ZOOM INSTRUCTIONS

- Mute or unmute microphone
- Stop or start video
- Click to chat
- Click to turn on or off captions
- Select breakout room to join
- Click to share quick reactions
This presentation is being recorded and will be uploaded to Strategies TA Youtube Channel.

You will not be able to unmute your microphone during this meeting.

Type questions in the chat box to be addressed during the Convening.

Please complete a brief evaluation survey at the end of the session.
PRE-INSTITUTE AGENDA

- Welcome by CDSS
- Overview of Prevention Planning
- Break
- Keynote Presentation by Alex Morales
- Presentation by San Diego County
- Closing
WHO'S IN THE ROOM?

• Please place in chat: Name, Title, Organization and County

• POLLS:
  • Which regions are here today?
  • What's your affiliation?
WELCOME

Cheryl Treadwell, Branch Chief
Safety Prevention and Early Intervention Branch
California Department of Social Services
CALIFORNIA'S VISION FOR PREVENTION SERVICES
VISION FOR CALIFORNIA

An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children.

To achieve the vision silos must be broken and partnerships across multi-disciplinary sectors must be built.
SHIFTING THE MINDSET

- Shifting the mindset from a reactive approach to a proactive approach
- From services to improving the conditions in which we live, grow, play (SDOH)
- From prevention to well-being
- Equity and community engagement
- Lifting the voice of those with lived expertise
LEVELS OF PREVENTION

Tertiary
Provide interventions for children experiencing maltreatment

Secondary
Programs targeted at families in need to alleviate identified problems and prevent escalation

Primary/Universal
Programs targeted at entire population in order to provide support and education before problems occur
HOW WILL CALIFORNIA'S VISION BE ACHIEVED?

• By implementing a comprehensive continuum of services supported by a framework for prevention that includes primary, secondary, and tertiary strategies, grounded in principles of fairness and equity
• By expanding and strengthening primary prevention activities and early interventions to promote overall health and well-being of children, youth, families, and communities
• Engaging communities to identify community-driven needs
• Requiring that service delivery is rooted in frameworks of equity
• Increase the capacity for true integration between systems, to build a child and family well-being system
• Providing holistic models of care, integrating a whole child, whole family, and whole community approach
UTILIZING A LENS OF DIVERSITY, EQUITY, AND INCLUSION

- Prescribe that family experiences and perceptions are a key data source for driving program design
- Promote and support delivery of services beyond well-supported EBPs
- Create governance structures which support equity and cultural responsiveness
- Cultivate and maintain meaningful relationships with tribes
- Address systemic barriers for families of color
- Adapt the Integrated Core Practice Model to reflect authentic engagement and partnership
- Create a community pathway to deliver prevention services
COLLABORATIVE PREVENTION PLANNING & HISTORY
COLLABORATIVE PLANNING HISTORY

- 2017: CWDA Challenge to Broaden Focus to Embrace Prevention
- 2018: (Prevention) Child and Family Enrichment Cabinet Formed
  - Partnership of County Child Welfare Directors, Office of Child Abuse Prevention, Child Abuse Prevention Center, Strategies T/A
  - Mission: Inspire and support each California county to develop an integrated system that supports families in providing safe, stable, nurturing relationships and environments for their children.
- 2019:
  - Jan 31st & Feb 1st: Prevention Summit in San Diego
    - 36 counties applied, 22 attended
    - Child Welfare/CAPC co-led cross-sector teams
    - Developed Action Plans
  - September Convening
• 2019-2022: Strategies TA and OCAP Working with Designated Counties to Strengthen Local Planning Efforts

• 2021: Second Prevention Planning Summit (Virtual): Inspiring Teams to Strengthen Communities
  • Additional Counties Able to Attend
  • To support and expand collaboration in promoting healthy, strong and resilient children, families and communities to increase positive outcomes by: Inspiring local teams to embrace the purpose and shared mission of the work Providing safe space for creativity Increasing connection within and among teams Celebrating continuity

• 2022: Merging Previous Prevention Planning Work with FFPS Planning to Support Comprehensive Prevention Planning
STRATEGIES TECHNICAL ASSISTANCE (TA)

Mission & Background

- 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.
- We work with child welfare systems and Child Abuse Prevention Councils to build county and state-wide coordinated, comprehensive, and integrated networks of care through individualized technical assistance focused on building statewide long-term solutions that are research-driven, trauma-informed, and community-focused.
- Both the Child Abuse Prevention Center and Children’s Bureau of Southern California co-lead the Strategies TA effort.

