to participate as equal members of the Cabinet and co-develop strategies and review associated outcomes.</p> <p>Community Representatives serve as individual representatives of the stories, voices, and life experiences of those who have had contact with any community, child, and family-serving agencies/organizations in Sacramento County. Community Representatives provide unique perspectives that can inform our services and engagement with the community. They can also help us understand ‘the why’ behind the data and outcomes we see among the populations we serve.</p>	All	Community Engagement Subcommittee
<b>1.1.2</b>	<p>Assemble a voluntary subgroup of Prevention Cabinet members and non-members in the Community Engagement Subcommittee who are committed to attending, participating, and contributing to meetings in order to find ways to incorporate community voice in all things Child Safety Forward Sacramento (CSFS). Engage in appreciative inquiry to foster a partnership with community members for a greater understanding of community strengths, accessibility, and supports. Invite community members to lead conversations, offer guidance, and provide mentorship about community engagement to the Prevention Cabinet. Overall, this will enhance collaboration, support the collection and analysis of community level data, and facilitate follow-up with the community.</p>	All	-
<b>1.1.3</b>	<p>Demonstrate methods for engaging community members with lived experience to share across community, child, and family-serving agencies/organizations. Document how the role of Community Representatives impacted the structure of the Cabinet and elevated the planning and implementation of the Strategic Plan.</p>	All	Community Engagement Subcommittee
<b>1.1.4</b>	<p>Identify opportunities to fund, invest, and support capacity building for community coalitions to engage and mobilize local communities to strengthen their voice and power over decisions impacting their communities.</p>	All	Community Engagement Subcommittee

<b>1.1.5</b>	Partner with existing and new community advisory groups to educate the community about child abuse and neglect deaths and critical injuries and partner with community members to identify prevention strategies to continuously improve services and supports to children and families.	All	-
<b>1.1.6</b>	Gather information from cross-systems community, child, and family-serving agencies/organizations to identify opportunities to enhance community engagement throughout the county.	All	Community Engagement and Systems Subcommittee
<b>1.2</b>	<i>Invite families who are receiving services to provide input to ensure that supports are relevant, accessible, trauma-informed, culturally responsive, and desired throughout service delivery.</i>		
<b>1.2.1</b>	Gather information from cross-systems to identify how youth and family voice and choice are used in service planning to ensure that supports are relevant, accessible, trauma-informed, culturally responsive, and desired.	All	Community Engagement and Systems Subcommittee

# Strategy Area 2 — Racial Equity

Racial Equity is “a reality in which a person is no more or less likely to experience society’s benefits or burdens just because of the color of their skin, holding society to a higher standard, and demanding that we pay attention not just to individual-level discrimination, but to overall social outcomes.” (Racial Equity Glossary [Excerpt from] The Aspen Institute — Roundtable on Community Change). The local needs assessment conducted by the Sacramento County Prevention Cabinet identified disparities by race in which child abuse and neglect deaths and critical injuries of children 0 to 5 years of age were higher among African American families. Strategies implemented to achieve racial equity and reduce disparities of child abuse and neglect deaths and critical injuries must address the policies, practices, and mental models (norms and social narratives) that maintain historical, institutional, cultural, and structural racism that are contributing to this social outcome. The Sacramento County Prevention Cabinet have identified a need to further embed racial equity into all aspects of work related to the Child Safety Forward Sacramento Initiative, with a focus on 1) identifying equity measures and 2) including equity as a foundational element across the implementation plan. The strategy to improve Racial Equity includes the following key activities:

- Promote and support community, child, and family-serving agencies/organizations’ efforts to conduct organizational assessments of equity policies and practices by providing best practice guidance and resources.
- Invite the community and families to respond to data on racial/ethnic (and other) disparities to help identify barriers/gaps in services and broad community supports, and to make recommendations on community priorities and systems change to address disparities.
- Identify and promote anti-racism, social justice policies, actionable strategies, and practices across all systems to address gaps in racial equity.
- Educate, engage, and mobilize underserved and diverse communities to identify community priorities, influence governmental decision-making, and expand and enhance services that can better protect children and increase family safety and well-being.

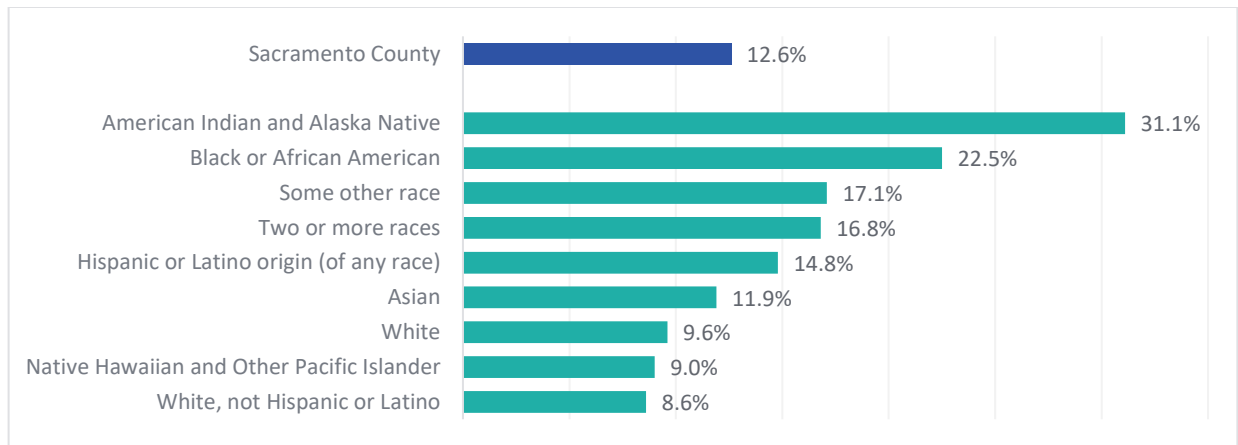
Racial Equity is a strategy that reflects the goal of reducing disparities that are predicted by race, increasing service utilization and retention among communities of color, and revising policy and practice to improve consumer experiences across the service spectrum.

## DEFINING THE NEED

The Sacramento County Prevention Cabinet holds diversity, equity, and inclusion as a foundational value of the work to end child abuse and neglect deaths and critical injuries countywide by 2030. The intent of the Sacramento County Prevention Cabinet is to ensure that all strategies and activities integrate a racial equity lens and the specific activities conducted as part of the Racial Equity strategy will address ways to increase equity for systems change. Incident data and population statistics illustrate the social, economic, and political disparities in Sacramento County at the beginning of the strategic planning period.

In Sacramento County, about 13 percent of the population live below the poverty level. Rates of poverty among American Indian and Alaska Native (31.1%) or African American (22.5%) families are over triple and double the rate (respectively) compared to White families (9.6%). Families with children under 5 show a slightly higher rate of living in poverty compared to the general population, with about 17 percent of children under 5 living below poverty level.

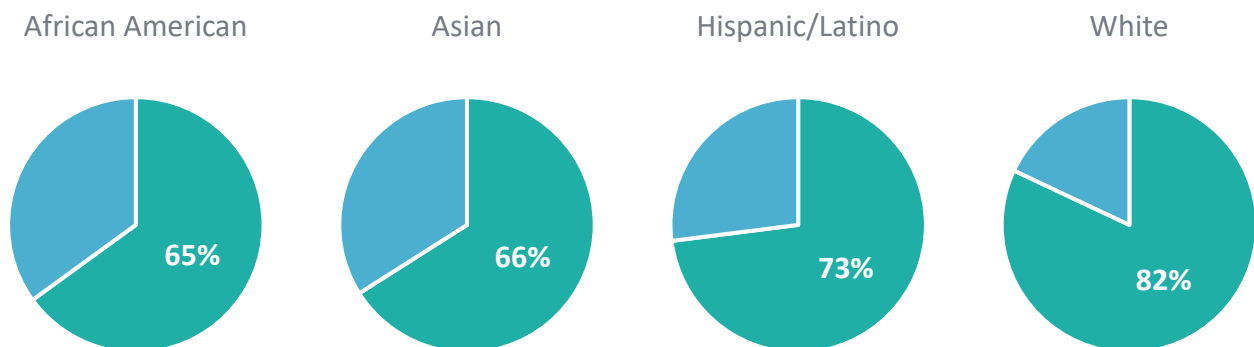
**Figure 2. Rates of Poverty in Sacramento County by Race/Ethnicity**



Source: American Community Survey, 2019

First 5 Sacramento as one of the members of the Sacramento County Prevention Cabinet has helped to compile community indicators by race and ethnicity to identify and address disparities. First 5 Sacramento offers support services to families with children birth to 5 years of age to promote healthy development, increase child safety, and promote family strengthening. One of the key community indicators for Sacramento County is to promote breastfeeding to increase bonding between mother and child and improve health outcomes. Data from the California Department of Public Health show that rates of breastfeeding in the hospital are slightly higher in Sacramento County (73%) than the rate statewide (70%). However, the rate of breastfeeding in the hospital is lower among African American families (65%) and Asian families (66%).

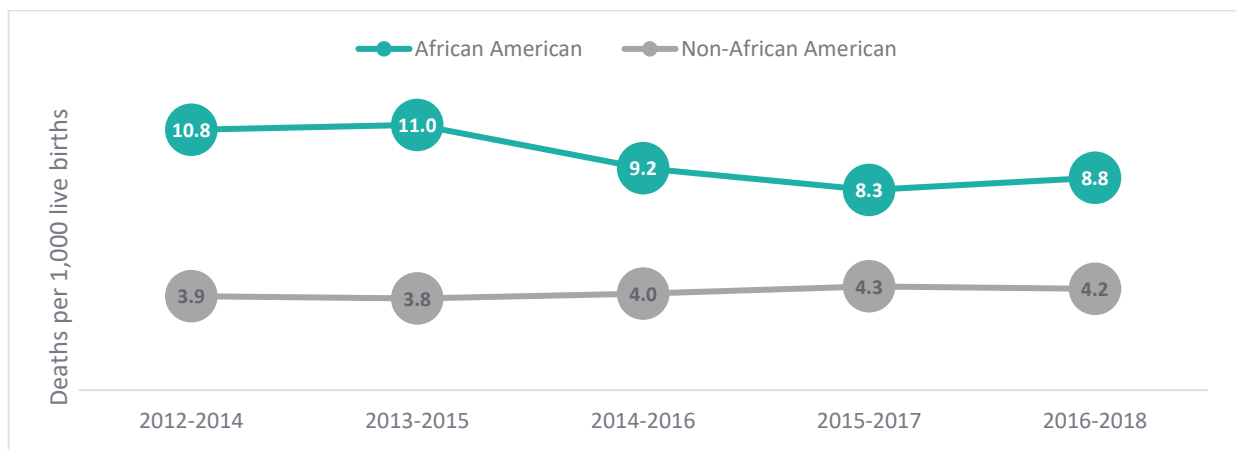
**Figure 3. Exclusively Breastfed in the Hospital by Race/Ethnicity, 2018**



Source: California Department of Public Health, 2018 California In-Hospital Breastfeeding.

Infant mortality is another key indicator that has informed program planning and reveals racial disparities. Infant mortality can be influenced by many factors, such as lack of access to timely and regular prenatal care, preterm birth, chronic diseases, and socioeconomic disparities. Data from the Sacramento County Department of Health Services shows that since 2012, there has been a remarkable drop in the rate of African American infant mortality from 10.8 to 8.8 per 1,000 live births. However, African American infants continue to be nearly twice as likely to die compared to non-African American infants.

**Figure 4. Infant Mortality by Race in Sacramento County**



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The National Equity Atlas produced by PolicyLink and the USC Equity Research Institute (ERI) provides additional insight about the status of racial equity in Sacramento. The National Equity Atlas, Racial Equity Index represents a detailed report on racial and economic equity based on nine key indicators of inclusion and prosperity (see graphic below).<sup>8</sup>

<sup>8</sup> PolicyLink/USC Equity Research Institute, National Equity Atlas, [www.nationalequityatlas.org](http://www.nationalequityatlas.org).



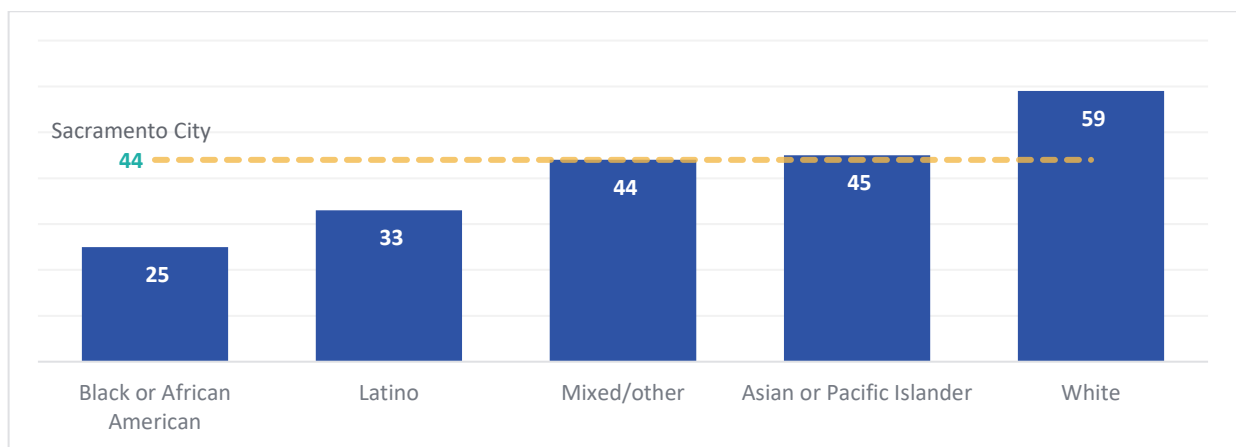
### Key Indicators of Prosperity

Economic Vitality	<u>Median Wages</u> : Median hourly for full-time wage and salary workers ages 25 to 64.
	<u>Unemployment</u> : Share of labor force ages 25 to 64 that is unemployed.
	<u>Poverty</u> : Share of people with family incomes below 200% poverty.
Readiness	<u>Educational Attainment</u> : Share of population ages 25 to 64 with a bachelor’s degree or higher.
	<u>Disconnected Youth</u> : Share of youth ages 16 to 24 that are not working and not in school.
	<u>School Poverty</u> : Share of students in high-poverty schools, identified by those with more than 75% of students eligible for free or reduced lunch.
Connectedness	<u>Air Pollution Exposure</u> : Index of exposure to air toxics for cancer and non-cancer risk.
	<u>Commute Time</u> : Average travel time to work in minutes for works ages 16 and older who work outside of the home.
	<u>Housing Burden</u> : Share of renter-occupied households spending more than 30% of income on housing costs.

The goal of the National Equity Atlas is to compile people-focused and place-based metrics that reflect a range of impacts due to structural racism. The Atlas acknowledges that this does not include any indicators for criminal-legal system or wealth due to limited data availability. The tool is intended to help communities identify priority areas for achieving racial equity.

Summary data is available for the city of Sacramento, but not the county of Sacramento altogether. Nonetheless, findings from the National Equity Atlas Racial Equity Index will help to define the underlying conditions for racial equity. The Atlas ranks Sacramento City with a Prosperity score of 44 (out of 100) in 2017. The Prosperity score provides a measure of the level of equity for the community as a whole and provides additional insight to how equity is experienced by people from different race and ethnic backgrounds. The chart below shows the Prosperity score in Sacramento City by race and ethnicity.

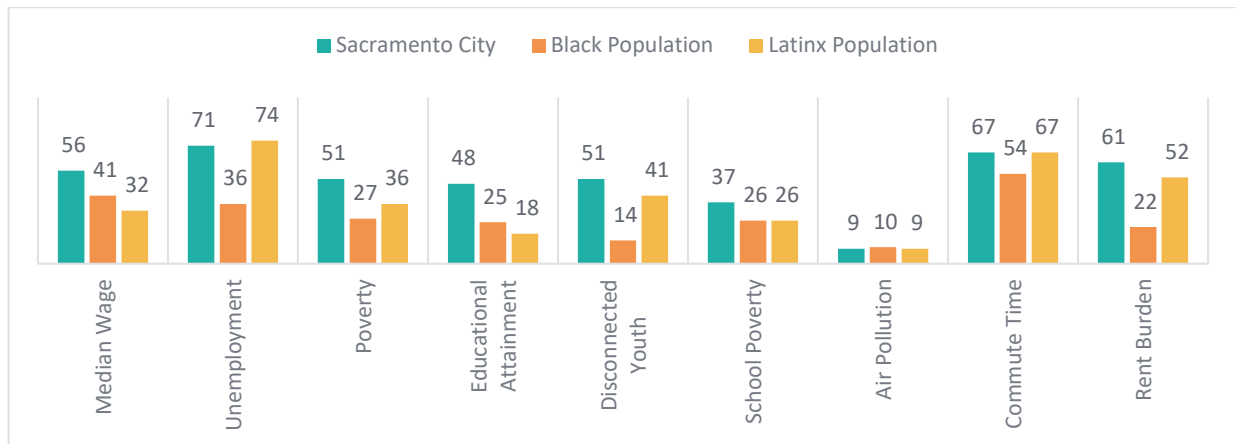
**Figure 5. Sacramento City Prosperity Score by Race**



Source: PolicyLink/USC Equity Research Institute, National Equity Atlas, Sacramento City, CA 2017

The White population of Sacramento City had the highest Prosperity score, and the Black population had the lowest, followed closely by the Latino population. The greatest disparity between the Black population and overall Sacramento City Prosperity score appears for rent burden, disconnected youth, and unemployment. By comparison, the greatest disparity between the Latinx population appears for educational attainment and median wage. The National Equity Atlas intends for this type of information to be used to identify priority populations at risk to guide efforts to increase racial equity.

