

# **OPERATIONAL AGREEMENT**

**between Sacramento County Department of Child, Family and Adult Services; Sacramento County Department of Human Assistance; Sacramento County Probation Department; Sacramento County Department of Health Services; Alta California Regional Center; Sacramento County Office of Education; First 5 Sacramento Commission; and Superior Court of California, Sacramento County**

**To Implement The**

## **SACRAMENTO COUNTY CHILD AND FAMILY SYSTEM OF CARE 2021-2023**

### **Purpose and Vision**

This Operational Agreement (OA) confirms the agreement between child and family serving agencies of Sacramento County to develop and implement an integrated children's services approach known as the *Sacramento County Child, Youth and Family System of Care (CYFSOC)*. This OA strengthens the relationships between parties to this OA, Sacramento County Department of Child, Family and Adult Services; Sacramento County Department of Human Assistance; Sacramento County Probation Department; Sacramento County Department of Health Services (including Health, Mental Health and Substance Use Prevention and Treatment (SUPT) Services); Alta California Regional Center; Sacramento County Office of Education; First 5 Sacramento Commission; and Superior Court of California, Sacramento County, herein referred to as "members," and their community partners, herein referred to as "partners," to collaboratively serve children who have experienced trauma and are involved, or at risk of being involved with the child welfare or juvenile justice systems and/or receiving foster care services in either of those systems. This OA seeks further to ensure that the CYFSOC members will work together to develop and implement a prevention-focused, effective, holistic, and culturally-responsive service delivery system that utilizes evidence-based, trauma-informed care to achieve positive outcomes for all Sacramento County children and families.

This OA also supports and promotes related OA/MOUs and practice models used by members jointly delivering services to children and families. Related OA/MOUs and practice models are referenced throughout this document. Throughout this OA, the terms children and family will refer broadly to those young people aged 0-21 and their caregivers.

### ***Vision***

All children, youth and families will be safe, healthy, and housed, with economic stability in order to thrive at home, in school, and in the community.

### ***Mission***

To develop a comprehensive, strength-based, trauma-informed, and culturally-responsive system of care, that is family-centered, multi-disciplinary, collaborative, timely, accessible and responsive to the needs of children and families who have experienced trauma or are involved, or at risk of

being involved, with the child welfare or juvenile justice systems and/or are receiving foster care services in either of those systems.

The more specific intent and purposes of the CYFSOC will be guided by the following awareness and practice, including but not limited to:

- Broad access to a comprehensive range of services and supports for all children and families in need. Supports and services to address the social determinants of health, such as those administered by Department of Human Assistance, Mental Health and SUPT Services within the Department of Health Services, and various community partners, are employed to reduce risks that may lead to system entry for Sacramento County's vulnerable residents.
- Leadership and organizational behavior that appreciates the need for planning and adaptation and creates strong, lasting partnerships and collaboration.
- An understanding that trauma and its effects are commonly present in children and families served, and in those that serve them. Trauma-influenced behaviors are responded to with the best interest of the child as the priority.
- Collaborative, expansive, varied and flexible financing used to support the goals of the system, maximize federal entitlements, and re-direct spending from residential or congregate care settings to home and community-based care models. Investments are made in strategies that promote nurturing and attachment, knowledge of parenting and child/youth development, resilience, social connections, concrete supports for parents, and social and emotional competence<sup>1</sup> for children and families before they come to the attention of the system and are consistent with the goals of the CYFSOC.
- Use of an accountable, adequate provider network that is diverse in background, culturally proficient, and skilled in providing services consistent with the values of the CYFSOC.
- Policy, practice and professional behavior that support reducing racial and ethnic disproportionality and disparities particularly in the child welfare and juvenile justice systems. Seven neighborhoods have the highest numbers of African American child deaths in the county, and the CYFSOC partnership works with their Community Incubator Lead organizations to address the issue through prevention and early intervention services and supports.
- Recognition that Commercially Sexually Exploited Children are victims of child abuse, and must be reported as such, not be criminalized for their sexual exploitation, and are engaged early and often.
- Policy and practice that is victim-centered, trauma-informed, strengths-based, developmentally appropriate, culturally, linguistically, and LGBTQ responsive and affirming.
- Formal processes that facilitate collaboration among CYFSOC members and include interagency committees that discuss issues through regular and consistent meetings of designated participants representing member and partner agencies. Members and their partners inspire each other, challenge assumptions, take risks, and listen to the concerns and needs of others.

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<sup>1</sup> U.S. Department of Health and Human Services, Children's Bureau. (2021). 2021/22 Prevention Resource Guide. [https://www.childwelfare.gov/pubPDFs/guide\\_2021.pdf](https://www.childwelfare.gov/pubPDFs/guide_2021.pdf)

- Services that are team-based and collaboratively delivered, individualized, flexible, timely, and data and outcome driven. Services that also promote family self-sufficiency, reliance on natural supports, sustaining family connections, and children living safely in their family setting.
- Inclusion of family and child/youth perspectives during all planning, decision-making, implementation, and evaluation of the service system.
- Practice that leads to reduction of entry and length of stay in out of home placement, and reduction of entry into child welfare or juvenile justice systems.
- Performance measurement that includes both process and outcome measures, provides ongoing information to an Interagency Leadership Team about the CYFSOC's performance and is used to improve the partnership and service delivery.
- Investments in workforce development that include training in child/youth development and how it is impacted by trauma, trauma-informed care, Integrated Core Practice Model, and child abuse and neglect prevention strategies.