Supporting County Prevention Planning Teams

- Currently support 29 counties throughout California
- Support counties in the development and implementation of comprehensive, evidence-based, child abuse prevention plans.

Our Values

- Equity
- Community Voice
- Strengths-Based
- Accountability
- Collaboration
Why is cross-sector collaboration important?

• Ensures we are working together to collectively impact the conditions that lead to child abuse & neglect in our community

• Broader understanding of the strengths and needs within local communities

• Including the **voices of those with lived expertise** in developing programs and services results in a more effective service system

• Establishes ongoing alignment & coordination
CROSS-SECTOR PARTNERS

Required Partners

• Child Abuse Prevention Council (CAPC) Chair or Coordinator
• Child Welfare Agency
• Probation Department
• Tribal Representation
• Office of Education
• Behavioral/Mental Health Department
• Non-Profit/Community-Based Organizations (including Family Resource Centers)
• Youth Leader (Lived Expertise)
• Parent Leader (Lived Expertise)

Recommended Partners

• Family Resource Centers (FRC)
• Private Organizations
• Evidence-Based Program Provider/Purveyor
• Expert Program Evaluator
• Faith-Based Institutions
• First 5
• Public Health Department
• Public Assistance Department
• District Attorney’s Office
• Early Childhood Programs
• Housing Department/Authority
• Pediatricians who are screening for ACEs
• Courts/judges especially juvenile

*Based on ACL 22-23
COMPREHENSIVE PREVENTION PLANNING
The Family First Prevention Services Act (FFPSA) was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.

- New option for States and Tribes to claim Title IV-E entitlement funds for evidence-based prevention and trauma-informed services for children and youth who are deemed candidates (at imminent risk for entry into foster care)

- Evidence-based interventions funded by Title IV-E must be selected from the Title IV-E Prevention Clearinghouse, fall within one of the following categories, and be included in California’s Five-Year State Prevention Plan
  - In-home parent skill-based programs
  - Mental health services, and
  - Substance abuse prevention and treatment services

- The legislation is intended to reduce entries into care by funding prevention services and interventions to mitigate imminent-risk factors and maintain a child and youth’s placement in-home
CALIFORNIA'S FAMILY FIRST PREVENTION SERVICES PROGRAM (FFPS)

- Leverages current prevention efforts to reach a broader audience and reach families sooner
- Built from a comprehensive plan that includes culturally appropriate and responsive services that are tailored to meet the needs of local families who are disproportionately represented in the child welfare system
- Rooted in a cross-sector collaborative approach
- Meets the federal requirements of FFPSA Part I and goes beyond to deliver services across the prevention continuum
- Access to a Community Pathway approach to service delivery for early community-based services
Federal FFPSA Part I

Title IV-E agencies are only eligible for reimbursement of federal prevention funding if the following conditions are met:

• Child meets candidacy criteria as defined in California’s Five-Year Prevention Plan or is a pregnant or parenting foster youth

• Reimbursement is only available for the evidence-based practices listed in California’s Five-Year Prevention Plan, child and/or must be referred to one or more of the EBPs to receive FFPSA Part I funds

• Strategy with comprehensive prevention plan must address the needs of identified candidacy population

State FFPS Program

• Flexible funding source for primary, secondary and tertiary prevention planning activities and direct services

• Funds can be used to support ANY target population with the goal of preventing child maltreatment

• Funds can be used towards any direct service activity towards the development a continuum of prevention services

• Funds are not restricted to only be used to support the 10 evidence-based well-supported practices in California’s Five-Year State Prevention Plan
Family First Prevention Services (FFPS) Program

In accordance with WIC §16588, a local title IV-E agency opting into the FFPS Program is required to submit a Comprehensive Prevention Plan (CPP).