**Figure 6. Sacramento City Compared to Black and Latinx Population Prosperity Score by Indicator**

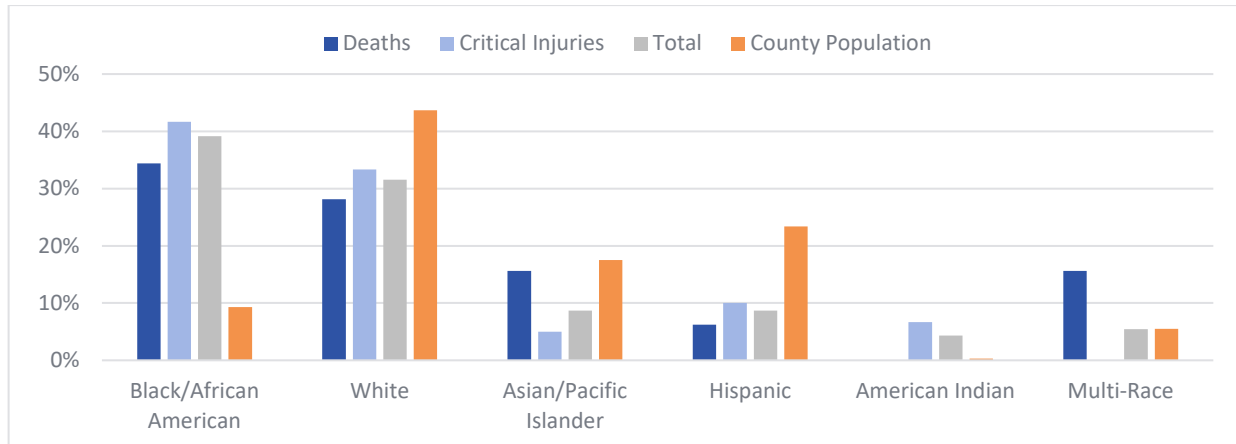


Source: PolicyLink/USC Equity Research Institute, National Equity Atlas, Sacramento City, CA 2017

The Sacramento County Prevention Cabinet in partnership with the Child Death Review Team (CDRT) and the Department of Child, Family and Adult Services (DCFAS) analyzed child-level incident data for child abuse and neglect deaths and critical injuries for the 10 years prior to the Child Safety Forward Sacramento Initiative (established in 2019). The purpose of the analysis was to gain insight from incidents of child abuse and neglect homicides or critical injuries in Sacramento County to identify prevention opportunities through systems change efforts. Findings from the analysis revealed that children five years and younger were at heightened risk for child abuse and neglect deaths and critical injury incidents. There are many intersecting identities and experiences that can contribute to a family’s risk and protective factors. Additional analysis for death and critical injury incidents involving children five years of age and younger revealed patterns by race and ethnicity of victims, socioeconomic status, and location (ZIP Code).

An analysis of race/ethnicity of the victims of child abuse and neglect deaths and critical injuries revealed that 39% were Black/African American, which by comparison to the population of Sacramento County (only 9%) indicates a racial disparity (see Figure below).

**Figure 7. Race of Victims compared to County Population Statistics**



Note: This analysis includes child abuse and neglect deaths and critical injuries for children 0 to 5 years of age.

An analysis of the residence of victims revealed that out of the 54 ZIP Codes in Sacramento County about half (55%) of child abuse and neglect deaths and critical injuries occurred in just 10 ZIP Codes:

- 95823 (Valley Hi) – 8.7%
- 95838 (Del Paso Heights) – 8.7%
- 95833 (Garden/South Natomas) – 5.4%
- 95821 (Arden-Arcade) – 5.4%
- 95841 (North Highlands) – 5.4%
- 95828 (Valley Hi) – 4.3%
- 95822 (Meadowview) – 4.3%
- 95608 (Arden-Arcade) – 4.3%
- 95824 (South Sacramento) – 4.3%
- 95826 (Rosemont) – 4.3%

The three neighborhoods with the highest number of child abuse and neglect critical injuries and deaths were Valley Hi, Del Paso Heights, and Natomas. Each of these neighborhoods are located within the city of Sacramento; Valley Hi and Natomas are in South Sacramento and Del Paso Heights is in North Sacramento. When compared to the population of the city of Sacramento, the populations of Valley Hi, Del Paso Heights and Natomas have higher proportion of Hispanic and Black populations, and within these neighborhoods there are ZIP Codes with higher proportion of families whose income in the past 12 months was below poverty level. In Valley Hi and Del Paso Heights the high school dropout rate (24-26%) was much higher than the rate countywide (12%). ZIP Codes located within the neighborhoods of Valley Hi, Del Paso Heights, and Natomas also account for 27% of substantiated allegations of child maltreatment in the county.

Altogether, this information provides context for identifying ways to improve services and supports throughout Sacramento County to reduce disparities that are risk factors for child abuse and neglect deaths and critical injuries.

## COMMUNITY INPUT

This project brings together community members and families who have direct knowledge and experience with family services and supports, alongside leaders in family-serving agencies, to work on bringing child abuse and neglect to an end in our communities. As part of this process, Child Safety Forward Sacramento held seven community listening sessions reaching 42 caregivers in the wider Sacramento area to share their insights to inform family strengthening strategies across the county. Participants offered insights about community strengths, community needs, their experiences with public agencies, and a call to action to promote prevention and improve service delivery to empower families.

Among the strategies offered, the community members offered key strategies that emphasize the importance of racial equity to improve service delivery:

- **Equitable and inclusive services that recognize and address barriers** to engagement for groups with diverse cultural and ethnic backgrounds.

The participants provided general direction on these strategies, as well as specific feedback for systems with a role to play. The table below highlights some of the priorities outlined in these community listening sessions.

### Equitable and Inclusive Services

Strategy	System	Community Recommendation
<b>Implement Equitable Practices</b> <i>Invest in diversity, equity, and inclusion initiatives that aim to build trust among diverse populations.</i>	Child Welfare	<b>Recognize and address socio-cultural and religious differences in family values</b> and child upbringing which influence engagement in services.  <b>Promote equitable treatment of families who come in contact with multiple systems of care.</b>
	Early Learning & Education	<b>Promote parental engagement and support for caregivers from diverse backgrounds.</b> Ensure equitable opportunities and supports for parents to be actively engaged in their child’s education, especially for those who are undocumented, illiterate, or do not speak English.
	Health & Behavioral Health	<b>Allocate sufficient time and create a non-judgmental environment to build trust with diverse families,</b> recognizing cultural differences in attitudes about asking for help.

*“We need more community connections. That’s great and dandy to have a food bank, but there’s more severe problems in the communities of color, as far as finding jobs, having financial assistance of people who have children that are autistic or disabled not knowing exactly how to take care of them.”*

*“I’m not gonna speak for every other culture, because that’s not fair for me to do that. But I’m gonna speak for my culture, and that’s the African American community. It’s true, the police department offer tutoring for kids... activities, crafts, exercise, a lot of things [at] Boys and Girls Club. That’s great and all, but to be totally honest with you, half the kids that are gonna be wanting to go there have had bad interactions with the police in the community. Their parents have either been arrested or have had public contact, and I will speak on that of my own self.”*

## CURRENT PRACTICES

Engaging in strategies to address racial disparities has been a priority across community, child, and family-serving agencies/organizations in Sacramento County. The bulleted list below highlights some of the key efforts that have been implemented prior to the Child Safety Forward Sacramento Initiative (see appendix B for more details about each program).

- Child Abuse Prevention Center
  - Birth & Beyond Cultural Responsiveness Implementation (CRI)
  - Culture, Equity, and Inclusion Team
- Cultural Broker Program
- First 5 Sacramento
  - Resolution on Racial Equity and Social Justice
  - Reduction of African American Child Deaths (RAACD) Steering Committee
- Her Health First’s Black Mothers United (BMU)
- Sacramento County Board of Supervisors
  - Resolution Declaring Racism as a Public Health Crisis
  - Diversity, Equity, and Inclusion Policy Cabinet
- Sacramento County Department of Health Services
  - Health and Race Equity (HRE) Unit
  - Black Infant Health Program (in partnership with the Child Abuse Prevention Center and First 5 Sacramento)
  - Perinatal Equity Initiative (PEI) Funds
  - African American Perinatal Health Program (AAPH)
- Sacramento County Department of Health, Division of Behavioral Health Services
  - Behavioral Health Racial Equity Collaborative
- Sacramento County Office of Education
  - Professional Learning and Community of Practice opportunities on Equity
- Sacramento County Probation Department
  - Reduction of Racial and Ethnic Disparities Grant
- Sierra Health Foundation
  - Black Child Legacy Campaign (BCLC) (in partnership with the Sierra Health Foundation)
  - Community Incubator Leads (CILs)

## OTHER PROMISING PRACTICES IN THE FIELD

- Collective Impact
  - Community Engagement Toolkit

## IMPLEMENTATION GAPS

While the efforts of BCLC, CILs, and Cultural Brokers are reputable for their successes, community, child, and family-serving agencies/organizations throughout Sacramento County are continuing to search for ways to increase racial equity and eliminate disparities.

In an interview with lead directors and staff from each of the key sectors serving families in Sacramento County, the evaluation team asked each participant to describe how their agency addressed disproportionality. Few agencies have been participating in implicit bias training longer than a couple of years, the only exception being among the law enforcement and judicial systems. In addition, there were concerns about universal and equitable access to care. Particularly, the participants mentioned the need to address transportation, location, and language preferences which may make accessing care difficult for some families.

When asked what priorities should be considered by the Sacramento County Prevention Cabinet, the key informant indicated that there needs to be an effort to create an inclusive culture by focusing on the populations most at-risk. This involves identifying cultural dynamics to improve prevention efforts, continued work with the Black Child Legacy Campaign, and utilizing interventions that address intergenerational trauma.

## SUMMARY OF ACTIVITIES: RACIAL EQUITY

No.	Description	System(s)	Resource(s)
<b>2.1</b>	<i>Promote and support community, child, and family-serving agencies/organizations' efforts to conduct organizational assessments of equity policies and practices by providing best practice guidance and resources.</i>		
<b>2.1.1</b>	Identify and share best practice tools and resources for organizational self-assessments (including training opportunities, use of surveys and consultants)	All	Systems Subcommittee
<b>2.1.2</b>	Support organizational efforts to conduct self-assessments and collect information on their equity policies and practices within and across systems, as it pertains to supporting children, youth, families, and communities.	All	Systems Subcommittee
<b>2.2</b>	<i>Invite the community and families to respond to data on racial/ethnic (and other) disparities to help identify barriers/gaps in services and broad community supports, and to make recommendations on community priorities and systems change to address disparities.</i>		
<b>2.2.1</b>	Conduct a systems-wide effort to outreach to communities and clients served for input on community and service system challenges and solutions.	All	Data & Community Engagement Subcommittee

<b>2.2.2</b>	Analyze and present recommendations from community input to leadership across governmental bodies and service system organizations.	All	Data & Systems Subcommittee
<b>2.3</b>	<i>Identify and promote anti-racism, social justice policies, actionable strategies, and practices across all systems to address gaps in racial equity.</i>		
<b>2.3.1</b>	Support community, child, and family-serving agencies/organizations to develop Racial Equity Plans to address disparities in policies, practices, and services. Racial Equity Plans will be responsive to feedback from the community and families served and will include an evaluation approach to help hold systems accountable.	All	Systems Subcommittee
<b>2.3.2</b>	Promote and support efforts by community, child, and family-serving agencies/organizations to implement appropriate equity frameworks, policies, and practices into their organizations.	All	Systems Subcommittee
<b>2.3.3</b>	Identify and promote training and technical assistance opportunities for community, child, and family-serving agencies/organizations on racial equity for staff, management, and policy leaders within and across systems to be culturally responsive, specifically to recruit and retain African American families.	All	-
<b>2.3.4</b>	Promote workforce development efforts in recruitment, hiring, retention, and advancement to ensure that providers are reflective of the community served. Advocate for internship programs that increase the likelihood of homegrown professionals (nurses, health educators, doctors, etc.) willing to work with and for their own community.	All	-
<b>2.3.5</b>	Support community, child, and family-serving agencies/organizations' efforts to measure progress in implementing equity policies and practices within and across systems as part of their Racial Equity Plan.	All	Data Subcommittee
<b>2.4</b>	<i>Educate, engage, and mobilize underserved and diverse communities to identify community priorities, influence governmental decision-making, and expand and enhance services that can better protect children and increase family safety and well-being.</i>		
<b>2.4.1</b>	Engage and support community efforts to advocate for increased funding for culturally responsive services and supports to reduce disparities.	All	-
<b>2.4.2</b>	Create more formal and ongoing opportunities for meaningful community engagement and ownership in assessments, decision-making and services related to racial equity.	All	-





# Strategy Area 3 — Trauma-Informed Systems/Practices

Trauma is the result of “an event, series of events, or set of circumstances that is experienced by an individual as emotionally harmful or life threatening and that has lasting effects on the individual's functioning and mental, physical, social, or spiritual well-being” (Substance Abuse and Mental Health Services Administration [SAMHSA], Trauma and Justice Strategic Initiative, 2012). Given the risk factors associated with child abuse and neglect, the Sacramento County Prevention Cabinet has chosen Trauma-Informed Systems/Practices as a primary strategy to reduce fatalities and near fatalities.

A trauma-informed approach involves these key activities:

- Increase understanding of the impact of trauma as it relates to risk factors (events and experiences, status, and location) to be able to recognize the signs and symptoms of trauma for families and children involved or at risk for child abuse and neglect.
- Implement responses to child and family needs that reflect an understanding of the impact of trauma (e.g., policies, procedures, training, and practices) and make a committed effort to lessen trauma at each touchpoint within and across community, child, and family-serving agencies/organizations countywide.
- Leverage partnerships with concurrent efforts to build and sustain a coordinated, timely, and trauma-informed system-of-care for children, youth, and families in Sacramento.

## DEFINING THE NEED

Trauma and child abuse and neglect are interrelated. The American Professional Society on the Abuse of Children used data from the National Survey of Children’s Exposure to Violence to investigate the linkage between experiencing child neglect and trauma symptoms.<sup>9</sup> Neglect was significantly associated with trauma symptoms, and the number of trauma symptoms increased for those who experienced multiple levels of neglect. Researchers in the field of child abuse prevention have found that increased exposure to chronic and environmental trauma and living in poverty has shown to be related to heightened risk for neglect.<sup>10</sup> The CDC has identified individual, family, and community risk factors for child abuse and neglect that reflect social-

Trauma-informed care calls for a shift in public services from asking, “What is wrong with you?” to instead asking, “**What has happened to you?**” (National Center for TIC, 2008).

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<sup>9</sup> Turner, H. A., Vanderminden, J., Finkelhor, D., & Hamby, S. (2019). Child Neglect and the Broader Context of Child Victimization. *Child Maltreatment*, 24(3), 265–274. <https://doi.org/10.1177/1077559518825312>

<sup>10</sup> Drake, B., & Pandey, S. (1996). Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child abuse & neglect*, 20(11), 1003-1018.

environmental influences of trauma.<sup>11</sup> This list of potential risk factors also demonstrates that families at-risk for child abuse and neglect likely have pre-existing needs addressed by public health systems and supports.

The Sacramento County Prevention Cabinet has engaged in data collection and analysis of risk and protective factors, with a goal of reaffirming the population of children most at risk and prioritizing families with identified risk factors to provide targeted outreach and intervention strategies in commonly intersecting systems. The Sacramento County Prevention Cabinet in partnership with the Child Death Review Team (CDRT) and the Department of Child, Family and Adult Services (DCFAS) analyzed child-level incident data for child abuse and neglect deaths, critical injuries, and substantiated allegations for the 10 years prior to the Child Safety Forward Sacramento Initiative (established in 2019). Local community indicator data from the American Community Survey was reviewed to identify the median age and high school dropout rates by ZIP Code, as well as the minority population or percent of community members who were living in poverty.