### **CYFSOC Functional Elements**

#### **1. INTERAGENCY LEADERSHIP TEAM (ILT)**

The CYFSOC ILT serves as the governing board of this collaborative and will consist of:

1. Chief Probation Officer
2. Alta California Regional Center (ACRC) Director
3. First 5 Sacramento Commission Executive Director
4. Department of Child, Family, and Adult Services (DCFAS) Director
5. Department of Health Services (DHS) Director
6. Superintendent of the Sacramento County Office of Education (SCOE)
7. Superior Court of California, Sacramento Juvenile Presiding Judge
8. Department of Human Assistance (DHA) Director

#### ***Interagency Leadership Intent***

Sacramento County's child and family services members and partners have many initiatives, collaborative efforts and service delivery programs. In order to effectively link these efforts, and maximize the CYFSOC's collective impact, the ILT will also serve as an interagency clearinghouse of collective efforts. The ILT meetings will reflect a regular and consistent sharing and reporting of these efforts, which include but are not limited to the Black Child Legacy Campaign, the Commercially Sexually Exploited Children's Team, the county's Child Safety Forward Sacramento Prevention Cabinet, and its First 5 Sacramento Commission programs.

Parties to this OA constitute the voting members of the Interagency Leadership Team. The ILT will meet monthly for sixty (60) minutes, and ILT members (or designees) agree to attend all meetings, retreats and planning sessions necessary to mutually carry out their shared approach. ILT members will utilize a shared decision-making process for all programs and services identified by members. Consensus will be the preferable model; however, if consensus cannot be reached, decisions may be made by a simple majority vote of the members.

The presiding Judge of the Juvenile Court and DCFAS Director will serve as co-chairs of the ILT during the first six (6) months and will facilitate the ILT. Thereafter, the ILT will designate a new Chair and co-Chair on a rotating basis every six (6) months.

While membership of the ILT is established per above, designated staff members or senior managers from partner or other involved agencies, tribal partners or identified contractors or community members may also attend monthly meetings to support the ILT process, as determined by the ILT. CYFSOC members are particularly invested in ensuring that critical alignment and partnership are present between member departments and agencies and the region's tribal authorities and service providers, in order to most effectively serve Sacramento's Native America children and families.

**The role of the ILT is to:**

1. Determine the strategy and direction for CYFSOC implementation efforts to address the needs of all children in Sacramento County;
2. Oversee implementation and effectiveness of CYFSOC's coordinated services and efforts, including regularly reviewing data pursuant to delivery of shared or connected services for children and families, as established by the CYFSOC Dashboard referenced below;
3. Review, assess, and respond to policies, practices, and issues raised by the CYFSOC Advisory Team and other appropriate stakeholder groups;
4. Amend the OA as necessary; and
5. Share periodic updates on the implementation of the CYFSOC with the Sacramento County Board of Supervisors.

***Advisory Team and Interagency Leadership Administrative Support***

DCFAS will provide operational and administrative support for the ILT, via scheduling, agenda and meeting distribution, and other supports for the ILT process. Facilitation of the Advisory Team will be rotated among members, and ACRC and a co-Chair will provide facilitation during the first (1st) year of operation.

**Advisory Team Function:**

The ILT will be supported by an Advisory Team of key leaders and managers from each party to this OA. The Advisory Team will convene monthly for two hours and will:

1. Identify barriers to implementation of interagency programming and propose solutions;
2. Identify shared practice or policy issues and provide recommendations for revisions or improvements;
3. Identify trends and gaps in services and program design, and recommend implementation and action items, as directed by the ILT;
4. Provide quality assurance and oversight to ensure the CYFSOC and its OA is being implemented as intended, via the CYFSOC Dashboard and other measures;
5. Convene other ad hoc Advisory Team pursuits to effectively link policy and practice; and
6. Recommend revisions to protocols or strategies to improve implementation, for consideration by the Interagency Leadership Team; and
7. Consider system level disagreements or disputes and either reach consensus on resolution or make recommendations to the ILT.

**Advisory Team Membership:**

The Advisory Team will be made up of the following management-level representatives, or their delegates:

1. Assistant Chief Probation Officer
2. ACRC Associate Director
3. First 5 Sacramento Commission Program Planner
4. DCFAS, Child Protective Services Deputy Director
5. DHS, Behavioral Health Services Deputy Director
6. DHS, Substance Use Prevention and Treatment Division Manager
7. County Office of Education, Director of School-Based Mental Health and Wellness
8. Superior Court of California Sacramento Director of Operations
9. Department of Human Assistance Deputy Director

Within the first (1st) year of this agreement, the Advisory Team will identify how to incorporate child and family voice and/or representation into the CYFSOC advisory and performance measurement processes, for ILT consideration and approval.