Comprehensive Prevention Plan

- Primary Prevention Strategies
- Secondary Prevention Strategies
- Tertiary Prevention Strategies (must encompass FFPSA Part I)
CALIFORNIA'S FAMILY FIRST PREVENTION SERVICES PROGRAM (FFPS)

Family First Prevention Services Act + Five - Year Prevention Plan + Assembly Bill 153 + FFPS State Block Grant = Family First Prevention Services Program
WHAT FUNDING CAN BE LEVERAGED TO CREATE A CPP?

- Community-Based Child Abuse Prevention (CBCAP)
  - Primary & Secondary

- ARPA-CBCAP
  - Primary & Secondary

- Promoting Safe and Stable Families (PSSF)
  - Primary, Secondary & Tertiary

- State Family First Prevention Services Program Block Grant (AB 153)
  - Primary, Secondary & Tertiary

- Family First Transitional Act (FFTA)
  - Primary, Secondary & Tertiary

- Title IV-E FFPSA Part 1
  - Secondary & Tertiary
  - *Reimbursement

Primary Population
Secondary Population
Tertiary Population
COMPREHENSIVE PREVENTION PLANNING: IMPLICATIONS FOR AB 2083 SYSTEM OF CARE LEADERS

RICHARD KNECHT
SOME INQUIRY…

- Do I worry about where I will find the people and other resources to plan and implement FFPSA?
- Do I wonder about how to find the “other 50%” my department needs to make FFPSA part 1 sustainable?
- Do I wish I could measure the impact of prevention more effectively?
- Do I worry that prevention supports and services in my county result in “passing” the youth off to a partner?
- Do I wonder about how to connect my FFPSA work to other prevention work?
**Context:** Implementation of Programs Requires Integration, and Integration is the primary path to Innovation

### PROGRAM IMPLEMENTATION

<table>
<thead>
<tr>
<th>Education</th>
<th>Behavioral Health</th>
<th>Regional Center</th>
<th>Human Services</th>
<th>Physical Health</th>
<th>CWS</th>
<th>Probation</th>
<th>Tribes</th>
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<tr>
<td></td>
<td><strong>Policy/Leadership:</strong> Share joint authority, funding and decision-making</td>
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<td><strong>Management:</strong> Measure key outcomes for all children and families</td>
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<td><strong>Practice:</strong> Work together to address the full set of family needs</td>
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<td><strong>Community:</strong> Partner with Families/consumers and their supports</td>
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A Children’s System of Care (AB 2083) provides a container for the required planning, alignment, management and sustainability for Comprehensive Prevention Planning

- Identification of “candidate” population
- What services to offer and by which local agency
- How to leverage and account for the various state, federal and local funding
- And…how to develop a full prevention continuum across the System (Think Bigger!)

“…ensure that the systems partner’s programs and polices reflect a coordinated, integrated and effective delivery of services for children, youth and families.” (State 2083 Toolkit)
FFPS Readiness Assessment Domains:

- Funding and Fiscal Models
- Program and Implementation Governance
- Cross-Sector Stakeholder Collaboration
- Prevention Services Program Design
- Policy Regulations and Rules
- Workforce
- Service Quality Outcomes
- Information Systems and Automation
- Reporting Requirements

2083 MOU Elements that support Prevention Planning:

- Financial Resource Management
- Interagency Leadership
- Screening, Assessment and Entry to Care
- Staff Recruitment, Training and Coaching
- Information and Data Sharing
Prevention Connections

Each with their own:
• Needs Assessment
• Planning and Reporting
• Compliance
• Data Analysis/Program Impact
• Fiscal Dynamics

And yet we’re very often serving/supporting the same youth or family!
IN ADDITION TO FFPSA…

• Community Schools Grants (CSPP)
• County MHSA Prevention and Early Intervention
• First 5
• Local Control Accountability Plan (LCFF)
• Public Health Prevention Allocations
• CalAIM ("Innovating")
• Juvenile Justice Crime Prevention and Youth Offender Block Grants
• State CalMHSA School Grants
ILT (SYSTEM OF CARE) INQUIRY