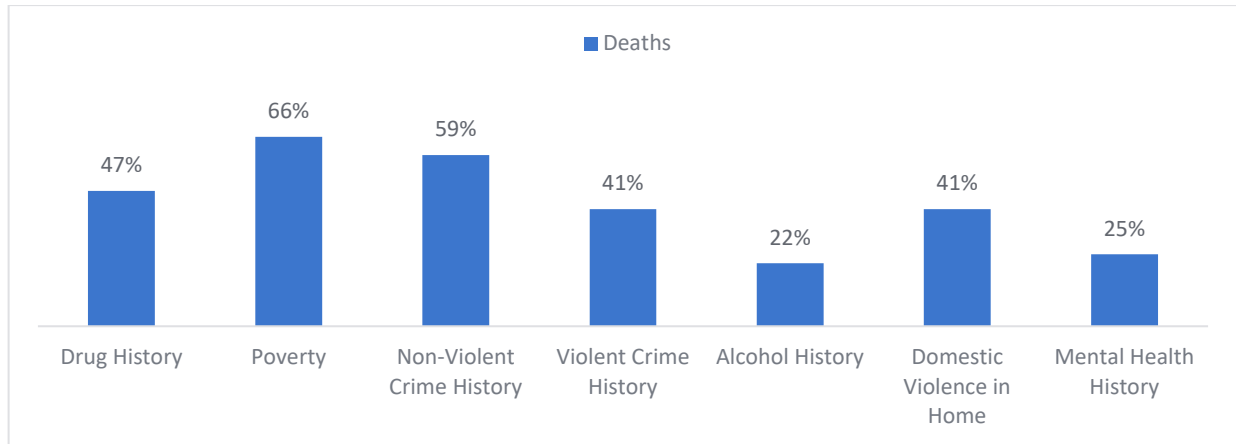
Layering community indicator data, substantiated allegations, and the count of child abuse and neglect death and critical injury incidents by ZIP Code helped the Sacramento Prevention Cabinet to identify how social and physical location can inform prevention planning. Incidents of deaths and critical injuries were further assessed and revealed that family history and involvement with community, family, and child serving systems was common and represented an important opportunity for prevention and early intervention.

Local statistical modeling revealed that prior contact with the child welfare system, as well as poverty, and parental crime and drug history are factors that are correlated with child abuse and neglect deaths or critical injury incidents. In 47% of child abuse and neglect deaths the parents of the victim had a history of drug use, and a history of alcohol abuse was common in 24% of child abuse and neglect death cases. In 66% of child abuse and neglect death cases the families were living in poverty (receiving assistance from food stamps, MediCal, or TANF). It was also common for parents to have non-violent (59%) or violent (41%) crime history. About one-third (41%) of families involved in a child abuse and neglect death had a history of domestic violence in the home. About 25% of parents involved in a child abuse and neglect death were receiving support services for mental health needs. These findings underscore the role that community- and family-serving agencies and organizations can play in improving equitable access to family support services to prevent child maltreatment.

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<sup>11</sup> <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

**Figure 8. Additional Risk Factors Assessed for Incidents of Child Abuse and Neglect Deaths**



Note: Poverty includes those who are receiving Food Stamps, TANF, or MediCal. This analysis includes child abuse and neglect deaths for children 0 to 5 years of age.

The Sacramento County Prevention Cabinet is prepared to respond to this need by implementing trauma-informed systems and practices. Each of these child and parent characteristics represents an opportunity to address trauma as it manifests within individuals, permeates communities, and could be intercepted and mitigated through trauma-informed systems and practices.

## COMMUNITY INPUT

This project brings together community members and families who have direct knowledge and experience with family services and supports, alongside leaders in family-serving agencies, to work on bringing child abuse and neglect to an end in our communities. As part of this process, Child Safety Forward Sacramento held seven community listening sessions reaching 42 caregivers in the wider Sacramento area to share their insights to inform family strengthening strategies across the county. Participants offered insights about community strengths, community needs, their experiences with public agencies, and a call to action to promote prevention and improve service delivery to empower families.

Among the strategies offered, the community members offered key strategies that emphasize the importance of trauma-informed supports to improve service delivery:

- **Trauma-informed supports that recognize and account for all sources of trauma.** Becoming trauma-informed involves designing and implementing services accounting for trauma.

The participants provided general direction on these strategies, as well as specific feedback for systems with a role to play. The table below highlights some of the priorities outlined in these community listening sessions.

### Trauma-Informed Supports

Strategy	System	Community Recommendation
<b>Create Safe Spaces</b> <i>Ensure access to safe spaces where families can seek support without fear</i>	Domestic Violence & Law Enforcement	<b>Create safe spaces for caregivers experiencing domestic violence to ask for help</b> in domestic violence centers, medical offices, police stations, and social services, without fear of being “marked” as an inadequate parent or reported to Child Protective Services (CPS). This may include Crisis Response Teams to work alongside law

Strategy	System	Community Recommendation
<p><i>of losing their children. Provide transparent, predictable, structured, and supportive case management services.</i></p>	Health & Behavioral Health	<p>enforcement arriving on scene to a domestic violence call for service.</p> <p><b>Create non-judgmental environments where open dialogue is encouraged and essential.</b> Increase comfortability among parents to discuss their concerns without fear of judgment or being reported to Child Protective Services (CPS).</p>
	Community-Based Resources	<p><b>Create or support a 24/7 hotline</b> to access immediate supports prior to or during a crisis, without judgment.</p>
	Child Welfare	<p><b>Enhance transparency and timeliness of communication between child welfare and related agencies and families they serve,</b> to minimize the element of “the unknown”, reduce disruptions, and promote stability in families’ lives.</p>
<p><b>Increase Structured Supports</b></p> <p><i>Make processes more trauma-informed by facilitating access to education and resources, inclusive of families seeking stabilization before they are in a crisis.</i></p>	Child Welfare	<p><b>Offer non-judgmental support to families in need of stabilization prior to child removal.</b> Recognize that most caregivers want to be better parents but lack resources and knowledge. Provide supports that target the root causes of family dysfunction (i.e., poverty, substance use, domestic violence, mental health, or knowledge and skills). This will validate family priorities and help to address trauma and adversity.</p>
		<p><b>Offer warm handoff when referring families for services and follow-up</b> to ensure referrals result in linkage to services, as families in acute crisis may not have knowledge or resources or capacity to follow-through.</p>
		<p><b>Acknowledge and address trauma of separation</b> for parents and children when children have been removed for any reason.</p>

*“Fear is a good motivator. There needs to be somebody who’s not a mandated reporter. There needs to be a thin line in between, where families can say, ‘This is my situation’ and get options, like: ‘Okay, this needs to be fixed or start getting fixed within a certain amount of time, or these things are going to happen.’ Otherwise, there’s too much unknown.”*

*“I went to Kaiser, trying to get mental health support and all they did was to interrogate me. ‘Oh, we’re mandated to report. So, tell me, why you did this? Oh, and just letting you know, I’m going to report this to CPS.’ This is why I can’t talk. Because there’s no safe place, no ‘in-between’ for it. And now I went to get my medical records, and it says everything I said in some kind of a twisted way. It’s like, ‘Oh, let’s assess the mother.’ I’m like, ‘Dang! I was actually under a microscope!’”*

*“If you’re taking children away from the only family that they’ve known, that causes internal damage, and it causes lifelong damage, that then, here we are, back in this vicious circle, that addiction, substance abuse, domestic violence, all of that violence, like it all comes back around into each other like, so what are we really solving?”*

## CURRENT PRACTICES

Many community, child, and family-serving agencies/organizations in Sacramento County are already implementing trauma-informed practices when working with families. The bulleted list below represents a handful of current practices to provide trauma-informed services and supports throughout Sacramento County (see appendix B for more details about each program).

- Child Abuse Prevention Center
  - Mandated Child Abuse Reporter Training
  - Strategies Technical Assistance Comprehensive County Prevention Plan Toolkit
- Family First Prevention Services Act
- Family Urgent Response System (FURS)
- Sacramento County Child Youth and Family System of Care
  - AB 2083 “Building Trauma-Informed Services for Foster Youth”
- Sacramento County District Attorney’s Office
  - California Victim Compensation Board (CalVCB)
- Sacramento County Office of Education
  - Sacramento County ACEs (Adverse Child Experiences) Aware Trauma-Informed Network of Care
  - Raising Quality Together (RQT)
- Sacramento County Probation Department
  - Child and Adolescent Trauma Screen
- UC Davis Medical Center:
  - Comprehensive Integration of Resilience into Child Life Experiences Clinic
  - Parent-Child Care
- Universal Trauma-Informed Care Training

## OTHER PROMISING PRACTICES IN THE FIELD

- Child First
- Safe Environment for Every Kid (SEEK)
- Trauma Adapted Family Connections program
- Unite Us

## IMPLEMENTATION GAPS

In an interview with lead directors and staff from each of the key sectors serving families in Sacramento County, participants indicated a need to increase funding to improve training and staffing across the service spectrum.

Suggestions to improve staffing and training reflect a need for trauma-informed training opportunities. When our systems are understaffed, this results in triaging support in a way that reflects capacity rather than need. Participants believe that the role of the Sacramento County Prevention Cabinet is to advocate for more funding and more staffing to provide the right level of engagement with families. This means hiring staff with the experience and backgrounds to build trusting relationships with families across the service spectrum (including but not limited to child welfare, law enforcement, and health care). Staff should be trained specifically to support high-risk families with children 0 to 5 years of age.

## SUMMARY OF ACTIVITIES: TRAUMA-INFORMED SYSTEMS/PRACTICES

No.	Description	System(s)	Resource(s)
<b>3.1</b>	<i>Increase understanding of the impact of trauma as it relates to risk factors (events and experiences, status, and location) to be able to recognize the signs and symptoms of trauma for families and children involved or at risk for child abuse and neglect.</i>		
<b>3.1.1</b>	Cross-train staff at all levels to increase understanding of trauma, particularly the signs and symptoms of trauma (root causes of violence, poverty operating in the most vulnerable neighborhoods, intergenerational trauma, historical levels of post-traumatic stress and health disease, and institutional neglect).	All	Sacramento County's Certified Trauma-Informed Training
<b>3.2</b>	<i>Implement responses to child and family needs that reflect an understanding of the impact of trauma (e.g., policies, procedures, training, and practices) and make a committed effort to lessen trauma at each touchpoint within and across community, child, and family-serving agencies/organizations countywide.</i>		
<b>3.2.1</b>	Review policies, procedures, training, and practices within and across community, child, and family-serving agencies/organizations with a trauma-informed lens to identify and make recommendations for reducing further trauma and improve multidisciplinary services.	All	Systems Subcommittee
<b>3.2.2</b>	Identify best practices to address secondary trauma of staff.	All	Systems Subcommittee
<b>3.2.3</b>	Identify, create, and promote opportunities to engage families throughout the county without having to conduct formal assessments that may be a barrier to support services.	All	Systems Subcommittee
<b>3.3</b>	<i>Leverage partnerships with concurrent efforts to build and sustain a coordinated, timely, and trauma-informed system-of-care for children, youth, and families in Sacramento.</i>		
<b>3.3.1</b>	Support efforts to implement a system-of-care as part of AB 2083.	All	Systems Subcommittee

# Strategy Area 4 — Building & Implementing a System of Care

**Building and Implementing a System of Care** highlights the need for systems change to significantly impact community health. A healthy community is built upon a multi-tiered system involving community, child, and family-serving agencies/organizations across service fields, both public and private. To effectively engage in this work, the Sacramento County Prevention Cabinet aims to increase collaboration to better serve families. Systems throughout the county will have improved program design and service delivery through shared approaches that enhance information sharing to identify service gaps, trauma-informed practices, integrated community voice, and practices to reduce racial disparities. The final strategy will provide a roadmap for identifying relevant resources in the community and coordinate services across systems. This is primarily accomplished by the following activities:

- Build relationships and trust to establish shared language, vision, and commitment to support all families.
- Delineate roles, services, and eligibility criteria across agencies to increase utilization of cross-systems services.
- Use a continuous quality improvement approach to evaluate partnerships and service gaps to better support families.
- Supporting systems/agencies to adopt referral systems to help staff refer families to relevant resources and close the feedback loop.
- Partner with the community to identify available resources and supports to address unmet needs, increase protective factors, and strengthen families.

## DEFINING THE NEED

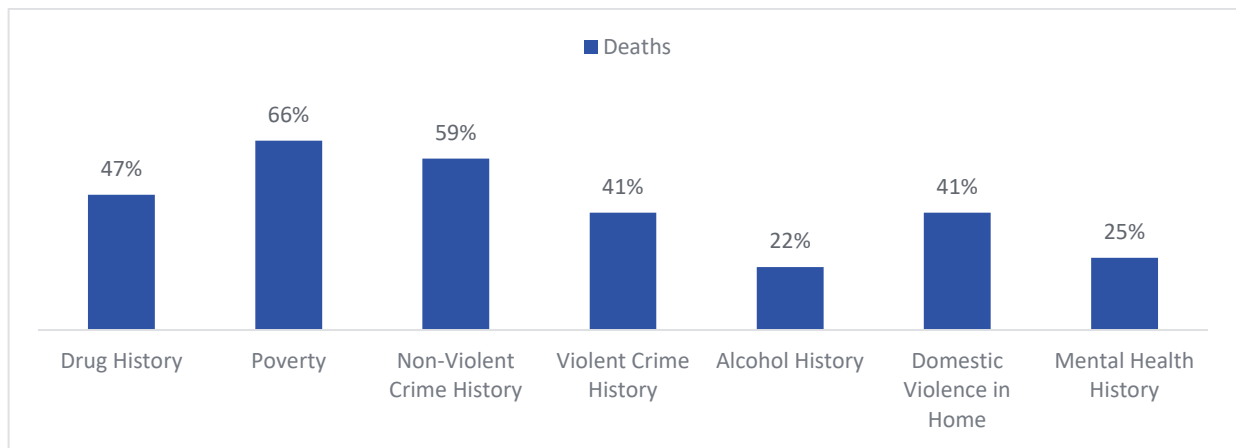
The Sacramento County Prevention Cabinet has engaged in data collection and analysis of risk and protective factors, with a goal of reaffirming the population of children most at risk and prioritizing families with identified risk factors to provide targeted outreach and intervention strategies in commonly intersecting systems. The Sacramento County Prevention Cabinet in partnership with the Child Death Review Team (CDRT) and the Department of Child, Family and Adult Services (DCFAS) analyzed child-level incident data for child abuse and neglect deaths, critical injuries, and substantiated allegations for the 10 years prior to the Child Safety Forward Sacramento Initiative (established in 2019). Local community indicator data from the American Community Survey was reviewed to identify the median age and high school dropout rates by ZIP Code, as well as the minority population or percent of community members who were living in poverty.

Layering community indicator data, substantiated allegations, and the count of child abuse and neglect death and critical injury incidents by ZIP Code helped the Sacramento Prevention Cabinet to identify how social and physical location can inform prevention planning. Incidents of deaths and critical injuries were further assessed and revealed that family history and involvement with community, family, and child serving systems was common and represented an important opportunity for prevention and early intervention.



Local statistical modeling revealed that prior contact with the child welfare system, as well as poverty, and parental crime and drug history are factors that are correlated with child abuse and neglect deaths or critical injury incidents. In 47% of child abuse and neglect deaths the parents of the victim had a history of drug use, and a history of alcohol abuse was common in 24% of child abuse and neglect death cases. In 66% of child abuse and neglect death cases the families were living in poverty (receiving assistance from food stamps, MediCal, or TANF). It was also common for parents to have non-violent (59%) or violent (41%) crime history. About one-third (41%) of families involved in a child abuse and neglect death had a history of domestic violence in the home. About 25% of parents involved in a child abuse and neglect death were receiving support services for mental health needs. These findings underscore the role that community- and family-serving agencies and organizations can play in improving equitable access to family support services to prevent child maltreatment.

**Figure 9. Additional Risk Factors Assessed for Incidents of Child Abuse and Neglect Deaths**



Note: Poverty includes those who are receiving Food Stamps, TANF, or MediCal. This analysis includes child abuse and neglect deaths for children 0 to 5 years of age.

This is an indication that community, child, and family-serving agencies/organizations offering prevention and intervention services and financial assistance have an opportunity to expand service delivery practices to better support the needs of families to help reduce child abuse and neglect deaths and critical injuries. This involves service coordination across systems to ensure that the needs are met for the whole family, thereby protecting and improving the safety of children.

## COMMUNITY INPUT

This project brings together community members and families who have direct knowledge and experience with family services and supports, alongside leaders in family-serving agencies, to work on bringing child abuse and neglect to an end in our communities. As part of this process, Child Safety Forward Sacramento held seven community listening sessions reaching 42 caregivers in the wider Sacramento area to share their insights to inform family strengthening strategies across the county. Participants offered insights about community strengths, community needs, their experiences with public agencies, and a call to action to promote prevention and improve service delivery to empower families.



The strategies and opportunities outlined by community members should be utilized to prioritize the work of the Prevention Cabinet to build and implement a system of care responsive to the most pressing needs of the community.