***System Performance Outcomes Management***

ILT member agencies have unique and shared obligations to track and monitor CYFSOC outcomes and outputs. Monitoring shared progress and holding the system to meaningful accountability takes persistence and planning. Sacramento County's CYFSOC members will, during the installation phase of CYFSOC development (Year 1), establish a collective set of objectives and a vehicle to measure the drivers of those objectives. That process will seek to answer consistently for ILT leaders what success looks like for the collective by understanding and sharing what success looks like for each member agency, and what measurable resources, activities, and conditions influence success.

Member agencies will create a Sacramento County CYFSOC Dashboard by identifying shared objectives and measures of success for the System of Care. The Advisory Team will assure that, semi-annually, the ILT is presented with the dashboard so that members may review the data, discuss implications, and adjust policies and practice, as needed. Once determined, the dashboard elements will be added herein.

**2. INTEGRATED CORE PRACTICE MODEL (ICPM)**

Sacramento's CYFSOC agencies agree to mutually use the principles, values, and practice behaviors of the *California Integrated Core Practice Model for Children, Youth and Families*, to guide their interactions with children and family, one another, contractors and other system partners. ICPM is supported by and aligned with historic practice guidance documents used in Sacramento, including the Universal Trauma-Informed Care Curriculum.

CYFSOC members' agreement to use the ICPM is rooted in the following foundational principles and values that must guide all policies, programs, practices, services, and supports conducted within the CYFSOC. The ICPM is found at:

[https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated\\_Core\\_Practice\\_Model.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated_Core_Practice_Model.pdf)

1. **Strengths and Assets:** Children and families possess strengths and wisdom, and will be treated as unique individuals. Their strengths will be reflected in the teaming and service delivery process, and true partnerships will be developed in a manner that is fair and equitable – including on the individual child/family and systems level.
2. **Workforce Efficacy:** Appropriate ongoing training and supervision to staff will ensure they have the knowledge and capacity to implement the ICPM practices and policies with fidelity.
3. **Family Engagement:** Building good working relationships to meet individualized goals is a fundamental aspect of the practice model. Agencies/jurisdictions must be strength-based and family focused, and include family voices in their decision-making, planning and case work.
4. **Permanency:** All young people need lifelong, stable connections to others, and foster youth may face more challenges in achieving this as a result of complex trauma experiences. Permanency planning that prioritizes sustained and supportive relationships in a family setting must begin at the initiation of the case and be a key focus of all work with the child.
5. **Disproportionality:** Children of color are overrepresented in most public service systems, particularly the child welfare and juvenile justice systems. Looking at key decision points and how professionals share power in the service delivery process can inform strategies to address this issue.
6. **Information Sharing:** Information sharing is critically important and opportunities begin as soon as a young person becomes involved in multiple systems of care. Important issues regarding how, when, and with whom information can be shared must be addressed early and continue throughout the life of the family’s involvement with services, respecting the privacy interests of the child and family.
7. **Coordinated Case Management:** Providing aligned services by performing coordinated case management creates enhanced opportunities to establish common goals for a child and family, develop a plan to achieve those goals, identify appropriate services, and conduct ongoing assessments to ensure effectiveness.
8. **Funding/Resources:** By understanding the resources and leveraging opportunities each agency has and accessing them through good coordinated care planning, agencies can serve children involved in multiple systems of care more efficiently.

The intent of implementing ICPM’s leadership and practice behaviors across the CYFSOC is to provide staff at all levels of the system with the essential principles and professional behaviors that lead to relationships with each other and with children and family that foster healing and wholeness. Consistent use of the ICPM’s practice guidelines, with an emphasis on authentic and aligned trust and engagement, will be implemented to support the success of the CYFSOC and the children and families it serves.

Sacramento County’s CYFSOC members agree to work toward shared training and implementation of the ICPM as the guiding practice document in Sacramento County. The DCFAS CPS Division has completed substantive training in recent years, and coaching of staff toward

ICPM based practice is ongoing. During the term of this OA, other partners will also be oriented to and trained in foundational ICPM principles, values, practices and how teaming aligns the system.

### **3. INFORMATION AND DATA SHARING**

System of Care success is largely predicated on the ability of members to effectively share client level information necessary to coordinate care and services, and share necessary organizational data across member agencies to determine effectiveness and efficiency. CYFSOC member agencies agree to develop uniform and aligned information sharing and data policies that support service delivery and, to the fullest extent allowed by law, share necessary and relevant client, child and caregiver specific information to conduct treatment, coordinate care and assure the highest quality care is available to children and caregivers. Members will also explore development of a single, uniform Release of Information (ROI) form.

CYFSOC members agree to adhere to their respective department or agency policies regarding the management, retention, and release of private participant data and adhere to all confidentiality standards.