- What first steps are needed of partners to begin planning?
- How will the plan be captured? (Strategic or Project Management tool)
- Do our fiscal managers know and understand each other in a way that will allow them to determine the required revenue sharing for candidates and FC recipients going forward?
- What existing Prevention Services/Supports are in place, upon which we might leverage new opportunities?
- What data does each partner have or will have that might inform CPP work?
  - SIP/CSA; JJCPA; LCAP; MHSA; Public Health, etc.
ALL 2083 PARTNERS BENEFIT FROM PREVENTION

• Increased School Attendance rates by nearly 10%; 8.6% school dropout in SOC jurisdictions vs. 15% for Traditional
• Decreased behavioral and emotional problems, suicide rates, substance use
• Reduced caregiver strain and improved family functioning.
• Expanded array of home- and community-based services and supports, individualization of services, and increased family and youth involvement
• Increased use and access to evidence-based practices
• Less likely to require inpatient services. (42% Decrease)
• Less likely to visit an emergency room (ER) for behavioral and/or emotional problem=Average cost per child for ER visits decreased 57%.
• Lower corrections involvement and less likely to be arrested/average cost per child for juvenile arrests decreased by 38%.
RECOMMENDATIONS

• Ensure your Interagency Leadership Team (or it’s designated management body) is meeting frequently and supportively.
• Agenda routine FFPS/CPP planning/briefing for ILT
• Connect your respective Fiscal Managers
• Identify “Gaps Analysis and Readiness” work overlaps…
  • Public Health
  • CSA/SIP
  • MHSA
  • LCAP
• Expand or develop a routine “Red Team”-like interagency coordination for candidacy processing and engagement
• Use parallel processes to connect and inform the plan
  • Child Abuse Prevention Council
  • Juvenile Justice Commission
  • MHSA Tri Annual
  • LCAP

*The development of effective shared programs cannot be a transactional interagency relationship. Leaders must embrace this and similar opportunities as the intended moments for transformation of both practice and mindset.*
After hearing more about California's Vision for Prevention, what do you find yourself most excited about?
10 MINUTE BREAK
THE NORTH STAR OF PREVENTION:

CHILD, FAMILY AND COMPASSIONATE COMMUNITY WELL-BEING
FINDING THE NORTH STAR:

• Broad community ownership; engaged & activated community
• People with lived experience identify strengths and what works
• Systemic root issues addressed, not just individual/family deficits
• Shared leadership that nurtures broad ownership, equity & compassion
• Significant primary prevention infrastructure
• Economic well-being strategies to head off general neglect
• Powerful data that empowers and provides accountability to community
• Blended funding at state & county levels
• Supporting indigenous people's culture is prevention
SAN DIEGO PARTNERS IN PREVENTION TEAM

Aimee Zeitz & Team
San Diego YMCA
CA Prevention Summit
June 2022
San Diego’s Prevention Story

Pre-Summit: 1990-2019

2019 Prevention Summit

Partners in Prevention: 2020-2025

Child, Family and Community "LiveWell" System
## Context for Prevention Planning

<table>
<thead>
<tr>
<th>Child Welfare Services</th>
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<tbody>
<tr>
<td>• Prevention Framework</td>
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<td>• Child and Family Strengthening Advisory Board</td>
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<tr>
<th>Early Care and Education</th>
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<tbody>
<tr>
<td>• First 5 + Healthy Development Network</td>
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<tr>
<td>• Quality Improvement activities</td>
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<tr>
<td>• Early Childhood Mental Health</td>
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<tr>
<th>Community Information Exchange</th>
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<tr>
<td>• Integrated platform for shared client records and coordinated health and social services</td>
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### Context for Prevention Planning—Recent developments

<table>
<thead>
<tr>
<th>Integrated Leadership Team</th>
<th>FFPSA</th>
<th>Community Prevention Hub</th>
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<tbody>
<tr>
<td>• Prevention and Complex Care Goals both part of Wellness System</td>
<td>• ICF supported Community Pathway</td>
<td>• Community Response Guide (Evident Change)</td>
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<tr>
<td>• Child and Family Strengthening Advisory Board’s CFS goals completed; pivot towards prevention</td>
<td>• Engagement of CBO partners</td>
<td>• Integration of CIE</td>
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<tr>
<td></td>
<td>• Fiscal system design underway</td>
<td>• Our Tomorrows lifts authentic voice</td>
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Start Up Activities