### Call to Action: Promote Prevention to Ensure Thriving Communities

- Promote Local Access to Resources
- Increase Availability of Quality and Timely Services
- Enhance Referrals
- Increase Co-Location of Services
- Simplify Eligibility/Accessibility
- Improve Transportation
- Promote Quality of Care/Education
- Promote School Safety
- Enhance Public Spaces
- Increase Community Investments

#### These efforts will improve:

- ✓ **Availability and access** to preventive services and supports
- ✓ **Quality and safety** of public spaces and prevention services

### Call to Action: Improve Service Delivery to Empower Families

- Foster Community and Social Support in Systems
- Promote Community Cohesion and Belonging
- Promote Family Engagement
- Promote Continuity of Care
- Provide Family Centered Services
- Create Safe Spaces
- Increase Structured Supports
- Implement Equitable Practices

#### These efforts will result in:

- ✓ **Relational-focused supports** promote trust as a vehicle for intervention delivery.
- ✓ **Family-centered services** promote shared decision-making and is inclusive of all family members, with the goal of family stabilization.
- ✓ **Trauma-informed supports** that recognize and account for all sources of trauma.
- ✓ **Equitable and inclusive services** that recognize and address barriers to engagement for groups with diverse cultural and ethnic backgrounds.

See Appendix C for a complete list of recommendations from community listening sessions.

## CURRENT PRACTICES

Collaboration between community, child, and family-serving agencies/organizations and collaboration to make referrals to other services is celebrated as one of Sacramento County's greatest assets at baseline. Co-located services, implementation of AB-2083 to establish a trauma-informed system of care, and referrals to other agencies are observed successes in collaboration. The bulleted list below highlights some of the key programs in which Sacramento County is already operating as a system of care (see appendix B for more details about each program).

- Child Abuse Prevention Center
  - Birth & Beyond Family Resource Centers (hospital referrals)
  - Mandated Child Abuse Reporter Training
  - Safe Sleep Baby Education Campaign
  - Sacramento County Child Death Review Team (CDRT)
  - Sacramento County Fetal Infant Mortality Review (FIMR)
- Child Protective Services (CPS) Oversight Committee
- Crisis Nurseries
- Cultural Broker Program
- Early Intervention Family Drug Court
- First 5 Sacramento
  - Sacramento Home Visiting Coordinating Collaborative
  - Reduction of African American Child Deaths (RAACD) Steering Committee
- Sacramento County Child Youth and Family System of Care
  - AB 2083 “Building Trauma-Informed Services for Foster Youth”
- Sacramento County Department of Child, Family, and Adult Services
  - Public Health Perinatal Substance Abuse Program
  - Early Intervention Family Drug Court (in partnership with Sacramento County) Department of Health Services, Division of Behavioral Health)
- Sacramento County Department of Health Services
  - Black Infant Health Program (in partnership with the Child Abuse Prevention Center and Mutual Assistance Network)
- Sacramento County Department of Health, Division of Behavioral Health Services
  - Programs?
- Sacramento County Department of Human Assistance
  - CalWORKs Home Visiting Program or Family Support Initiative
  - Partnership with Black Child Legacy Campaign (BCLC)
- Sacramento County District Attorney’s Office
  - Electronic Suspected Child Abuse Reporting System (ESCAR ) (in partnership with local law enforcement and county child welfare services departments)
- Sacramento County Office of Education
  - Help Me Grow

- Early Head Start
- Raising Quality Together (RQT)
- Sacramento County ACEs (Adverse Child Experiences) Aware Trauma-Informed Network of Care
- Sierra Health Foundation
  - Black Child Legacy Campaign (BCLC) (in partnership with the Sierra Health Foundation)
  - Community Incubator Leads (CILs)
- Suspected Child Abuse and Neglect (SCAN) meetings
- UC Davis Medical Center:
  - Comprehensive Integration of Resilience into Child Life Experiences (CIRCLE) Clinic
  - Parent-Child Care (PC-CARE)

## OTHER PROMISING PRACTICES IN THE FIELD

- Collective Impact
- Systems of Care Approach
- Water of Systems Change

## IMPLEMENTATION GAPS

Despite all of these successful elements of collaboration, lead directors and staff from across the service spectrum indicated that there was a need to break the “silo system” that permeates Sacramento County. Simply having an MOU to provide a written guideline about how they will work together does not manifest in trusted and interwoven relationships to serve families. Many participants described the importance of building trusting relationships across systems to implement a true system of care. Participants also described a need to define roles for each system, agency or organization and establish multidisciplinary training opportunities so that staff at all levels are aware of available and relevant support services. Many of the key informant participants proposed expanding services to be co-located in schools, local business, and community-serving organizations to reach a diverse array of community members.

Altogether, the key informants indicated that there needs to be a change in how we think of serving families to reduce child abuse and neglect. The participants were leaning into shared responsibility for child safety and strengthening families within a continuum of care. To improve collaboration across Sacramento County the key informants recommended coordinating resources, collaborating and cross-training staff, identifying resources for families at all tiers of need, defining roles by agency, and enhancing data sharing and feedback loops.

## SUMMARY OF ACTIVITIES: BUILDING & IMPLEMENTING A SYSTEM OF CARE

No.	Description	System(s)	Resource(s)
4.1	<i>Build relationships and trust to establish shared language, vision, and commitment to support all families.</i>		

<b>4.1.1</b>	Convene partners from multidisciplinary public/private service delivery sectors to regularly participate in the Sacramento County Prevention Cabinet to eliminate child abuse and neglect deaths and critical injuries in the county.	All	CAPC and CW
<b>4.1.2</b>	Seek strategic partnership with child and family serving systems and partners (e.g., FFPS, AB 2083 System of Care, Children's Coalition, etc.) to address and mitigate risk factors common in child abuse and neglect fatalities and critical injuries and ensure that we are not duplicating efforts to prevent child maltreatment.	All	Systems
<b>4.1.3</b>	Develop a “Vision of Success” to describe success during the planning year. This should describe how the system that surrounds this initiative will look, feel, or behave differently if you succeed in your planning year strategies. Reassess throughout implementation to prioritize community voice.	All	Sacramento County Prevention Cabinet
<b>4.1.4</b>	Encourage all systems and agencies supporting the Sacramento County Prevention Cabinet to abide by the foundational values of the Cabinet (diversity, equity, inclusion, collective responsibility, collective accountability, meaningful community voice, the responsibility of the wellbeing of families belongs to all).	All	Sacramento County Prevention Cabinet
<b>4.1.5</b>	Create a communication plan to establish a unified way to talk about this work. The plan should include strategies to talk about this work with various audiences (legislative representatives, community members, agencies/organizations, etc.).	All	-
<b>4.2</b>	<i>Delineate roles, services, and eligibility criteria across agencies to increase utilization of cross-systems services.</i>		
<b>4.2.1</b>	Improve knowledge of cross-systems services to improve collaboration by identifying relevant resources and highlighting training materials with department staff including leadership, line staff, and community advocates from community, child, and family-serving agencies/organizations on Sacramento County’s child, youth, and family system of care vision, values, composition, and performance measures.	All?	AB 2083
<b>4.2.2</b>	Expand knowledge of cross-systems services from private sector, community-based organizations to enhance knowledge of the continuum of prevention (primary, secondary, and tertiary).	All	-
<b>4.3</b>	<i>Use a continuous quality improvement approach to evaluate partnerships and service gaps to better support families.</i>		

<b>4.3.1</b>	Review policies to enhance data sharing for the purpose of cross-system data analysis to address service gaps, measure success, and build a foundation to effectively implement a system of care.	All	AB 2083
<b>4.3.2</b>	Review data and use existing knowledge to identify universal and targeted strategies to better serve children and families most at risk.	All	-
<b>4.3.3</b>	Seek funding opportunities to improve prevention services as identified by continuous quality improvement assessments.	All	-
<b>4.4</b>	<i>Supporting systems/agencies to adopt referral systems to help staff refer families to relevant resources and close the feedback loop.</i>		
<b>4.4.1</b>	Review existing policies and procedures that involve cross-system referrals and assess current practices for data tracking and accountability.	All	-
<b>4.4.2</b>	Explore opportunities to implement cross-systems referral systems with the goal of connecting families with community resources immediately, to work alongside each other as we work to strengthen families and promote protective factors.	All	-
<b>4.4.3</b>	Integrate community voice in the review and planning process to identify opportunities for improving system referrals processes.	All	Community Engagement Subcommittee
<b>4.4.4</b>	Review patterns in cross-systems referrals to evaluate establishing co-located services.	All	-
<b>4.5</b>	<i>Partner with the community to identify available resources and supports to address unmet needs, increase protective factors, and strengthen families.</i>		
<b>4.5.1</b>	Partner with FFPS planning efforts to engage the community to learn about available resources. Seek out and gain input/insights from the community to understand where families get support and where there are gaps.	All	-
<b>4.5.2</b>	Partner with the community to use asset mapping to highlight existing services, educate the community about local resources and supports, and increase protective factors and strengthen families.	All	FFPSA, F5 Environmental Scan Home Visiting Collaborative, Sac Family Connect, Help Me Grow, Casey Family Programs
<b>4.5.3</b>	Expand and build upon public education and messaging efforts to increase understanding and awareness around community, family, and child-serving agencies/organizations and benefits to both individuals and communities. Community voice will help to interpret findings and identify how to implement this strategy.	All	-

# Appendix A: Complete List of Activities

Note: I = Investors, CW = Child Welfare, PB = Public Benefits, JLE = Judicial/Law Enforcement, PH = Public Health, HC = Health Care, BH = Behavioral Health, E = Education, CANPN = Child Abuse and Neglect Service Provider Network.

## SUMMARY OF ACTIVITIES: COMMUNITY, PARENT, AND YOUTH VOICE

No.	Description	System(s)	Resource(s)
1.1	<i>Support capacity building to strengthen and lift up the voice of communities and those with lived experience.</i>		
1.1.1	<p>Intentionally integrate and recruit community members with lived experiences to participate as equal members of the Cabinet and co-develop strategies and review associated outcomes.</p> <p>Community Representatives serve as individual representatives of the stories, voices, and life experiences of those who have had contact with any community, child, and family-serving agencies/organizations in Sacramento County. Community Representatives provide unique perspectives that can inform our services and engagement with the community. They can also help us understand ‘the why’ behind the data and outcomes we see among the populations we serve.</p>	All	Community Engagement Subcommittee
1.1.2	<p>Assemble a voluntary subgroup of Prevention Cabinet members and non-members in the Community Engagement Subcommittee who are committed to attending, participating, and contributing to meetings in order to find ways to incorporate community voice in all things Child Safety Forward Sacramento (CSFS). Engage in appreciative inquiry to foster a partnership with community members for a greater understanding of community strengths, accessibility, and supports. Invite community members to lead conversations, offer guidance, and provide mentorship about community engagement to the Prevention Cabinet. Overall, this will enhance collaboration, support the collection and analysis of community level data, and facilitate follow-up with the community.</p>	All	-

<b>1.1.3</b>	Demonstrate methods for engaging community members with lived experience to share across community, child, and family-serving agencies/organizations. Document how the role of Community Representatives impacted the structure of the Cabinet and elevated the planning and implementation of the Strategic Plan.	All	Community Engagement Subcommittee
<b>1.1.4</b>	Identify opportunities to fund, invest, and support capacity building for community coalitions to engage and mobilize local communities to strengthen their voice and power over decisions impacting their communities.	All	Community Engagement Subcommittee
<b>1.1.5</b>	Partner with existing and new community advisory groups to educate the community about child abuse and neglect deaths and critical injuries and partner with community members to identify prevention strategies to continuously improve services and supports to children and families.	All	-
<b>1.1.6</b>	Gather information from cross-systems community, child, and family-serving agencies/organizations to identify opportunities to enhance community engagement throughout the county.	All	Community Engagement and Systems Subcommittee
<b>1.2</b>	<i>Invite families who are receiving services to provide input to ensure that supports are relevant, accessible, trauma-informed, culturally responsive, and desired throughout service delivery.</i>		
<b>1.2.1</b>	Gather information from cross-systems to identify how youth and family voice and choice are used in service planning to ensure that supports are relevant, accessible, trauma-informed, culturally responsive, and desired.	All	Community Engagement and Systems Subcommittee

## SUMMARY OF ACTIVITIES: RACIAL EQUITY

No.	Description	System(s)	Resource(s)
<b>2.1</b>	<i>Promote and support community, child, and family-serving agencies/organizations' efforts to conduct organizational assessments of equity policies and practices by providing best practice guidance and resources.</i>		
<b>2.1.1</b>	Identify and share best practice tools and resources for organizational self-assessments (including training opportunities, use of surveys and consultants)	All	Systems Subcommittee

<b>2.1.2</b>	Support organizational efforts to conduct self-assessments and collect information on their equity policies and practices within and across systems, as it pertains to supporting children, youth, families, and communities.	All	Systems Subcommittee
<b>2.2</b>	<i>Invite the community and families to respond to data on racial/ethnic (and other) disparities to help identify barriers/gaps in services and broad community supports, and to make recommendations on community priorities and systems change to address disparities.</i>		
<b>2.2.1</b>	Conduct a systems-wide effort to outreach to communities and clients served for input on community and service system challenges and solutions.	All	Data & Community Engagement Subcommittee
<b>2.2.2</b>	Analyze and present recommendations from community input to leadership across governmental bodies and service system organizations.	All	Data & Systems Subcommittee
<b>2.3</b>	<i>Identify and promote anti-racism, social justice policies, actionable strategies, and practices across all systems to address gaps in racial equity.</i>		
<b>2.3.1</b>	Support community, child, and family-serving agencies/organizations to develop Racial Equity Plans to address disparities in policies, practices, and services. Racial Equity Plans will be responsive to feedback from the community and families served and will include an evaluation approach to help hold systems accountable.	All	Systems Subcommittee
<b>2.3.2</b>	Promote and support efforts by community, child, and family-serving agencies/organizations to implement appropriate equity frameworks, policies, and practices into their organizations.	All	Systems Subcommittee
<b>2.3.3</b>	Identify and promote training and technical assistance opportunities for community, child, and family-serving agencies/organizations on racial equity for staff, management, and policy leaders within and across systems to be culturally responsive, specifically to recruit and retain African American families.	All	-
<b>2.3.4</b>	Promote workforce development efforts in recruitment, hiring, retention, and advancement to ensure that providers are reflective of the community served. Advocate for internship programs that increase the likelihood of homegrown professionals (nurses, health educators, doctors, etc.) willing to work with and for their own community.	All	-
<b>2.3.5</b>	Support community, child, and family-serving agencies/organizations' efforts to measure progress in implementing equity policies and practices within and across systems as part of their Racial Equity Plan.	All	Data Subcommittee



<b>2.4</b>	<i>Educate, engage, and mobilize underserved and diverse communities to identify community priorities, influence governmental decision-making, and expand and enhance services that can better protect children and increase family safety and well-being.</i>		
<b>2.4.1</b>	Engage and support community efforts to advocate for increased funding for culturally responsive services and supports to reduce disparities.	All	-
<b>2.4.2</b>	Create more formal and ongoing opportunities for meaningful community engagement and ownership in assessments, decision-making and services related to racial equity.	All	-

## SUMMARY OF ACTIVITIES: TRAUMA-INFORMED SYSTEMS/PRACTICES

No.	Description	System(s)	Resource(s)
<b>3.1</b>	<i>Increase understanding of the impact of trauma as it relates to risk factors (events and experiences, status, and location) to be able to recognize the signs and symptoms of trauma for families and children involved or at risk for child abuse and neglect.</i>		
<b>3.1.1</b>	Cross-train staff at all levels to increase understanding of trauma, particularly the signs and symptoms of trauma (root causes of violence, poverty operating in the most vulnerable neighborhoods, intergenerational trauma, historical levels of post-traumatic stress and health disease, and institutional neglect).	All	Sacramento County's Certified Trauma-Informed Training
<b>3.2</b>	<i>Implement responses to child and family needs that reflect an understanding of the impact of trauma (e.g., policies, procedures, training, and practices) and make a committed effort to lessen trauma at each touchpoint within and across community, child, and family-serving agencies/organizations countywide.</i>		
<b>3.2.1</b>	Review policies, procedures, training, and practices within and across community, child, and family-serving agencies/organizations with a trauma-informed lens to identify and make recommendations for reducing further trauma and improve multidisciplinary services.	All	Systems Subcommittee
<b>3.2.2</b>	Identify best practices to address secondary trauma of staff.	All	Systems Subcommittee
<b>3.2.3</b>	Identify, create, and promote opportunities to engage families throughout the county without having to conduct formal assessments that may be a barrier to support services.	All	Systems Subcommittee
<b>3.3</b>	<i>Leverage partnerships with concurrent efforts to build and sustain a coordinated, timely, and trauma-informed system-of-care for children, youth, and families in Sacramento.</i>		
<b>3.3.1</b>	Support efforts to implement a system-of-care as part of AB 2083.	All	Systems Subcommittee