CYFSOC members acknowledge that the child welfare agency is authorized to disclose information to the Medi-Cal agencies (Public Health and BHS) for purposes directly related to the administration of their programs. (42 United States Code (U.S.C.) § 671(a)(8)(A). Medi-Cal funded providers are likewise authorized to disclose information to the child welfare agency for purposes directly related to the administration of the Medi-Cal program. “Directly related” includes determining the amount of medical assistance and providing services for recipients. (42 U.S.C. § 1396(a)(7); 42 C.F.R. § 421.302 (2009). Specific mental health or substance use treatment information is protected under CFR 42 and HIPAA and the use and development of a uniform ROI will adequately address concerns about sharing and protecting this information.

CYFSOC members further acknowledge that: 1) the Family Educational Rights Act (FERPA), Code of Federal Regulations, title 34, section 99.31, subdivision (a)(6), and California Education Code section 49076, subdivision (a)(2)(E) allow school districts to disclose personally identifiable student information, without parental consent, to organizations conducting certain studies for or on behalf of the education agencies for purposes of developing, validating, or administering predictive tests, and improving instruction; and 2) CYFSOC members desire to coordinate care, evaluate and improve their respective programs through the analysis of performance data concerning the students and children served. It is necessary, therefore, to share certain patient and student specific information on a reciprocal basis.

Furthermore, CYFSOC members acknowledge that Sacramento County Probation Department follows existing regulations related to record sealing and that because of this adherence, some types of data will be unavailable. While Sacramento County Probation Department can provide information on bookings, referrals, petitions, charges, etc., it cannot connect those events with personal attributes such as age, race, and gender.

### ***Information Sharing for CYFSOC Teams***

CYFSOC members may exchange information and documents (except adoption records) regarding children, provided the child (or a representative legally authorized to consent to release information on behalf of the child<sup>2</sup>) has signed an authorization in writing to release information to team members. This authorization must be explained and signed before the Child and Family Team (CFT) meeting begins, and reviewed at each subsequent CFT meeting to ensure all members of the CFT are included and understand the information sharing parameters. The process of obtaining authorization and consent for all team members may begin at any time before the first (1st) scheduled CFT meeting.

All information and records exchanged during a CFT meeting are private and confidential, and cannot be disclosed outside of the meeting, except to the Juvenile Court with jurisdiction over the child, or as otherwise required by law. Testimony concerning any CFT meeting discussion is not admissible in any criminal or civil proceeding except to the Juvenile Court with jurisdiction over the child, or as otherwise required by law. Any documents, notes, or records provided or shared during any CFT meeting will be returned to the original custodian or destroyed at the conclusion of the meeting.

ACRC is committed to timely information sharing in support of the CYFSOC. The ACRC Service Coordinator will provide a written copy of the IPP/IFSP to the other CYFSOC member staff for dual agency clients for planning purposes.

#### **4. SCREENING, ASSESSMENT, ELIGIBILITY, ENTRY, AND ACCESS**

Sacramento County's CYFSOC partnership is based in the awareness that many families have needs that are often best met by assessment and provision of social, emotional, physical, educational, and economic services and supports as early as possible. This is most often accomplished via the county's network of community services and when caregivers request services at the Department of Human Assistance (DHA). DHA, as a CYFSOC member, is often the first entry point. DHA staff are co-located at other partners' clinics and sites, and provide screening and referrals to other services, including mental health, domestic violence, substance abuse and more.

Additionally, the county partners have supported the development of a robust and responsive network of Family Resource Centers and other providers focused on the prevention of child abuse and neglect. Their service continuum, and the connection to the CYFSOC, is a paramount linkage and critical to the success of the system.

In order to enhance unified service planning, reduce impact on children and caregivers, and reduce administrative costs, CYFSOC members agree to minimize the sometimes redundant assessment and eligibility determination processes required of families. CYFSOC members will use an integrated assessment and access to care process, as defined below. These shared screening and assessment processes are particularly relevant for Child Welfare, Probation and Behavioral Health

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<sup>2</sup> All relevant California consent law should be followed. A detailed reference to relevant consent laws can be found at [www.teenhealthlaw.org/consent](http://www.teenhealthlaw.org/consent)



and Substance Use Prevention and Treatment teams as they share responsibility for a broad population of children served or may be at risk of entry to one another's programs.

### ***Child Adolescent Needs and Strengths (CANS) Assessment Tool***

For most foster youth, the CANS assessment serves as the primary communication and child/family information clearinghouse and service planning tool. The Child and Family Team (CFT) is the principal, but not the only, engagement vehicle for service planning and care coordination, and is the primary process/location for completing or updating the CANS. (See CFT and CANS policies).

DCFAS and BHS agree to: 1) use the CANS as its primary shared service coordination and planning tool for children in foster care and behavioral health services; and 2) share CANS and other necessary assessment outcomes and processes to facilitate care coordination, timely service delivery, and reduce child and family impact. Assessment and service planning information will be used to identify strengths and needs for case plan development and care coordination during the teaming process and throughout the episode of care.