• Partner engagement: transition planning, kick off event, partner recruitment, workgroups, advisory committee
• Co-creation of project vision, prevention definition, shared values and principles, roles and responsibilities
• Consensus on theory of change, strategies, activities, priorities
• Landscape Scan and Learning Sessions
• Integration and alignment with other activities
• Implementation and evaluation planning
PROJECT VISION

To cultivate a connected community that nurtures caring, strong, safe and healthy families.
Shared Values

**EQUITY:** we will acknowledge, address and actively challenge historical and systemic inequities that disproportionately impact children and families of color and those living in poverty.

**IMPACT:** we will catalyze culturally appropriate, strengths-based, evidence-informed and outcomes-driven efforts to increase child and family well-being.

**INCLUSION:** we will seek out diverse voices and honor perspectives of those with lived experiences to inform our work and influence system change to better support all families to thrive.

**PARTNERSHIP & COLLABORATION:** we will actively build trusting, authentic and productive relationships to improve outcomes for children and families.

**ACCOUNTABILITY:** our work will align, leverage and expand partnerships to achieve shared goals for children and families in San Diego.
Shared Prevention Definition

Families thrive in a connected community that enhances and restores nurturing and responsive relationships and environments. It involves aligning impact on multiple levels so that all children are safe and cherished, all families are nurtured to build up protective factors, and systems/structures create equitable pathways to wellness.

For Partners in Prevention, the focus is on primary prevention. Our shared approach will reflect the innovation required to meet the evolving priorities and needs of children, families and communities.
Context of Prevention: Our Scope of Influence

- Community
- Organizations
- Providers of Services
- Child/Family
Grounding Principles

- RESPECTFUL
- STRENGTHS-BASED
- FAMILY-CENTERED
- TRAUMA INFORMED
- CULTURALLY RESPONSIVE
Theory of Change

To increase protective factors, we will:

- More consistently assess family strengths and needs
- Link families to supports when, where and how they want them
- Improve coordination between services, programs, agencies
- Build adult and agency capacity to increase family wellbeing
Increasing Protective Factors

- Parental Resilience
- Social Connections
- Knowledge of Child Development
- Social and Emotional Competence
- Concrete support in times of need
Initial Key Activities (2019)

1. Convene cross sector stakeholders to expand continuum of prevention strategies and increase coordination of support services

2. Early childhood mental health consultation

3. Facilitating family input/ feedback early and often
Community Information Exchange (CIE)

An ecosystem comprised of multidisciplinary network partners that use a shared language, resource database, and integrated technology platform to provide enhanced service delivery and community planning.
Technology Platform and Data Integration

Technology software that integrates with other platforms to populate an individual record and shapes the care plan. Partners access the system. System features include care team communication feeds, status change alerts, data source auto-history and predictive analytics.

Shared Language (SDoH)

Setting a framework of shared measures and outcomes through 14 Social Determinants of Health Assessments and a Risk Rating Scale: Crisis, Critical, Vulnerable, Stable, Safe Thriving.

Bidirectional Closed Loop Referrals

Updated resource database of community, health, and social service providers. Ability to accept/return referrals and to provide outcomes and program enrollment.

Community Care Planning

Longitudinal record with a unified community care plan that promotes cross-sector collaboration and a holistic approach.

Community Information Exchange
Core Components

Network Partners
Collective approach with standard Participation Agreement, Business Associates Agreement and participant consent with shared partner governance, ongoing engagement, and support.

Shared Language (SDoH)

Setting a framework of shared measures and outcomes through 14 Social Determinants of Health Assessments and a Risk Rating Scale: Crisis, Critical, Vulnerable, Stable, Safe Thriving.

Bidirectional Closed Loop Referrals
Updated resource database of community, health, and social service providers. Ability to accept/return referrals and to provide outcomes and program enrollment.