## SUMMARY OF ACTIVITIES: BUILDING & IMPLEMENTING A SYSTEM OF CARE

No.	Description	System(s)	Resource(s)
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<b>4.1</b>	<i>Build relationships and trust to establish shared language, vision, and commitment to support all families.</i>		
<b>4.1.1</b>	Convene partners from multidisciplinary public/private service delivery sectors to regularly participate in the Sacramento County Prevention Cabinet to eliminate child abuse and neglect deaths and critical injuries in the county.	All	CAPC and CW
<b>4.1.2</b>	Seek strategic partnership with child and family serving systems and partners (e.g., FFPS, AB 2083 System of Care, Children's Coalition, etc.) to address and mitigate risk factors common in child abuse and neglect fatalities and critical injuries and ensure that we are not duplicating efforts to prevent child maltreatment.	All	Systems
<b>4.1.3</b>	Develop a "Vision of Success" to describe success during the planning year. This should describe how the system that surrounds this initiative will look, feel, or behave differently if you succeed in your planning year strategies. Reassess throughout implementation to prioritize community voice.	All	Sacramento County Prevention Cabinet
<b>4.1.4</b>	Encourage all systems and agencies supporting the Sacramento County Prevention Cabinet to abide by the foundational values of the Cabinet (diversity, equity, inclusion, collective responsibility, collective accountability, meaningful community voice, the responsibility of the wellbeing of families belongs to all).	All	Sacramento County Prevention Cabinet
<b>4.1.5</b>	Create a communication plan to establish a unified way to talk about this work. The plan should include strategies to talk about this work with various audiences (legislative representatives, community members, agencies/organizations, etc.).	All	-
<b>4.2</b>	<i>Delineate roles, services, and eligibility criteria across agencies to increase utilization of cross-systems services.</i>		
<b>4.2.1</b>	Improve knowledge of cross-systems services to improve collaboration by identifying relevant resources and highlighting training materials with department staff including leadership, line staff, and community advocates from community, child, and family-serving agencies/organizations on Sacramento County's child, youth, and family system of care vision, values, composition, and performance measures.	All?	AB 2083
<b>4.2.2</b>	Expand knowledge of cross-systems services from private sector, community-based organizations to enhance knowledge of the continuum of prevention (primary, secondary, and tertiary).	All	-
<b>4.3</b>	<i>Use a continuous quality improvement approach to evaluate partnerships and service gaps to better support families.</i>		

<b>4.3.1</b>	Review policies to enhance data sharing for the purpose of cross-system data analysis to address service gaps, measure success, and build a foundation to effectively implement a system of care.	All	AB 2083
<b>4.3.2</b>	Review data and use existing knowledge to identify universal and targeted strategies to better serve children and families most at risk.	All	-
<b>4.3.3</b>	Seek funding opportunities to improve prevention services as identified by continuous quality improvement assessments.	All	-
<b>4.4</b>	<i>Supporting systems/agencies to adopt referral systems to help staff refer families to relevant resources and close the feedback loop.</i>		
<b>4.4.1</b>	Review existing policies and procedures that involve cross-system referrals and assess current practices for data tracking and accountability.	All	-
<b>4.4.2</b>	Explore opportunities to implement cross-systems referral systems with the goal of connecting families with community resources immediately, to work alongside each other as we work to strengthen families and promote protective factors.	All	-
<b>4.4.3</b>	Integrate community voice in the review and planning process to identify opportunities for improving system referrals processes.	All	Community Engagement Subcommittee
<b>4.4.4</b>	Review patterns in cross-systems referrals to evaluate establishing co-located services.	All	-
<b>4.5</b>	<i>Partner with the community to identify available resources and supports to address unmet needs, increase protective factors, and strengthen families.</i>		
<b>4.5.1</b>	Partner with FFPS planning efforts to engage the community to learn about available resources. Seek out and gain input/insights from the community to understand where families get support and where there are gaps.	All	-
<b>4.5.2</b>	Partner with the community to use asset mapping to highlight existing services, educate the community about local resources and supports, and increase protective factors and strengthen families.	All	FFPSA, F5 Environmental Scan Home Visiting Collaborative, Sac Family Connect, Help Me Grow, Casey Family Programs
<b>4.5.3</b>	Expand and build upon public education and messaging efforts to increase understanding and awareness around community, family, and child-serving agencies/organizations and benefits to both individuals and communities. Community voice will help to interpret findings and identify how to implement this strategy.	All	-

# Appendix B: Complete List of Current and Promising Practices

- **Child Abuse Prevention Center (CAP Center)**
  - ***Birth & Beyond Family Resource Centers*** collaborate with partner agencies to integrate support services, activities, and opportunities that are responsive to community needs to achieve family goals. Beginning in 1999, the Birth & Beyond Program (B&B) has worked to provide quality community-based programs and services to prevent child abuse and neglect throughout Sacramento County. Managed by the Child Abuse and Prevention Council (CAPC), B&B receives funding from a variety of sources: First 5 Sacramento, the Sacramento County Department of Health and Human Services (DHHS), and the Corporation for National and Community Service (CNCS). Located throughout Sacramento in areas of high need, Family Resource Centers (FRCs) provide standard services that are complemented by unique activities and special events that reflect the characteristics of their specific neighborhood. All B&B activities, classes, community events, family activities, and direct services are operated out of the FRCs.
  - ***Birth & Beyond Parent/Community Advisory Board***: meets every other month and consists of community representatives and caregivers who are currently receiving or have received B&B services. Participants are recruited by the FRCs. The Parent/Community Advisory Board provides a community voice/perspective to Birth & Beyond Programming/Services.
  - ***Birth & Beyond Cultural Responsiveness Implementation (CRI)***: meets monthly and consists of B&B leadership staff (EDs, Directors, PMs) who are tasked with implementing the Culturally and Linguistically Appropriate Services (CLAS) action plan to address and improve services for African American Families. The CLAS Action plan focuses on five areas: Policy & Procedures, Training, Workforce Composition Development, Programs, Data/Metrics & CQI.
  - ***Culture, Equity, and Inclusion Team***: The Culture Equity and Inclusion Team is made up of volunteer CAP Center staff who work together to support and enhance a culturally competent, equitable, and inclusive workplace. Members collaborate with CAP Center Leadership and community partners, to bring diverse and impactful education to the CAP Center and to influence internal policy and practices.
  - ***Mandated Child Abuse Reporter Training***: teaches mandated reporters their legal responsibilities to report known or suspected child abuse and neglect in California, how to recognize indicators (red flags) of the different types of abuse and neglect, and how to make a Suspected Child Abuse Report. This training is for participants who work with children and/or families. The California Penal Code states, “The absence of training shall not excuse a mandated reporter from the duties imposed by the Child Abuse and Neglect Reporting Act.” (CPC11165.7[e])
  - ***Safe Sleep Baby Education Campaign***: reflects a partnership across parent-serving organizations to offer sleep education classes for parents, families, and caregivers on how to safely sleep your baby

in order to reduce the risk of sleep-related causes of infant death. Sleep education classes are available at all nine Family Resource Centers. Cribs are available to expecting parents or parents with infants ages 6 months or younger.

- ***Sacramento County Child Death Review Team (CDRT)***: The purpose of the Sacramento County Multidisciplinary Child Death Review Team (CDRT) is to:
  - Ensure that all child abuse- and neglect-related deaths are identified.
  - Enhance the investigations of all child deaths through multi-agency review.
  - Develop a statistical description of all child deaths as an overall indicator of the status of children.
  - Develop recommendations for preventing and responding to child deaths based on said reviews and statistical information.
- ***Sacramento County Fetal Infant Mortality Review (FIMR)***: Meets quarterly and investigates Sacramento County resident fetal deaths as well as those of infants born before 23 weeks gestation. The FIMR Subcommittee includes hospitals, community clinics, and county agencies.
- ***Strategies Technical Assistance (Strategies TA)***: supports and inspires cross-sector networks throughout California to advance community-driven action to strengthen children and families, centered in equity and inclusion.
  - Comprehensive County Prevention Plan Toolkit: The California Department of Social Services (CDSS) envisions “An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children and youth”. This vision, developed through the CDSS Office of Child Abuse Prevention (OCAP) 2020 Strategic Plan, involves a system of care supported by a framework for prevention that includes primary, secondary, and tertiary strategies, grounded in principles of fairness and equity. The goal of this Comprehensive Prevention Planning Toolkit, and accompanying CPP Template, is to help county cross-sector Collaboratives develop, build upon, and/or leverage existing services and planning processes.
- **Child First**: found in the California Evidence-based Clearinghouse for Child Welfare. The Child First program focuses primarily on families with children from birth to 5 years of age who have had contact with the Child Welfare system. The program components are similar to the Trauma Adapted Family Connections program, relying on building trusting and respectful relationships with families in order to sustain services and supports; stabilizing the family through referrals to community services and supports to address parental stressors and coexisting service needs; and, assessment of needs based on a history of trauma and social determinants of health.
- **Child Protective Services (CPS) Oversight Committee**: studies and monitors the state of the child protective systems in Sacramento County, at the behest of the County Board of Supervisors, by

addressing issues identified in reviews of critical incidents (death and near-death occurrences) and/or reviewing organizational issues and practices within the general child protective system.

- **Collective Impact**

- *Collective Impact Model*

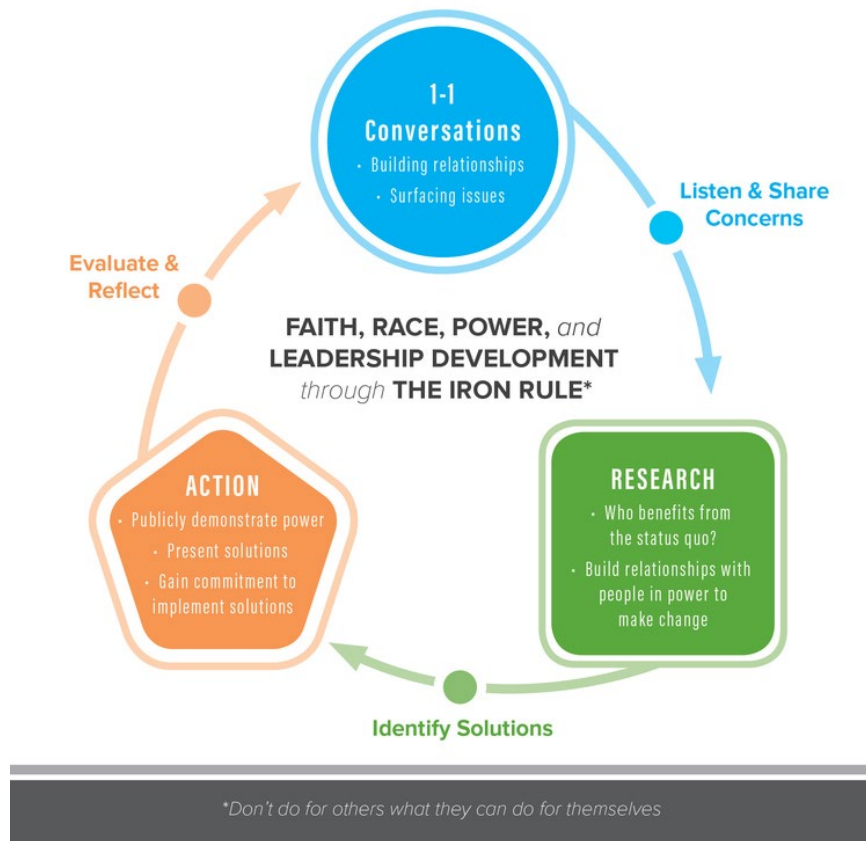
- Community, Youth, and Parent Voice: The Collective Impact model calls for collaboration across stakeholder groups in order to develop a common agenda for addressing community problems. This applies across agencies and includes families served by those agencies. Collective impact requires all members to have a shared goal or vision that is derived from a comprehensive understanding of the existing problem, barriers, and desired actions to address them. The Collective Impact model relies on the trust and relationships among all participants to bolster continuous communication. Finally, the Collective Impact model calls for a backbone organization or team that is dedicated to organizing people to move forward on action items. Community voice should be included in defining a common agenda, interpreting data, and assessing the effectiveness of activities to ensure that the selected strategies and activities are comprehensive and tied to desired outcomes. [MJ] What about “Shared Governance” – the idea that decision-makers are equal partners regardless of title, education, or hierarchy.
- Racial Equity: Collective Impact starts with collaboration across systems to advance a common agenda, or shared vision of success. The Collective Impact Forum recommends developing a common agenda that reflects the racial, economic, gender, cultural, and geographic inequities by ensuring that voices of those with lived experience are included in defining a common agenda, interpreting data, and assessing the effectiveness of activities.
- Building and Implementing a System of Care: It is difficult for one organization to effectively address all components of the Water of Systems Change model. Those implementing the Collective Impact model to assemble stakeholder groups from across the service spectrum can be more successful to implement complementary strategies. Implementing a Collective Impact model assures short-term outcomes including changes in the process of collaboration such as having a backbone organization, defining a common agenda, and working together differently.

- *Community Engagement Toolkit*: The Community Engagement Toolkit shares a series of tools for planning community engagement to be more purposeful, equitable, transparent, and strategic so that community members are true partners for achieving impact.

- **Congregation-Based Organizing**

- Beginning with the faith conviction that each human being has inherent worth and dignity, you lead difficult conversations that work to break down racial divides. Organizing begins with the radical act of imagining a different future. While imagining the world as it should be, this imagination is always informed by an understanding of the world as it is. You do this through building relationships through conversations, or “one-to-ones.” Through these conversations, a whole web of

relationships is created in a community, and people find the ways that their experience intersects with others and find that they are not alone. Unity develops through shared experience. Through research on the issues affecting the community, you find that an individual’s pain frequently has systemic and structural roots, rather than being a result of a personal moral failing. Congregation-based organizing has the profound moral resource of offering an image of a different future, one of justice, freedom, and equity. The scriptures and traditions of faiths offer hope and vision for the possibility of transformation. They empower you with imagination. Furthermore, you are called to live out your faith commitments by working to advance justice and equity. Each tradition offers the imagination of a just and equitable future AND calls upon the faithful to work to make this image a reality. Through organizing, you connect this hopeful imagination of the world as it should be with the reality of the world as it is now. You give people tools to change the systems and structures that oppress them. You draw on the web of relationships as the source of the power and strength to transform your community and to build racial and economic equity. – Sacramento ACT<sup>12</sup>



- **Credible Messenger Movement<sup>13</sup>**: emerged based on a core belief that communities have within them transformative resources to lift up justice-involved people in a comprehensive and positive way. It works from the inside out: justice involved/at-risk young people who have a higher risk of re-offending

<sup>12</sup> <https://www.sacact.org/organizingmodel>

<sup>13</sup> <https://cmjcenter.org/approach/>



are matched with specially trained adults with relevant life experiences (often previously incarcerated, Returned Citizens) called Credible Messengers, who share their background.

- Credible Messengers improve outcomes for young people in the justice system:
  - Increased engagement with programs and services
  - Reduction in re-arrests, violations, and anti-social behavior
  - Increased compliance with court mandates
  - Improved relationships between system stakeholders and community members
  - More community capacity to support system-involved youth
- **Crisis Nurseries:** The Sacramento Children’s Home runs the county’s only two Crisis Nurseries to prevent child abuse and neglect by providing emergency childcare support to families with children ages 0-5 who are experiencing a crisis.
- **Cultural Broker Program:** harnesses funding from the County and collaborating agencies to invest in and train a group of community members to support families navigating the system to ensure that they receive the services and resources that they need. The Cultural Brokers are people with lived experience who are from the communities served. This program improves client experiences by providing trusted partners and supports that are culturally responsive. The Cultural Broker Program has become an essential component of support for families by establishing trusting relationships which result in equitable outcomes and impact.
- **Family First Prevention Services Act (FFPSA):** enhances support services strengthen families and allow children to remain at home. It is also intended to reduce the use of unnecessary congregate care placements by increasing options for prevention services, increased oversight and requirements for placements, and enacting the requirements for congregate care placement settings.
- **Family Urgent Response System (FURS):** a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, to preserve the relationship of the caregiver and the child or youth.
- **First 5 Sacramento**
  - **Advisory Committee:** convenes bi-monthly and is composed of parents, grandparents, and community representatives. Committee members share their perspectives, engage in strategic planning efforts of the Commission, and provide feedback to staff and Commissioners on issues affecting children and families.
  - **Parent Empowerment Network:** provides parents of young children the opportunity to engage in leadership training and early childhood advocacy, as well as contributing toward the development of local First 5 programming.