Use of the CANS tool is not required for all CYFSOC members, such as Education/Schools, Regional Center or Probation teams. CYFSOC members may use other assessments (some mandated) to identify and determine appropriate services and engage children and families. The CYFSOC teaming processes require that assessment and service planning information is available to other partners, as the child's needs prescribe, therefore in all circumstances where children are involved in multiple agency care, the CANS assessment, its use in the Child and Family Team planning process, and any other assessment information will be shared with CYFSOC members and partners to the fullest extent allowed by law and in accordance with an identified treatment plan.

### ***Assessment and Entry for Alta California Regional Center (ACRC)***

Eligibility for ACRC services is highly prescriptive and based fully in state and federal standards. Written or telephonic requests for services for any person suspected of having a developmental disability, as defined in the ACRC definitions, residing in Sacramento County should be directed to the Intake Unit at the ACRC. Referrals must be submitted by the legal parent, legal guardian or other legally responsible person. The initial intake should be performed within fifteen (15) working days following request for assistance, and assessment will be performed within one hundred twenty (120) days following intake.

ACRC provides assessment and services to minors according to the following definitions:

**Child(ren) aged three (3) and over** who are suspected of having a developmental disability (including intellectual disability (ID), autism, cerebral palsy, epilepsy or a disabling condition closely related to ID or requiring treatment similar to that required for individuals with ID). Referrals may be made in writing or over the telephone by the legal parent, legal guardian or other legally responsible person. The ACRC Intake staff will request all pertinent information needed to determine eligibility.

Eligibility determination requires that the Developmental Disability shall originate before age eighteen (18); be likely and expected to continue indefinitely; constitute a substantial disability

which results in major impairment of cognitive and/or social functioning for the individual as defined in Title 17, Section 54001, and shall not include handicapping conditions that are solely psychiatric disorders; learning disabilities; or physical in nature.

**Children ages birth to three (3)** who are displaying developmental delays, or are diagnosed with an established risk condition, shall be referred to the Early Intervention Intake Coordinator(s) for Early Intervention services. Requests for services may be sent in writing to ACRC. Early Intervention services are voluntary and therefore parental permission or court order for the referral will need to occur prior to evaluation and assessment being completed.

## **5. TEAMING AND UNIFIED SERVICE PLANNING**

Effective teaming, engagement and service planning are foundational hallmarks of Sacramento County's System of Care. CYFSOC members recognize that: 1) identification of persons with natural supportive relationships, partner agencies, and other services and supports ensure cross-system planning and coordination are effective in helping families identify and achieve their goals; and, 2) child and family voice and choice, and the active involvement of natural supports in teaming, are critical to universal and effective service delivery.

Teaming, engagement and planning processes from member and partner agencies may take different forms, as informed by state expectations or historic practice. However, in order to maximize planning and family engagement, a unified team will serve each child and family. CYFSOC members agree to ensure that every effort is made to invite relevant partner staff, including but not limited to community contractors or other providers, to their respective teaming meetings to engage in teaming and planning. Acknowledging the Integrated Core Practice Model's emphasis on child and family voice and choice, school and Regional Center personnel will also be invited to any and all identified CFT meetings for shared planning.

Child and Family Teaming is the term used to describe the engagement and service planning process for children and families served by DCFAS, and for foster care involved Probation and many children in the care of county Behavioral Health Services (BHS). The agency with legal jurisdiction will convene the teaming meetings and document meeting outcomes. In addition to members' direct facilitation and delivery of teaming services, the BHS division and some children in Probation status obtain facilitation and documentation for teaming and planning meetings through contracted agencies.

Children who are served in **education-based** services also have a high need for teaming and coordinated service planning. While each district may use a slightly different approach, all districts are committed to utilizing a Multi-Tiered System of Supports framework designed to bring together general and special education supports, with the goal of providing a comprehensive, proactive, and unified system of education to meet the needs of, and improve results for, all students.

**Department of Human Assistance (DHA)** is committed to participate in Child and Family Teaming (CFT) meetings for children and families. DHA will work with member agencies to cross-train the assigned Human Services Specialist on the CFT process and framework. The assigned Human Services Specialist will be present during the CFT meeting to help create the

family case plan, will assist families with the intake process for benefits, and provide supportive services and caseload management.

**Alta California Regional Center (ACRC)** is committed to conjointly participating in collaborative teaming for foster youth. The assigned service coordinator shall be the Regional Center's designee to the child's CFT. The ACRC Service Coordinator will identify funding for, and coordinate services specified in the Individual Program Plan (IPP) for children ages three (3) and older or Individual Family Service Plan (IFSP) for infants ages zero (0) to three (3), and that are not provided by DCFAS, and as agreed upon by the planning team.

More generally, ACRC delivers teaming and planning via an IPP or IFSP process and document. For children with an established diagnosis of a substantially impairing intellectual or developmental disability and who are known to the Regional Center, the Service Coordinator is the point of contact for system members and partners. Service Coordinators utilize a person-centered planning process to develop program plans that are based on client preferences, needs, and strengths. ACRC initiates the teaming process when the child in the Early Start Program reaches thirty-two (32) months of age; **OR** whenever a family requests a determination of whether their child is eligible for Lanterman services; **OR** whenever a family requests that their child be placed on the Medicaid Waiver (which requires the child be found eligible for Lanterman services); **OR** whenever Service Coordinator notifies the Early Start Clinical Team that a child on his/her caseload is diagnosed with documented medical conditions such as Down Syndrome, Angelman's Syndrome, or other genetic syndromes that are almost always accompanied by a very high probability of intellectual impairment.