- ***The Reduction of African American Child Deaths (RAACD) Steering Committee:*** a community-driven body of dedicated members who are working to reduce deaths among African American children in Sacramento County. The committee was established by the Sacramento County Board of Supervisors in 2013. The committee is engaged in coordination, strategic planning, and evaluation to identify progress toward reducing the disproportionate number of African American child deaths due to perinatal conditions, infant sleep-related deaths, child abuse and neglect, and third-party homicides.
- ***Resolution on Racial Equity and Social Justice:*** First 5 Sacramento conducted an internal equity audit to assess current standing in four areas: Organization & Leadership; Workforce Development; Using Data for Understanding & Improvement; and Partnerships. Recommendations to center racial equity into the core of the agency will be implemented moving forward. Expanding on this declaration, First 5 Sacramento approved a resolution on Racial Equity and Social Justice at its February 2021 meeting. The document outlines what First 5 Sacramento will do within its network to eliminate systemic racism. Additionally, First 5 will assess our funded partners and provide culturally responsive training and technical assistance in the future, based on identified needs.
- ***Sacramento Home Visiting Coordinating Collaborative:*** First 5 Sacramento is the backbone agency is the Sacramento Home Visiting Coordinating Collaborative. An MOU was signed by over 30 County agencies and non-profits, including but not limited to, the Department of Child, Family and Adult Services (DCFAS), Department of Human Assistance (DHA), SETA Head Start, and Sacramento County Department of Health Services (DHS) and their contracted home visiting programs and the Black Child Legacy Campaign (BCLC) Community Incubator Leads (CILs), who both fund and provide direct home visiting services to families from pregnancy through age 17. The purpose of this collaborative is to improve the Home Visiting System serving families in Sacramento by reducing duplication of efforts and increasing the coordination of congruent services that best meet the needs of families. Strategies include, but are not limited to:
  - Build stronger cross-agency relationships
  - Develop a coordinated and streamlined cross-agency referrals process
  - Collect and share closed-loop referral data
  - Train agency staff on topics that strengthen the family support services workforce
  - Integrate parent involvement and decision-making on services impacting their communities
- **Her Health First's Black Mothers United (BMU):** a program that provides case management to address the social determinants of health of the women they serve. Through direct outreach in communities characterized by high African American infant death rates and by partnering with community-based organizations and social service agencies, BMU's pregnancy coaches provide support to pregnant African American women. Participants' needs and risks are assessed, individualized care plans are developed, and a wide array of educational and referral services are provided.
- **Kaiser Permanente**

- ***Patient Surveys:*** rely on family feedback to identify family-specific barriers and feasibility of resource offerings and referrals. Kaiser conducts patient surveys to identify needs and supports as well as receive feedback about services.
- **Mutual Assistance Network:** A Birth & Beyond Family Resource Center, Mutual Assistance Network works to strengthen the existing social and economic infrastructure of Del Paso Heights, Arden Arcade, and the surrounding Northern Sacramento neighborhoods. Mutual Assistance Network believes residents have the power to create economic change within their community and community growth that allows the residents to act as guides. Their mission is to advance social and economic opportunities so families can thrive.
- **Sacramento City Police Department**
  - ***Community Surveys:*** to gain insight from community members about what they are doing well, and what they could do differently to improve their policies and practices.
- **Sacramento County Board of Supervisors**
  - ***Resolution Declaring Racism as a Public Health Crisis:*** a resolution declaring racism a public health crisis in November 2020. The Board of Supervisors has directed its governmental agencies to take action to “assess and apply a racial equity lens to internal policies, procedures, practices and protocols; adopt preventive measures, and refine programs to fight institutional, structural and systemic racism.” Under the leadership and direction of the Board of Supervisors, the Sacramento County Prevention Cabinet asserts that diversity, equity, and inclusion are foundational values associated with the work to eliminate child abuse and neglect fatalities and critical injuries in the county. Further the Cabinet intends to work with its member governmental agencies and leadership to take action within and across their departments and organizations to implement the directives of the Board of Supervisors in addressing institutional, structural and systemic racism as it works to reduce/eliminate child maltreatment and build a protective infrastructure to support the well-being of children and families.
  - ***Diversity, Equity and Inclusion Policy Cabinet:*** In 2021 the Sacramento County Board of Supervisors tasked the Office of the County Executive with the establishment of a Diversity, Equity and Inclusion Policy Cabinet to implement an equity lens in the day-to-day operations of public service delivery. As this effort continues to evolve, it will include, but is not limited to data analysis, policy and procedure development and training to help shape awareness of injustice and support equity as a core value of the County.
- **Sacramento County Advisory Boards:** partner with Board of Supervisor appointed and other citizen advisory boards to receive information on the Sacramento community’s parent, caregiver, family, child and youth needs, and how to best support these needs. These groups include (but are not limited to):
  - ***Human Services Coordinating Council***

- *Children’s Coalition*
- *CPS Oversight Committee*
- *Mental Health Advisory Board*
- *Mental Health Youth Advisory Board*
- *Commission on the Status of Women and Girls*
- *Steering Committee on the Reduction of African American Child Deaths*
- *Mental Health Services Act Steering Committee*
- **Sacramento County Child Youth and Family System of Care**
  - ***AB 2083 (Chapter 815, Statutes of 2018) “Building Trauma-Informed Services for Foster Youth”*** [AN] AB 2083 (Chapter 815, Statutes of 2018) “Building Trauma-Informed Services for Foster Youth” requires each county to develop and implement a Memorandum of Understanding outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. While this bill focuses on youth in the child welfare system, the California Health and Human Services agency insists that this work should be expanded to serve children and families system wide. In 2021, Sacramento County formally established a “Child, Youth and Family System of Care” through an MOU between Departments of Child, Family and Adult Services, Health Services, Human Assistance, and Probation, Superior Court of California (Juvenile Court), Sacramento County Office of Education, Alta California Regional Center, and First 5 Sacramento. While the MOU formalizes the relationship and intent to deliver integrated services to children and families involved with, or at risk of being involved with, child welfare and juvenile justice systems, it’s goals also include preventing harm to children and entries/reentries into the system by supporting children, youth, and their families in being safe, healthy, and housed, with economic stability, in order to thrive at home, in school, and in the community. This will include collaborating with the Sacramento Prevention Cabinet and partners.
- **Sacramento County Department of Child, Family, and Adult Services**
  - ***Public Health Perinatal Substance Abuse Program:*** The Department of Child, Family, and Adult Services, Child Protective Services (CPS), collaborates with the Public Health Perinatal Substance Abuse program when the Child Abuse & Neglect hotline receives a call where it is reported that prenatal substance abuse is occurring, that the mother has other children and when the response decision was to evaluate the report out (not open an investigation) so that Public health can provide outreach to the mother. The CPS hotline is also tracking the positive toxicology birth reports received and determining if the hotline had received calls prior to the birth of the child and whether or not the hotline sent a referral to the Public Health Perinatal Substance Abuse program at the time of that call.

- ***Early Intervention Family Drug Court:*** represents a collaboration between Sacramento County's Department of Health and Human Services divisions of Child Protective Services and Behavioral Health Services to ensure the safety of children while providing parent resources and supports for substance use treatment.
- ***County Self Assessment (CSA):*** California Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001) established the Child Welfare Outcomes and Accountability System to (a) improve child welfare services for children and their families in California and (b) provide a system of accountability for outcome performance in each of the state's 58 counties. The process for achieving these two broad objectives is the California Child and Family Services Review (C-CFSR). The process includes both a quantitative (Self-Assessment) and a qualitative (Peer Quality Case Review) assessment of a county's performance on measures of child safety, permanence, and wellbeing. The results of the assessments support the development of a System Improvement Plan (SIP) that establishes measurable goals for system improvement and presents strategies for achieving those goals. The C-CFSR process also includes ongoing monitoring of system improvement efforts using quarterly reports of data extracted from the Child Welfare Services/Case Management System (CWS/CMS).
- ***System Improvement Plan (SIP):*** In 2001, the California State Legislature passed Assembly Bill (AB) 636, the Child Welfare System Improvement and Accountability Act, which established the California Outcomes and Accountability Systems (COAS). In an effort to improve child welfare outcomes for children and families, COAS required all 58 counties to develop a System Improvement Plan (SIP). This process allows agencies to objectively measure county performance in administering child welfare services, assess needs and strengths to improve that performance, and plan for continuous improvement.
- **Sacramento County Department of Health Services**
  - ***COVID-19 Zoom Q&A Sessions:*** The Sacramento County Health Officer offers a periodic Zoom Q&A series to engage the community. The forum allows the community to get updated on COVID-19 and provides an opportunity to ask questions. \*Interpretation for American Sign Language, Chinese, Hmong, Russian, Arabic, Spanish, Tagalog, Arabic and Vietnamese will be provided.
  - ***Nurse Family Partnership - Maternal Child Adolescent Health Advisory Board:*** invites and incentivizes families for parent participation on the Maternal Child Adolescent Health Advisory Board. Families are encouraged to share perspective, information and participate in decision making.
  - ***Maternal, Infant and Early Childhood Home Visiting Program Audits:*** invite families to participate in program audits.
  - ***Perinatal Equity Initiative - Fatherhood Program:*** developing a fatherhood program that is being built by fathers for fathers. This is a grass roots effort to help fathers in Sacramento County develop their own program to impact parenting outcomes.
  - ***Maternal Child Adolescent Health Program - Community Needs Assessment:*** developed every five years to drive local Scope of Work activities. The needs assessment process is a useful tool for

involving Sacramento County families, stakeholders and community representatives to share their perspective and contribute to defining the needs and setting the goals for local MCAH population.

- ***Sexual Health Unit:*** invites community participation with resource allocation exercises and Request for Proposals (RFP) process, utilizing community members to score applications ensuring funded programs have been vetted by the community members as subject matter experts.
- ***Health and Race Equity (HRE) Unit:*** established to prioritize funds to address equity. The HRE will work to further expand and/or build health and racial equity programs, policies, and practices throughout SCPH to eliminate, mitigate, and/or prevent future health disparities and inequities that Black, Brown, Indigenous, people of color (BIPOC) and underserved communities face in Sacramento County. This includes the active infusion of racial equity and cultural humility in all aspects of the Public Health Division. The team will work collaboratively with other Department of Health Services program leaders, as well as external stakeholder groups (i.e., community-based organizations, faith-based organizations, community leaders, and others) to further these efforts.
- ***Black Infant Health Program:*** provides culturally appropriate services that respect the participant's values and beliefs. The program includes empowerment-focused group support services and client-centered life planning to improve the health and social conditions for Black women and their families. The Black Infant Health Program is a cross-systems evidence-informed intervention that uses a group-based approach, where participants get to meet, interact and build a sisterhood with other Black women for the purpose of eliminating the disproportionate rate of African American infant mortality seen in the Sacramento community. This program is implemented across Sacramento County with support from the California Department of Public Health's Maternal, Child, and Adolescent Health Program, the Child Abuse Prevention Center, and First 5 Sacramento.
- ***Perinatal Equity Initiative (PEI) Funds:*** support eligible local health jurisdictions in the implementation of specific strategies that have shown evidence-based (or evidence-informed) promise in reducing racial health disparities in birth outcomes among Black women. Strategies selected for Sacramento County:
  - Midwifery awareness
  - Midwifery scholarships
  - Fatherhood or Partnership program that promote the importance of having partners engaged in the process, bolstering mental, emotional and physical health both during pregnancy and post-delivery.
- ***African American Perinatal Health Program (AAPH):*** provides culturally specific home visitation including case management and care coordination. This pregnancy and early childhood intervention program promotes improved pregnancy outcomes, child health and development and family self-sufficiency. The Public Health Nurses (PHN) in this program understand that the health of individuals and communities directly relates to access to care as well as the social determinants of health such as housing, income, employment, education, sanitation and safety. PHN practice aims

to improve the health and minimize health differences among populations by addressing the all determinants of health, understanding that equity is a key aspect.

- **Sacramento County Department of Health, Division of Behavioral Health Services** prioritizes family voice as one of their core values embedded in funding priorities. Behavioral Health Services also conduct client satisfaction surveys.
  - ***Mental Health Services Act Steering Committee, Mental Health Board, and Alcohol and Drug Advisory Board*** each include families and community members who can provide program recommendations to the Division. Individuals with lived experience can share their personal experience and perspective during the public comment period in committee meetings to inform current practices and make recommendations.
  - ***Youth Mental Health Advisory Board***: formed with the purpose of informing and making recommendations about youth service needs in the areas of mental health and substance use treatment. Their recommendations will be provided directly to the County Board of Supervisors as well as to the Division.
  - ***Family and Youth Advocates***: mental health service contractors are required to employ Family and Youth Advocates as part of the treatment team in serving children, youth and families. These positions are expected to reflect the voice of children/youth and families and advocate on their behalf.
  - ***Consumer, Family, and Youth Advocate Liaisons***: includes three consumer, family and youth advocate liaison positions on the Division of Behavioral Health Services Management Team structure.
  - ***Substance Use Prevention and Treatment Unit***: partners with the Sacramento County Coalition for Youth. Youth and family voice is represented on this Coalition and the work of this Coalition helps inform the SUPT unit on priorities. Contracted providers include youth and family voices in treatment planning.
    - Youth Advisory Board: Newly formed.
    - “Talk, They Hear You Campaign”: designed to reach youth and parents and bridge conversations about substance use prevention, through funding provided to the Sacramento County Coalition for Youth.
  - ***Behavioral Health Racial Equity Collaborative (BHREC)***: a two-year collaborative, to bring together key stakeholders of the Sacramento County behavioral health system to build Racial Equity Action Plans (BHREC Action Plans) to improve behavioral health outcomes in the Sacramento community. BHREC has begun the implementation phase after a year-long goal-setting phase to address racial equity in the area of mental health treatment. Multiple organizations and stakeholders are active in the collaborative and have developed Racial Equity Action Plans to address racial equity within a Targeted Universalism framework focused on individuals who are Black/African American/of African descent.



- ***Trauma-Informed Promising Practices:***
  - The Sacramento County Department of Behavioral Health Services has initiated conversations to enhance training opportunities for mental health professionals relative to the treatment of youth ages birth to 5 and their caregivers.
  - The Sacramento County Department of Behavioral Health Services is also working on the implementation of an alternative to law enforcement response for mental health and substance use needs in the community.
- ***Building and Implementing a System of Care:***
  - Child Protective Systems/Mental Health Team of licensed clinicians available to child welfare staff for consultation, CANS completion, participation in Child & Family Team meetings.
  - Probation/Mental Health Team of licensed clinicians available to probation staff for consultation, screening, assessment, referral and linkage to ongoing mental health services as early in the justice process as possible.
  - The Sacramento County Department of Behavioral Health Services, Substance Use Prevention and Treatment Unit asks about children in care and any CPS history/CW involvement in the substance use disorder assessment process for later follow up in treatment planning and care coordination.
- **Sacramento County Department of Human Assistance**
  - ***Customer-Centered Surveys:*** conducts surveys using the Customer-Centered design approach and interviews with customers as part of an ongoing goal to improve services.
  - ***Partnership with Black Child Legacy Campaign (BCLC):*** The Department of Human Assistance (DHA) has assigned seven out-stationed staff to support BCLC and provide services related to CalWORKs, CalFresh and Medi-Cal, in order to support customers in reducing trauma and increasing productivity in their lives. Additionally, DHA participates in a weekly multi-disciplinary teaming meeting to identify areas of support for families in reducing barriers to their success and moving them towards self-sufficiency.
  - ***CalWORKs Home Visiting Program or Family Support Initiative (FSI):*** The Department of Human Assistance administers FSI, which supports positive health development and well-being outcomes for pregnant and parenting people, families, and infants born into poverty, expand their future educational, economic, and financial capability opportunities, and improve the likelihood that they will exit poverty. FSI is an evidence-based, voluntary program that pairs new parents with a nurse or trained professional who makes regular visits to the participant's home to provide guidance, coaching, and access to health and social services. The Department of Human Assistance collaborates with two organization to administer FSI in Sacramento County: First 5 Sacramento (First 5) and the Department of Health Services (DHS). First 5 partners with the Child Abuse

Prevention Council to process FSI referrals and utilize Birth and Beyond Home Visitors to provide direct client services. DHS utilizes the Nurse Family Partnership located within their Public Health Services division to provide direct client services.

- **Sacramento County District Attorney’s Office**

- ***The District Attorney Youth Academy:*** a program in partnership with the Sacramento County Sheriff’s Department, Sacramento Police Department, Sacramento County Probation Department, Sacramento County Public Defender’s Office, Rancho Cordova Police Department, Elk Grove Police Department and Galt Police Department.-- Students actively learn about the criminal justice system, hear from our criminal justice partners, and engage in open communication between law enforcement and themselves concerning issues that affect youth today. Students are also educated on such topics as gangs, social media, and distracted driving.
- ***“Youth & Community Connect” App:*** first-of-its-kind app. This community collaborative youth resource app is hosted by the District Attorney’s Office, in partnership with Always Knocking, Inc., La Familia Counseling Center, Inc., and Brother to Brother. The app is specifically dedicated to youth and their families, linking them directly to resources and services provided by the community and faith-based organizations, schools as well as city, county, and other government agencies that provide youth services within Sacramento County.
- ***Victim Witness Assistance Program:*** dedicated to providing advocacy and supportive services to victims of crime in our community. Becoming a victim of crime can have a devastating impact on a person, families, and the community. Victims of crime may suffer physical, emotional, or financial harm. Others may face retaliation, intimidation, or are confused by the criminal justice system. The Victim Witness program advocates are extensively trained, compassionate individuals who are here to assist you through the difficult task of coping with these challenges.
- ***Electronic Suspected Child Abuse Report (SCAR) system:*** The purpose of the ESCARS System is to improve the system of sharing information for suspected child abuse cases by establishing an electronic Suspected Child Abuse Report (SCAR) system that will be used by district attorney offices, local law enforcement, and county child welfare services departments.

- **Sacramento County Office of Education**

- ***Early Head Start:***
  - Community, Parent, and Youth Voice: staff conduct home-based services for pregnant women and children ages birth to 36 months old and their families to develop a plan to address unmet needs. Family feedback and voice are essential at each home visit.
  - Building and Implementing a System of Care: Early Head Start provides support services to low-income families with pre-school age children by connecting them to family-strengthening programs offering education, health, nutrition, and mental health services.
- ***Help Me Grow:***



- Community, Parent, and Youth Voice: Staff conduct home-based visits for families with children birth through age 5. Family Advocates work with the families to develop a plan to address unmet needs. Family feedback and voice are essential at each home visit.
  - Building and Implementing a System of Care: Help Me Grow also provides developmental screenings to children, directly connects families to resources in the community, and provides individualized family action plans so that families can be connected to resources and supports to help children achieve their optimal and healthy development.
- ***Professional Learning and Community of Practice Opportunities on Equity***: The Sacramento County Office of Education Early Learning Team provides Professional Learning and Community of Practice opportunities on Equity, founded on the National Association for the Education of Young Children (NAEYC) Equity statement and resources (<https://www.naeyc.org/equity/resources>) through Raising Quality Together (RQT), Sacramento County's Quality Improvement System for Early Learning and Child Care providers.
- ***Sacramento County ACEs (Adverse Child Experiences) Aware Trauma-Informed Network of Care***: implemented to provide connections and awareness of the positive supports and strengths-based services in Sacramento County to prevent and address negative health outcomes related to adverse childhood experiences and toxic stress. The Network of Care deepens the relationships between sectors in the community which include healthcare, early education, education, social services, community agencies, and justice, and supports the creation of a comprehensive resource map to ACES resources, as well as the implementation of a bi-directional referral network that can be utilized to streamline referrals between agencies.
- ***Raising Quality Together (RQT)***:
  - Trauma-Informed Systems/Practices: Sacramento County's Quality Improvement System for Early Learning and Child Care providers, provides coaching, mentoring, professional learning, and Community of Practice opportunities for Early Learning and Child Care providers which include Trauma-Informed Strategies and supporting the utilization of trauma-informed strategies and a social-emotional developmentally aware approach in the classroom. SCOE has invested in increasing the capacity for trainers and coaches in these areas, which includes SCOE Early Learning, SETA, and School District staff.
  - Building and Implementing a System of Care: Raising QUALITY Together implemented by the Sacramento County Office of Education Early Learning, Quality Rating and Improvement System identified key elements of quality programs serving children birth to five years of age and their families. The program provides support for early care and education providers to identify unmet needs and make meaningful referrals to support services in the community. This program also provides professional learning and coaching support in implementing trauma-informed and social-emotional development strategies to early learning and childcare providers across the county.

- **Sacramento County Probation Department** works with families to ensure that they are part of the decision-making process to identify necessary supports to improve underlying issues. Their goal is to increase family voice and choice.
  - *Juvenile Justice Coordinating Council Subcommittee:* conducted multiple public workshops, established public discussion boards, and invited input (from both public and impacted youth) on planning documents in response to Division of Juvenile Justice Realignment.
  - *Reduction of Racial and Ethnic Disparities Grant:* The Sacramento County Probation Department led the implementation of the Reduction of Racial and Ethnic Disparities Grant in 2014. This effort included multiagency collaboration and a review of data identifying factors that contribute to racial and ethnic disparities in juvenile justice. The work involved review of arrests, citations, bookings and warrants and utilized a series of town hall meetings to share data and progress with policy and procedure changes.
  - *Child and Adolescent Trauma Screen:* The Sacramento County Probation Department has long history with efforts to address trauma among youth in juvenile justice. This work began initially with training for probation staff delivered by the UC Davis CAARE Diagnostic and Treatment Center. Working in conjunction with UC Davis, the department implemented use of the Child and Adolescent Trauma screen for youth booked at the Youth Detention Facility and established two trauma-informed units for youth in custody. This has further evolved to include trauma components in our interview practices and recommendations (reports) provided to the juvenile court.
- **Sacramento County Sheriff's Department**
  - *Co-develop Safety Plans:* when investigating suspected child abuse and neglect cases, Sheriff's Officers work with families to co-develop safety plans
- **Safe Environment for Every Kid (SEEK):** found in the California Evidence-based Clearinghouse for Child Welfare. SEEK is a primary prevention model to reach families with children birth to 5 years of age who demonstrate risk factors for child maltreatment such as parent mental health issues and substance abuse. Health professionals have a unique opportunity to meet with parents and identify or help address psychosocial problems to help strengthen families and promote child safety.
- **Sierra Health Foundation**
  - *Black Child Legacy Campaign (BCLC):* The Sacramento County Board of Supervisors asked The Center at Sierra Health Foundation to collaborate with community leaders, public officials, and advocates to create a plan to break down systemic racism and the barriers which create health disparities. In 2015, the BCLC was launched with the goal of saving children's lives by transforming community systems of support. The BCLC is celebrated as one of the most successful campaigns in Sacramento County for its success in reducing child deaths, addressing multigenerational trauma, and supporting community leadership and advocacy to identify needs in the system of care. The BCLC follows a model of Collective Impact to bring together individuals and organizations from multiple sectors to collaborate and pursue five key strategies: 1) promoting advocacy and policy

transformation, 2) equitable investment and systemic impact, 3) coordinated systems of support, 4) data-driven accountability and collective impact, and 5) communications and information systems.

- **Community Incubator Leads (CILs):** The BCLC is overseen by the RAACD Steering Committee but is implemented daily in priority neighborhoods by CILs. The CILs are local organizations that were selected to coordinate and implement services within the seven priority neighborhoods that were identified through an assessment of risk, needs, and available resources. The CILs were selected because they were identified by community members for being respectful and responsible for strengthening communities. Establishing the CILs as the primary source of activities ensured that the work of the BCLC was sustainable and accessible. CILs partner with Multidisciplinary Teams made up of nonprofit and government agencies that support families by connecting people with prevention and intervention service providers in Sacramento County. In practice, this means that services are co-located across the seven priority neighborhoods to provide timely responses to resident's needs.

**Spectrum of Community Engagement to Ownership:** The Spectrum of Community Engagement to Ownership charts a pathway to strengthen and transform our local democracies. Thriving, diverse, equitable communities are possible through deep participation, particularly by communities commonly excluded from democratic voice and power. This tool was developed by Rosa González of Facilitating Power, in part drawing on content from a number of public participation tools, including Arnstein's Ladder of Citizen Participation, and the Public Participation Spectrum created by the International Association for Public Participation. The contents have been piloted with municipal community-centered committees for racial equity and environmental justice at the cities of Portland Washington, Providence Rhode Island, Seattle Washington, and Washington DC; and with the Building Healthy Communities Initiative in Salinas, California, and developed in partnership with Movement Strategy Center.

- **Suspected Child Abuse and Neglect (SCAN) meetings**
- **Systems of Care Approach:** The Systems of Care approach supports priority populations of youth and families who depend on public systems for services. Systems of Care have focused on improving access and availability of services, increasing service and funding collaboration across systems, and improving the skills, knowledge, and attitudes of the frontline staff who are providing essential services.
- **Trauma Adapted Family Connections Program:** found in the California Evidence-based Clearinghouse for Child Welfare. This program relies on trauma-informed engagement of families from the very first interaction to ensure that there is a strong alliance throughout the service delivery process in which the family is the "expert" in identifying their needs and service planning.
- **UC Davis Medical Center**
  - **Patient Surveys:** rely on family feedback to identify family-specific barriers and feasibility of resource offerings and referrals. UC Davis conducts patient surveys to identify needs and supports as well as receive feedback about services.
  - **Comprehensive Integration of Resilience into Child Life Experiences (CIRCLE) Clinic:** UC Davis Health and Sacramento County Health Center have partnered to operate the CIRCLE clinic to provide

trauma-informed medical services for children in the foster care system, offering them access to a primary care, mental and behavioral health services, warm handoffs to specialized medical care, and assistance from a family navigator to help connect children and families to other community services.

- **Parent-Child Care (PC-CARE):** PC-CARE is a 7-session (1 assessment + 6 treatment sessions) dyadic intervention designed for children aged 1-10 years with or at high risk of developing mild to moderate externalizing behavior problems. The primary goals of PC-CARE are to improve children's behaviors (decrease externalizing behaviors; increase positive, adaptive behaviors) and to reduce stress and difficulties within the caregiver-child relationship, thus reducing risks for children in their family environments. The goals are accomplished through teaching and live coaching of caregivers and children to use positive communication strategies, self- and co-regulation strategies, and behavior management strategies. UC Davis CAARE Center and DCFAS collaborated to offer PC-CARE as a prevention service to improve placement stability to all 1-5-year-old children entering new foster placements, a 5-year project funded by SAMHSA. An evaluation of outcomes showed that children completing PC-CARE showed significant improvements in behavior and had significantly fewer placement changes than children not completing the intervention. While this project ended in October 2021, these services are currently available as an evidence based mental health intervention through Sacramento County contracted child mental health providers, to all patients of the CIRCLE clinic as a preventive service with resource or biological parents, and to parents and children in reunification and participating in visits as part of another SAMHSA-funded, UC Davis CAARE Center-DCFAS collaboration.
- **Unite Us:** Many of the child-serving systems in Sacramento are exploring Unite Us or a similar close looped referral system. A universal referral platform would be a truly trauma-informed practice by ensuring that parents don't have to re-tell their stories at every entry point- thereby being retraumatized. While we don't have it in place yet, the fact that all of us recognize the importance of a close looped, confidential referral system is a step in the right direction. It's definitely something we should aspire to or include in a next steps section of the Strategic Plan. I totally understand if you don't want to include this here right now, since we are only exploring.
- **Universal Trauma-Informed Care Training:** created to develop a foundational understanding of this topic across various disciplines in the helping profession and all levels of staff. The curriculum was developed and vetted through a multidisciplinary team with representation from Probation, Education, Behavioral Health and Substance Use Prevention and Treatment, Family Resource Centers, Public Health, Child Protective Services, Department of Human Assistance, and community health care providers. This training is being implemented across Sacramento County's public and private sector and this unique approach establishes a foundational level of knowledge across helping disciplines and a common language as agencies collaborate to serve vulnerable populations. Sacramento County agencies/organizations are committed to educating staff on the significance of trauma in our communities and the importance of creating an awareness of the need for Trauma-Informed care in all the services the county provides. The goal is to provide a common understanding of trauma, Trauma-Informed care and personal resilience across all helping disciplines and for all levels of staff.
- **Water of Systems Change**

- ***Community, Parent, and Youth Voice:*** The Water of Systems Change model suggests the need to shift the conditions that keep problems like disparities in child abuse and neglect in place by examining policies, practices, and resource allocation, challenging existing power dynamics, extending relationships and connections beyond agencies to engage communities and families to help contribute to planning. Community voice will help stakeholders to gain an in-depth understanding of differences in their mental models in order to effectively implement strategies to reach priority populations.
- ***Building and Implementing a System of Care:*** The Water of Systems Change model is used to identify and address the conditions which hold a problem in place. The first step is to identify barriers to progress within the practices and policies, resource flows, relationships and power dynamics, and the mental models or habits of thought which define what to do and how to do it. Systems change efforts often prioritize structural changes to policies, practices, and resource flows because these are visible and explicit changes that are easily measured. Adapting relationships, power dynamics, and mental models are the most crucial to long-term change and are often invisible, semi-explicit or implicit change.
- **WEAVE Inc.** offers crisis intervention services for survivors of domestic violence and sexual assault in Sacramento County.
  - ***Community Listening Sessions:*** facilitate to hear from community members about how family, domestic, and sexual violence shows up in their community and suggestions to address the underlying issues. Ambassadors are trained to lead the listening circles with people who have lived experience.
  - ***Survey:*** responses are reviewed regularly to identify program feedback crucial to planning and implementation.
- **Youth Forward:** advocate for policy and systems changes that increase investments in children and youth and that reduce the criminalization of young people. In addition to its own policy work, Youth Forward assists other organizations with strategic support in the areas of youth organizing, policy research, and organizational development.

# Appendix C: Community Listening Sessions Summary

## ABOUT THE INITIATIVES

If we do nothing...every month, in Sacramento County, a child is the victim of death or critical injury due to child abuse and neglect. There are many countywide efforts to keep Sacramento County's children, youth, and families safe, well, and thriving by building and strengthening healthy family, school and community environments that value and support diversity and equity. **Child Safety Forward Sacramento and Family First Sacramento are both interested in finding ways to improve child and family-serving agencies to better meet families' needs and prevent child abuse and neglect.**

This project brings together community members and families who have direct knowledge and experience with family services and supports, alongside leaders in family-serving agencies, to work on bringing child abuse and neglect to an end in our communities. As part of this process, CSF held eight community listening sessions.

## COMMUNITY LISTENING SESSIONS

There were **42 caregivers** from eight communities in the wider Sacramento area who participated in listening sessions to share their insights to inform family strengthening strategies across the county. They discussed:

What do you love about your community?



What is working well in your community to support children and families?

What isn't working well?



What are the top 2-3 things that family serving agencies need to do better to support families in your community?

**Resources are available:** We will be trying to identify strategies to reduce child abuse and neglect, and this may be a sensitive topic.

- Sacramento Suicide Prevention Hotline: **(916)368-3111**
- National Maternal Mental Health Hotline: **1-833-943-5746 (1-833-9-HELP4MOMS)**
- Suicide prevention/crisis intervention serving the LGBTQ+ community: **call 1(866)488-7386 or text START to 678678**
- 24/7 Crisis Text Line: **text HOME to 741741**



# Insights and a Call to Action

Participants offered insights about community strengths, community needs, and their experiences with public agencies.

## Community Strengths

- Racial-ethnic, religious, cultural, and language diversity within their own communities
- Communities share responsibility to support and guide children and families
- Empathy and understanding toward families affected by social ills linked to history of trauma and poverty

## Community Needs

- Lack of community cohesion and safety due to low investment and intergenerational trauma
- Lack of investment in their own communities
- Social class, racial, and immigrant segregation
- Resource-poor social networks
- Low walkability and lack of reliable and low-cost public transportation
- Lack of inviting family or community-oriented public spaces

## Public Agencies

- Limited awareness, availability, and accessibility of social services and material supports
- Lack of funding to invest in solutions
- Poor quality of public services for children (e.g., school or preschool quality)
- Lack of a relational-based, family-centered approach
- Lack of trauma-informed approaches
- Obstacles to parental engagement for the benefit of their children
- Lack of confidential, safe spaces, and transparency in interactions with parents
- Lack of prevention services before intervention is required



In addition, participants shared a call to action to promote thriving communities through prevention rather than relying on crisis intervention and to improve service delivery to empower families throughout the system of care.

### Call to Action: Promote Prevention to Ensure Thriving Communities

- Promote Local Access to Resources
- Increase Availability of Quality and Timely Services
- Enhance Referrals
- Increase Co-Location of Services
- Simplify Eligibility/Accessibility
- Improve Transportation
- Promote Quality of Care/Education
- Promote School Safety
- Enhance Public Spaces
- Increase Community Investments

These efforts will improve:

- ✓ **Availability and access** to preventive services and supports
- ✓ **Quality and safety** of public spaces and prevention services

### Call to Action: Improve Service Delivery to Empower Families

- Foster Community and Social Support in Systems
- Promote Community Cohesion and Belonging
- Promote Family Engagement
- Promote Continuity of Care
- Provide Family Centered Services
- Create Safe Spaces
- Increase Structured Supports
- Implement Equitable Practices

These efforts will result in:

- ✓ **Relational-focused supports** promote trust as a vehicle for intervention delivery.
- ✓ **Family-centered services** promote shared decision-making and is inclusive of all family members, with the goal of family stabilization.
- ✓ **Trauma-informed supports** that recognize and account for all sources of trauma.
- ✓ **Equitable and inclusive services** that recognize and address barriers to engagement for groups with diverse cultural and ethnic backgrounds.

Participants in the listening sessions also offered specific recommendations for prevention strategies within specific child- and family-serving systems. The following pages include key opportunities to implement these “call to action” strategies within systems to improve stability in the lives of families.



## AVAILABILITY AND ACCESS TO PREVENTION SERVICES – COMMUNITY RECOMMENDATIONS

To promote thriving communities through prevention, Child Safety Forward Sacramento and partner agencies and organizations throughout the county should seek opportunities to improve availability and accessibility of prevention services, supports, and resources. Availability of services refers to the presence or existence of services in a particular area or location. Accessibility of services refers to the extent to which individuals or communities can effectively and easily use or obtain services accounting for factors that may hinder or facilitate access, such as affordability, transportation, cultural barriers, language barriers, physical barriers, and information barriers.