The ACRC Service Coordinator is responsible for developing the initial IFSP within forty-five (45) days (and reviewing semi-annually) for clients age three or younger and the IPP for clients age three and older within sixty (60) days (and renewing plan annually). The Service Coordinator will arrange an IFSP/IPP meeting to identify services and supports needed and will notify, by telephone or in writing, the DCFAS Social Worker of the scheduled IFSP/IPP date, two (2) weeks prior to the meeting, as allowable and per availability of all meeting members. The Regional Center planning team shall include, at a minimum, the caregiver, the Service Coordinator, the child's DCFAS social worker, and any other CFT member or system member or partner representative who wishes to participate.

If the client requires more support than the family or community can provide, ACRC will be contacted immediately to convene the planning team to discuss next steps for additional services and supports.

## **6. INTERAGENCY PLACEMENT COMMITTEE (IPC)**

Building on the teaming processes outlined above in this OA, CYFSOC members agree to support children and Non-Minor Dependents (NMD) who have significant behavioral, substance abuse, emotional, medical, and/or developmental needs via the California State mandated IPC process. The Sacramento County IPC (established through MOU # 7805000-19/23-531M) ensures that interagency resources are available and accessible in circumstances where teams are challenged, or where residential, Wraparound or more intensive services may be needed, with the intent to

identify the strengths and functioning of the child and family, prevent reoffending, achieve permanency, enhance safety and/or reunify with family.

Sacramento County IPC is an interagency placement committee as prescribed by Welfare and Institutions Code Section 4096 for placements initiated by the County or funded through the Adoption Assistance Program. Sacramento County IPC specific practices are contained in its own separate MOU, and form a critical component of the Children's System of Care (Welfare and Institutions Code § 18986.40).

### ***IPC Intersection with Courts and Educational Due Process***

The agencies and individual representatives of the IPC are committed to the principle of making recommendations that are in the best interests of the child, the family, and the community. Although some of the children and families that the Sacramento County IPC serve have been or are involved with the court process, the IPC makes no determination of the actual or perceived legal culpability of any individual it serves. In cases where such legal responsibility is potentially an issue affecting the Committee's recommendation, the IPC either delays making a recommendation until a judicial determination is made, or makes its recommendation in the alternative, based on the various possible outcomes to the legal issues.

The IPC Committee serves in a consultative and authoritative recommending role. Depending on the jurisdictional (300 or 600) or Special Education status of the child, this process may serve solely as an expanded teaming and consultation process in support of court mandated or educational required procedures. As needed, IPC meetings include school district representation when needing to make a *Best Interest Determination* decision. These events are intended purely to advise the planning process, and do not obligate providers, schools or decision-makers. In other cases, IPC may be an authoritative recommending entity that supports the actions of the system/department in their family-centered decision-making. In these cases, recommendations by the IPC Committee will become the recommendations of the DCFAS Child Protective Services Division or Probation Department, or the responsible department, division or unit of the agency partner that referred the child, including parties to this OA.

## **7. ALIGNMENT AND COORDINATION OF SERVICES**

Sacramento's CYFSOC members agree to not only use shared assessment, teaming and service coordination, as outlined above, but will ensure that children with complex challenges and needs, that are served by the CYFSOC, receive coordinated and integrated trauma-informed, culturally responsive services to minimize confusion for families and support positive outcomes. Coordination includes the identification of needs, strengths, services, supports, and appropriate access and levels of care, as well as the joint development of a care plan that incorporates the child's and family's voice and choice. This approach will be used to: 1) maximize resources and align timelines across all aspects of care, from screening to aftercare; 2) ensures that clients and families receive needed supports, including transportation to attend team meetings and access treatment programs and other services; and, 3) promote positive outcomes for clients and families, achievement of their goals, and reunification, whenever possible.

### ***Coordination with Education Agencies***

Of particular value to members is the coordination of local district level educational services for children in the foster care system. This coordination and alignment is supported by collaborative adherence with the federal Every Student Succeeds Act, wherein DCFAS and local school partners develop a joint plan to ensure that transportation is available when it is in a student's best interest to remain in their school of origin after a change in placement. CYFSOC members acknowledge that school and educational stability is a primary objective of this OA.

This being said, the participation of the Local Education Agency (LEA) in teaming, care planning, and services is crucial for supporting these alignment efforts. CYFSOC members will conduct cross-agency engagement to invite participation of LEAs and ensure a focus on the following care processes:

- Facilitating the prompt transfer of educational records for students in foster care who enter or exit a school within or between LEAs.
- Facilitating immediate enrollment for students in foster care who enter a school within a LEA.
- Immediately requesting education records from the school of origin for students in foster care who enter a school within a LEA.
- Ensuring that students in foster care are promptly enrolled in a LEA's free lunch program.
- Ensuring that the school and LEA waive all school fees for students in out-of-home placement, including but not limited to any general fees, and fees for books, lab work, participation in in-school or extracurricular activities, and before-school or after-school programs.
- Facilitating data sharing with DCFAS and Probation Department, consistent with the Family Educational Rights Act (FERPA), the Individuals with Disabilities Education Act (IDEA), and other privacy laws and policies.
- Coordinating necessary transportation for students as described in this Agreement, including through development of any LEA policies or practices necessary to implement these procedures.