Strategy	System	Community Recommendation
<b>Promote Local Access to Resources</b>  <i>Promote locally available comprehensive services and resources to improve access services and meet basic needs.</i>	Community-Based Resources	<b>Promote Family Resource Centers</b> more broadly and ensure availability of a full range of resources and services.  <b>Offer geographically specific 2-1-1 services</b> , rather than a countywide 2-1-1, to simplify search and access to local resources that families can reach.
	Early Learning & Education	<b>Promote partnerships between early learning/school settings and local community-based organizations</b> to increase access and awareness of resources (e.g., flyers, announcements, school-based events, distribution of essential supplies, etc.).
	Community-Based Resources	<b>Utilize social events, community spaces, public agencies, online social networks, and community leaders to share information about resources</b> (e.g., social networks like Nextdoor or Facebook groups, flyers, community events and health fairs at local parks and apartment complexes, community presentations, churches, libraries, doctors' offices, etc.)
<b>Increase Availability of Quality and Timely Services</b>  <i>Increase availability of quality and timely supports, especially for families in crisis.</i>	Domestic Violence & Law Enforcement	<b>Increase availability of legal and housing resources and simplify the process to obtain resources.</b> This will increase timely access to services needed to stabilize families escaping violence (e.g., legal representation, sober living environments for women with their children, immediate access to housing, etc.).  <b>Increase availability of mental health support for all victims</b> without judgment (e.g., 24/7 Domestic Violence hotlines with therapeutic support).
	Early Learning & Education	<b>Increase availability of licensed quality child care providers and child care slots</b> to increase options for high-quality early learning opportunities for more children.  <b>Share up-to-date information about violations</b> to help parents make informed choices.
	Health & Behavioral Health	<b>Implement universal screening to identify a wide-range of needs and refer families for services outside of healthcare system.</b> Utilize warm handoffs and monitor referrals to ensure prompt callbacks and access for families.
<b>Enhance Referrals</b>  <i>Facilitate and follow-up on resource connections for families to access child development and parenting education classes, domestic violence support, mental health services, and material supplies. This is necessary before, during, and after episodes of crisis.</i>	Child Welfare	<b>Ensure families have access to resources prior, during, and after their involvement in dependency court system</b> by providing resources and referrals as needed.  <b>Utilize warm handoffs to refer families for services and follow-up</b> to ensure referrals result in linkage to services for families.
	Domestic Violence & Law Enforcement	<b>Connect families to resources at first point of contact</b> (law enforcement or other) by offering domestic violence, legal, and mental health services.
<b>Increase Co-Location of Services</b>	Health & Behavioral Health	<b>Embed representatives of community-based organizations at health clinics and hospitals</b> to connect families to resources and services such as child development, parenting education classes, domestic violence support, mental health services, and assistance with essential items like diapers and food.

Strategy	System	Community Recommendation
<i>Establish co-location of services to increase access to a variety of resources in one convenient place.</i>	Domestic Violence & Law Enforcement	<b>Establish or expand Crisis Response Teams</b> to ensure that mental health first aid and domestic violence professionals are available at first point of contact with the police or domestic violence services.
	Early Learning & Education	<b>Implement co-location of services on school campuses</b> to provide children and families with access to basic needs, mental health support, and other resources.
<b>Simplify Eligibility and Accessibility</b> <i>Reduce barriers to accessing resources and supports before families are in crisis by simplifying eligibility criteria.</i>	Early Learning & Education	<b>Identify opportunities to expand eligibility criteria</b> for programs like Early Head Start or Head Start to improve access for families seeking child care.
	Health & Behavioral Health	<b>Connect children and families to resources at the initial signs of need</b> , even when their needs do not qualify as critical enough for an IEP.
		<b>Simplify the process to qualify for and navigate programs</b> like Medi-Cal and other medical insurances so that families can access support for medical and mental health needs.
		<b>Increase access to mental health services before families experience crisis</b> or enter the CPS system (e.g., prenatally, postpartum, and connect them to services for couples).
Community-Based Resources	<b>Increase early access to mental health services for children</b> prior to receiving a formal diagnosis, are expelled from school, or have serious encounters with police.	
<b>Improve Transportation</b> <i>Improve access to services spread throughout the county which are not always easily accessible.</i>	Community-Based Resources	<b>Simplify the process to qualify for and navigate programs</b> like Medi-Cal, CalWORKs, CalFresh, CashAid, etc.
	Community-based Resources	<b>Provide reliable, low-cost transportation options to overcome geographic barriers</b> that prevent families from accessing necessary resources. Services are spread throughout the county and are not always easily accessible.

“ I really needed help with the renting assistance, but they said, ‘Oh, you need a late notice, so we could provide it to our finance...’. These rules and regulations should be removed. The case worker should come and see us, in person. Then they would realize that when someone is in need of assistance, it really is a need, and help should be provided to them, without any further questioning. ”

“ Having to go to two places, like okay, I have to go here for my little one, and I have to go here from my older one. ”

“ There's a lot of resources out there but there are so many stipulations that stop somebody from being able to receive those. ”



## QUALITY AND SAFETY OF PUBLIC SPACES – COMMUNITY RECOMMENDATIONS

To promote thriving communities through prevention, Child Safety Forward Sacramento and partner agencies and organizations throughout the county should seek opportunities to improve the quality and safety of public spaces to enhance community cohesion.

Strategy	System	Community Recommendation
<b>Promote Quality of Care and Education</b>  <i>Ensure children and families have access to quality learning environments that are inclusive and responsive to the needs of diverse families.</i>	Early Learning & Education	<b>Encourage child care providers to participate in quality improvement initiatives</b> and receive appropriate training to prioritize safety, well-being, and positive treatment of children.
		<b>Address inequitable funding across schools</b> that contribute to outdated facilities, limited subject choices, and lack of extracurricular activities.
		<b>Ensure sufficient resources for children</b> who are struggling with academic or behavioral needs.
<b>Promote School Safety</b>  <i>Enhance parental trust for children in the care of a school system.</i>	Early Learning & Education	<b>Implement measures to address school safety</b> , including physical security measures and proactive monitoring of student belongings.
		<b>Increase communication and transparency</b> with parents regarding safety protocols.
<b>Enhance Public Spaces</b>  <i>Public spaces should be well-maintained to support community cohesion and safety.</i>	Community-Based Resources	<b>Invest in the creation and maintenance of family-friendly, safe public spaces</b> , such as parks, playgrounds, and sports fields.
		<b>Foster community cohesion in low-income housing developments by designing spaces to accommodate families with children</b> (e.g., apartment complexes with a designated playground or park and a community room).
<b>Increase Community Investments</b>  <i>Promote home ownership in local communities.</i>	Community-Based Resources	<b>Support initiatives that increase local investments in communities, including home ownership</b> , to reduce mobility and improve safety and value of public spaces.



“ I looked through the Child Action list, and most of them had negative feedback. A teacher was too rough with a child, a teacher grabbed a child! A teacher yelled at a child. A teacher didn't change a child, and they were wet all day. You see this, and that's your first impression. You don't want to send your child there! Even if the teacher was fired, - it's still scary. You're like, 'No, I don't want my child to be there. It's not safe.' That's why my baby is not in school. I feel like they need to pick more schools and day cares to have on that Child Action list that are actually safe.

“ There is a huge disparity in options for education for the kids in our lower-income community... It devastates me. I'm sitting here thinking, 'should I bus my kids over to Folsom?' I can't afford it. I wish we could offer more across the board. Children are children, and they deserve to have those opportunities.

## RELATIONAL-FOCUSED SUPPORTS – COMMUNITY RECOMMENDATIONS

To improve service delivery to empower families, Child Safety Forward Sacramento and partner agencies and organizations throughout the county should seek opportunities to implement relational-focused supports to promote trust as a vehicle for intervention delivery. These efforts promote social connectedness and social support across multiple contexts, central to resilience, prioritizing continuity of care, to allow for development of trust-based relationships as a vehicle for intervention delivery.

Strategy	System	Community Recommendation
<b>Foster Community and Social Support in Systems</b> <i>Evaluate how systems of care can be successfully leverage communal responsibility to care for children and strengthen families.</i>	Child Welfare	<b>Leverage social networks, church communities, and community leaders to hold families accountable</b> and help families stay together while they work on improving their parenting skills.
	Community-Based Resources	<b>Implement community-oriented services</b> where staff are assigned to families and can check-in via phone or visit them in their homes and offer supports and resources. <b>Employ Community Navigators to connect individuals in low-income communities with necessary resources and supports.</b> These relational programs provide peer support to families facing challenges.
<b>Promote Community Cohesion and Belonging</b> <i>Create a sense of belonging and community cohesion and safety through community-based initiatives and events.</i>	Community-Based Resources	<b>Implement collaborative approaches involving residents and community organizations to address safety issues</b> that hinder a sense of safety and belonging. <b>Host events that facilitate connections among parents,</b> such as classroom introductions or parent gatherings, can promote understanding and collaboration.
	Early Learning & Education	<b>Facilitate social events that foster connections and promote a sense of belonging</b> among families. <b>Streamline the process for parent volunteers,</b> with consideration for diversity (e.g., literacy, language).
	Child Welfare	<b>Enhance communication with other service providers</b> to promote warm handoffs, timely access to resources, and reduce disruptions in families’ lives.
<b>Promote Continuity of Care</b> <i>Promote continuity of care to allow providers to build trusted relationships with families.</i>	Health & Behavioral Health	<b>Allocate sufficient time to build trust and address caregivers’ questions</b> about child development, milestones, and parenting.
	Community-Based Resources	<b>Assign providers to each family to build lasting relationships</b> with families and minimize the time spent on getting to know case specifics. <b>Improve follow-up communication</b> to build trust with families and encourage help-seeking in the future.
	Child Welfare	

“ We need more of a connection. We need people that maybe live in good neighborhoods, people that come from good backgrounds to come out and find out what’s really happening out here, because all we’re doing is creating a generation after generation of kids that are failing. Kids that are going to prison. Kids that are coming from drug addict parents who are just growing up to be drug addicts. And I see this. I every day. I live in this.

“ “ Maybe if you contact somebody, like a community center, and you talk to somebody, have that person talk to the same person that they talked to, because that person will know all the information and what the other person is seeking help for. It’s like a friendship kind of thing, you know? That they can build something together and be the same person that will help you every time you go. It won’t be different people.





## FAMILY-CENTERED SERVICES – COMMUNITY RECOMMENDATIONS

To improve service delivery to empower families, Child Safety Forward Sacramento and partner agencies and organizations throughout the county should seek opportunities to implement family-centered services offered to all family members, with the goal of family stabilization. This means that services are offered to families rather than individuals, with the goal of providing the whole family support and stabilization.

Strategy	System	Community Recommendation
<b>Provide Family-Centered Services</b> <i>Emphasize the goal of stabilizing and strengthening families by providing necessary support services that are family-centered, rather than individual</i>	Child Welfare	<p><b>Preserve and strengthen the bond between children and their parents by providing whole family supports and minimizing the trauma of separation.</b> Recognize that removing children from their homes undermines their resilience.</p> <p><b>Empower parents by engaging them in case planning</b> (e.g., identifying resource needs, setting goals, and case planning for family stabilization or reunification). Create more opportunities for families to be heard as equal participants, providing guidance and feedback to improve services.</p>
	Domestic Violence & Law Enforcement	<p><b>Implement a family-centered approach that provides mental health, counseling for substance use, and social services supports to the entire family affected</b> by domestic violence, not just the victim.</p> <p><b>Ensure that when individuals reach out for help it does not result in child removal because a lack of available supports</b> (e.g., housing, treatment, social network, etc.).</p>
	Health & Behavioral Health	<p><b>Create a welcoming and supportive environment to support the needs of the whole family</b> in healthcare settings, not just the primary client.</p>
	Community-Based Resources	<p><b>Support more events, mental health services, and parenting workshops,</b> etc. that are inclusive of fathers and families.</p>



“ When someone needs help and asks for help, does that mean your kids are going to be taken away? Or does that mean someone’s going to come and analyze your household?. For my community, African American, it is that fear of what’s going to happen next? Can you decline services? Can you say ‘I need help in this one area, but not the other’? Is that okay? Or are we looked bad upon if we get information on a food bank? Things of that nature. ”

“ Instead of labeling broadly, let the families come, then say, ‘Okay, how can I support you?’ Because every mother knows what they need.”

“ There’s a lot out there for women and children but not for men and fathers. He’s very involved with the kids, but I come home and I’m like, ‘Yeah, this event! Oh, it’s only for women and children.’ ”

## TRAUMA-INFORMED SUPPORTS – COMMUNITY RECOMMENDATIONS

To improve service delivery to empower families, Child Safety Forward Sacramento and partner agencies and organizations throughout the county should seek opportunities to implement trauma-informed supports that recognize and account for all sources of trauma. Becoming trauma-informed involves designing and implementing services accounting for trauma.

Strategy	System	Community Recommendation
<b>Create Safe Spaces</b> <i>Ensure access to safe spaces where families can seek support without fear of losing their children. Provide transparent, predictable, structured, and supportive case management services.</i>	Domestic Violence & Law Enforcement	<b>Create safe spaces for caregivers experiencing domestic violence to ask for help</b> in domestic violence centers, medical offices, police stations, and social services, without fear of being “marked” as an inadequate parent or reported to Child Protective Services (CPS). This may include Crisis Response Teams to work alongside law enforcement arriving on scene to a domestic violence call for service.
	Health & Behavioral Health	<b>Create non-judgmental environments where open dialogue is encouraged and essential.</b> Increase comfortability among parents to discuss their concerns without fear of judgment or being reported to Child Protective Services (CPS).
	Community-Based Resources	<b>Create or support a 24/7 hotline</b> to access immediate supports prior to or during a crisis, without judgment.
	Child Welfare	<b>Enhance transparency and timeliness of communication between child welfare and related agencies and families they serve,</b> to minimize the element of “the unknown”, reduce disruptions, and promote stability in families’ lives.
<b>Increase Structured Supports</b> <i>Make processes more trauma-informed by facilitating access to education and resources, inclusive of families seeking stabilization before they are in a crisis.</i>	Child Welfare	<b>Offer non-judgmental support to families in need of stabilization prior to child removal.</b> Recognize that most caregivers want to be better parents but lack resources and knowledge. Provide supports that target the root causes of family dysfunction (i.e., poverty, substance use, domestic violence, mental health, or knowledge and skills). This will validate family priorities and help to address trauma and adversity.
		<b>Offer warm handoff when referring families for services and follow-up</b> to ensure referrals result in linkage to services, as families in acute crisis may not have knowledge or resources or capacity to follow-through.
		<b>Acknowledge and address trauma of separation</b> for parents and children when children have been removed for any reason.

“ Fear is a good motivator. There needs to be somebody who’s not a mandated reporter. There needs to be a thin line in between, where families can say, ‘This is my situation’ and get options, like: ‘Okay, this needs to be fixed or start getting fixed within a certain amount of time, or these things are going to happen.’ Otherwise, there’s too much unknown.”

“ If you’re taking children away from the only family that they’ve known, that causes internal damage, and it causes lifelong damage, that then, here we are, back in this vicious circle, that addiction, substance abuse, domestic violence, all of that violence, like it all comes back around into each other like, so what are we really solving?”

“ I went to Kaiser, trying to get mental health support and all they did was to interrogate me. ‘Oh, we’re mandated to report. So, tell me, why you did this? Oh, and just letting you know, I’m going to report this to CPS.’ This is why I can’t talk. Because there’s no safe place, no ‘in-between’ for it. And now I went to get my medical records, and it says everything I said in some kind of a twisted way. It’s like, ‘Oh, let’s assess the mother.’ I’m like, ‘Dang! I was actually under a microscope!’”



## EQUITABLE AND INCLUSIVE SERVICES – COMMUNITY RECOMMENDATIONS

To improve service delivery to empower families, Child Safety Forward Sacramento and partner agencies and organizations throughout the county should seek opportunities to implement equitable and inclusive services that recognize and address barriers to engagement for groups with diverse cultural and ethnic backgrounds.

Strategy	System	Community Recommendation
<b>Implement Equitable Practices</b> <i>Invest in diversity, equity, and inclusion initiatives that aim to build trust among diverse populations.</i>	Child Welfare	<b>Recognize and address socio-cultural and religious differences in family values</b> and child upbringing which influence engagement in services. <b>Promote equitable treatment of families who come in contact with multiple systems of care.</b>
	Early Learning & Education	<b>Promote parental engagement and support for caregivers from diverse backgrounds.</b> Ensure equitable opportunities and supports for parents to be actively engaged in their child’s education, especially for those who are undocumented, illiterate, or do not speak English.
	Health & Behavioral Health	<b>Allocate sufficient time and create a non-judgmental environment to build trust with diverse families,</b> recognizing cultural differences in attitudes about asking for help.

“ We need more community connections. That’s great and dandy to have a food bank, but there’s more severe problems in the communities of color, as far as finding jobs, having financial assistance of people who have children that are autistic or disabled not knowing exactly how to take care of them. ”

“ I’m not gonna speak for every other culture, because that’s not fair for me to do that. But I’m gonna speak for my culture, and that’s the African American community. It’s true, the police department offer tutoring for kids... activities, crafts, exercise, a lot of things [at] Boys and Girls Club. That’s great and all, but to be totally honest with you, half the kids that are gonna be wanting to go there have had bad interactions with the police in the community. Their parents have either been arrested or have had public contact, and I will speak on that of my own self. ”

“ I wish schools were more welcoming towards parents. The prerequisites to be a volunteer are so difficult. They want you to take this, supposedly, a mandated reporter exam, but what if the parent is illiterate, like my five-year old’s father? He’s not able to read or write, so if he wanted to be a volunteer who wouldn’t, because he’d have to take that exam, prove that you passed it, and get a certificate and, then you have to have a Social Security number. What happens to my undocumented parents that don’t have one, but still want to volunteer? ”