### ***Coordination with Alta California Regional Center***

ACRC shares a mutual desire to increase continuity and optimize the utilization of services for persons affected with developmental disability who are jointly served by Sacramento CYFSOC members, and will provide coordination, consultation, and joint case planning accordingly.

Regional Centers are mandated to provide services in the most cost-effective manner possible, and use all other resources first, including but not limited to generic agency resources, before using state Regional Center funds. A generic agency is one that has a legal responsibility to serve all members of the general public and receives public funds for providing those services. Other resources include natural supports within the family home or community, school districts, private insurance, Medi-Cal, and in-home supportive services. The Regional Center shall ensure the continuity of appropriate developmental services, if any, to children.

### ***Coordination with First 5 Sacramento Commission***

First 5 Sacramento ensures that families are strong and children are healthy and ready to succeed in kindergarten and beyond. The agency is grounded in the whole child/whole family framework that advances equity, prevention, and systems coordination. It invests in direct services and system

work that offers the most impact for kids and families. First 5 believes early intervention programs strengthen and support families and prevent child trauma and maltreatment in Sacramento County. First 5 programs serve all families, but focus on those at greatest risk for abuse/neglect, with the goal of preventing entry into the child welfare system.

## **8. RECRUITMENT AND MANAGEMENT OF RESOURCE FAMILIES AND DELIVERY OF THERAPEUTIC FOSTER CARE**

Member agencies practice collaborative, uniform and consistent efforts to recruit, train and support professional Resource Family caregivers in order to foster safe, permanent and healthy out-of-home placement when necessary. Effectively providing supports and services to Resource Family and other caregivers is critical to reducing trauma and stigma associated with residential care, enhancing permanency.

While DCFAS and Probation Department have legal obligations and responsibilities to assure foster care capacity is present, DHS (through its BHS Division) has particular responsibility to assure adequate capacity for and oversight of Specialty Mental Health Services, including ensuring that Therapeutic Foster Care (TFC) services are present and support RFA and FFA caregivers with services and supports that promote their capacity to keep children safe and successful. Delivery of TFC services is highly prescriptive and accompanied by State and Federal parameters that make effective recruitment and training of TFC caregivers a major challenge. While the CYFSOC members are supportive of the County's continued efforts to establish TFC, members acknowledge it will be necessary to find innovative and creative solutions to address this challenge.

## **9. STAFF RECRUITMENT, TRAINING AND COACHING**

Training and technical assistance serve a number of functions in the development and support of Sacramento's CYFSOC. Providing technical assistance in a system reform effort, especially one as complicated as a multi-agency effort to coordinate and integrate services to children with serious emotional disturbances and their families, requires attention to multiple areas simultaneously.

Sacramento County CYFSOC members currently deliver multi-agency training around Child and Family Teaming, use of the ICPM, and other related System of Care content. Of particular focus for members is creating a trauma-informed system. Some Sacramento County agencies have begun providing a Universal Trauma-Informed Care training 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 planned to be 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.

CYFSOC members acknowledge the value of having highly trained and competent staff teams. In order to assure that social workers, probation officers, case managers, therapists, clinicians, support and administrative personnel are fully prepared to deliver the seamless, trauma-informed and integrated services outlined in this agreement, members agree to coordinate the training and

coaching of staff. Additionally, in order to align an integrated and whole approach to care, and as a commitment to sustaining CYFSOC workforce cross-training and technical assistance, the ILT, through its Advisory Team, will develop a formal, interagency, multi-year training and technical assistance plan that will chart the direction of change across systems, programs, and practice levels based on common values and goals. The training and technical assistance plan may include, but is not limited to:

- Developing and implementing multi-agency training curriculums
- Streamlining and creating continuity in trainings across agencies
- Cross-training agencies and staff
- Developing strategies for how to actionize knowledge gained from trainings and integrate it into practice and policy
- Evaluating the effectiveness of trainings on implementing and improving the CYFSOC

In addition to these, trainings at the system (leadership), program (supervisory), practice (line staff), and administrative levels will be developed and implemented to create a common language for change. Training will be delivered to cohorts representing a diverse cross section of family, practice, program and system levels - aligning the training with the system reform principles and values that will be practiced. Strategies will be developed and employed to create new cross-system practices and teamwork across the system, improve the quality of care, achieve positive outcomes and cost effectiveness, create empathy and understanding across the CYSFOC workforce, and support lasting system and culture change. The ILT and Advisory Teams will work to assure that the developing partnership supports meaningful training to each department's affected staff. CYFSOC member training funds will be used in the most flexible manner possible to facilitate this endeavor.

## **10. FINANCIAL RESOURCES/MANAGEMENT**

Notwithstanding the generally categorical nature of each CYFSOC department's revenues, members will inform one another about available funding, including state and federal revenues, on-going funding, one-time opportunities, revenue enhancements, Request for Proposals (RFP), and grant opportunities for programs and services for children and families. CYFSOC members agree to explore and discuss, as appropriate, opportunities for leveraging one another's revenue and other resources toward the most efficient use of resources and programming. The monthly ILT agenda will allow for discussion of these opportunities.

Funding opportunities and related budgetary opportunities will be sought and applied for, planned, monitored and distributed according to joint recommendations of the ILT. Funding decisions subject to approval by the governing body of each member agency will be brought to those governing bodies with a recommendation to approve the joint recommendations of the ILT.

Paramount to CYFSOC success is the use and maximization of all federal and state allocations available to support services to Sacramento County children and families. Primary to CYFSOC sustainability is the maximization of federal Title IV-E and Medicaid mental health dollars. ILT members acknowledge the belief and practice of making every effort to identify qualifying revenue sources for required, and/or maximizing available, local or state match funds to assure that a full and complete use of federal and state revenues is accomplished.

The more critical funding streams that CYFSOC members will seek to maximize include:

- County General funds (all County agencies)
- Title IV-E Social Services/Foster Care funds (DCFAS and Probation)
- Title XIX funds (DCFAS Public Health Nurses)
- Social Services Realignment funds (DCFAS and Probation)
- Title IV-B funds (DCFAS and Probation)
- Emergency Assistance Temporary Assistance for Needy Families funds (DCFAS and DHA)
- Juvenile Justice Crime Prevention Act/Youthful Offender Block Grant (Probation)
- Medicaid Mental Health funds (DHS)
- Medi-Cal Realignment funds (DHS)
- Mental Health Services Act funds (DHS)
- Mental Health Services Oversight & Accountability Commission grant funds (DHS)
- Substance Abuse and Mental Health Services Administration grant funds (DHS)
- California Health Facilities Financing Authority grant funds (DHS)
- Medicaid Home and Community Based Services Waiver funds (ACRC)
- California Proposition 10 funds (First 5 Sacramento Commission)
- California Department of Education grant funds (SCOE)
- Local Education Agency budgets
- Special Education Local Planning Area funds
- Other local grants and federal financial participation
- Families First Prevention Services Act funds (forthcoming)

## **11. DISPUTE RESOLUTION**

While CYFSOC member agencies and leaders will utilize a shared decision-making process for all programs and services identified by its member agencies, challenges and disagreements will be present, and sometimes based in conflicting policy, guidance, or in differing opinions of the services needed in a particular case. ILT members will, by practicing the leadership principles contained within the ICPM, attempt in good faith to resolve any dispute or disagreement arising out of this OA.

CYFSOC members and managers will seek to settle relevant disputes by focusing on the shared vision, values and practices of this agreement and with acknowledgement that children and family members generally are unaware of, and have no particular interest in, consideration of which agency is more or less responsible for their care. Member agencies will attempt to resolve challenges at the level which they occur (at the team or agency level), or by bringing issues to the AT or ILT for discussion and resolution. Child and family specific disputes may be brought to the IPC.

Consensus will be the preferable shared decision-making model; however, if all other dispute resolution methods have been exhausted and consensus still cannot be reached, as a last resort, decisions may be made by a simple majority vote of ILT.



**12. TERM**

This OA will become effective upon the signatures of the authorized representative for each agency. The MOU (Agreement) shall remain in effect for two (2) years with annual review and revisions, as needed. This provision does not preclude the parties from revising the OA at any time it is determined that a revision is necessary.

This operational agreement shall remain in full force and effect from [date of final signature], 2021 through June 30, 2023.

**Sacramento County Department of Health Services**

DocuSigned by:  
*Chevon Kothari* 9/20/2021  
Chevon Kothari Date  
Director

**Sacramento County Department of Child, Family and Adult Services**

DocuSigned by:  
*Michelle Callejas* 9/20/2021  
Michelle Callejas Date  
Director

**Sacramento County Office of Education**

DocuSigned by:  
*Dave Gordon* 10/7/2021  
David Gordon Date  
Superintendent of Schools

**Sacramento County Probation Department**

*[Signature]* 10/28/21  
Marlon Yarber Date  
Chief Probation Officer

**Alta California Regional Center**

DocuSigned by:  
*Lori Banales* 10/4/2021  
Lori Banales Date  
Executive Director

**Sacramento County Juvenile Court**

DocuSigned by:  
Jerilyn Borack 10/6/2021  
7A8E9F886CA34D...  
Jerilyn Borack Date  
Presiding Judge

**First 5 Sacramento Commission**

DocuSigned by:  
Julie Gallelo 10/6/2021  
70FC98D1C81455...  
Julie Gallelo Date  
Executive Director

**Sacramento County Department of Human Assistance**

DocuSigned by:  
Ethan Dye 10/4/2021  
A23F183CE49D42E...  
Ethan Dye Date  
Acting Director