Community Care Planning
Longitudinal record with a unified community care plan that promotes cross-sector collaboration and a holistic approach.
14 Domains: Risk Rating Scale

- Housing Stability
- Health Management
- Nutrition & Food Security
- Financial Wellness and Benefits
- Activities of Daily Living
- Social & Community Connection
- Legal & Criminal Justice
- Primary Care and Prevention
- Safety & Disaster
- Utility & Technology
- Transportation
- Education & Human Development
- Personal Care & Household Goods
- Employment Development

CRISIS CRITICAL VULNERABLE STABLE SAFE THRIVING

IMMEDIACY

KNOWLEDGE AND UTILIZATION

BARRIERS AND SUPPORTS
## Project Infrastructure

### Local Project Team
- YMCA (lead)
- SPI (consultant)
- H+C (evaluator)
- CWS

### Federal Project Team
- Project Officer
- Evaluation TA
- Implementation TA
- Cohort of 12 other communities to learn from

---

**Partner Network**

- Workgroup: Community Voice
- Workgroup: Training
- Workgroup: Assessment and Referral
- Workgroup: Preschool Expulsion
- Leadership Team
- Design Team
2022 Priorities

- Increase and improve cross-sector partner engagement and coordination
- Access and utilization of services
- Capacity building for service delivery best practices and CIE
- Equity, inclusion, lived experience
- Early Childhood Mental Health Consultation
2022 Key Activities

Increase and improve cross-sector partner engagement and coordination

- Convene and facilitate Advisory Committee, 4-5 workgroups and Partner Network Meetings
- Continue participation in other San Diego efforts/initiatives
- Conduct partner assessments (annually + years 1, 3 and 5)

Improve access and utilization of services

- Readiness assessment
- Community pathways (assessment and referral tools and processes, use of CIE, FRC alignment, etc.)
- Fostering a culture of support

Increase capacity for service delivery best practices and CIE

- Offer trainings and TA sessions for integration and implementation of best practice service delivery
- Offer TA support for integration of CIE
- Launch CIE Affinity Group Pilot
## 2022 Key Activities

<table>
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<tr>
<th>Center equity, inclusion &amp; lived experience in the work</th>
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<tr>
<td>• Strategy development, including compensation model</td>
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<tr>
<td>• Ongoing listening, learning and engagement</td>
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<tr>
<td>• Host learning and sense making sessions</td>
</tr>
<tr>
<td>• Our Tomorrows</td>
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<tr>
<td>• Community partner engagement</td>
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<tr>
<td>• Youth and family engagement</td>
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<tr>
<th>Increase capacity for Early Childhood Mental Health Consultation</th>
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<tbody>
<tr>
<td>• Provide Early Childhood Mental Health Consultation to families/caregivers</td>
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<tr>
<td>• Convene partners to expand and sustain ECMHC within existing continuum of services</td>
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<th>Integration, Dissemination, Sustainability</th>
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<td>• TBD</td>
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Success Factors

• Role definition: being able to serve as a neutral and trusted convener with community at the center; steward of the grant
• Matching capacity with expectations/priorities
• Relationship building: the work is the relationship building and nurturing at the individual, agency, sector and system levels
• Acknowledging self and shared interests
• Facilitation for connectedness; linking pieces together and cross-pollination
• Dream big and then build from where there’s alignment
Lessons Learned/ Fail Forwards

• More and deeper community engagement earlier. “nothing about us without us”
• An authentic commitment to equity has been an inside out process
• Finding the right balance of inclusion and co-creation
• Go to where the work is happening (it’s not just at “our tables”)
• Innovation and true transformation take time- be patient
• Meeting immediate/ current needs while addressing upstream prevention
• The “how” matters just as much, if not more than the “what”
Considerations

• What’s going well and how can you build on existing strengths/ community momentum?
• What’s the why behind your prevention work and who is it intended to benefit?
• What are the gaps/ needs that your prevention plan could possibly address?
• How do you/ will you ensure that you aren’t inadvertently perpetuating inequity in your prevention work?
• How do you keep the experiences, hopes and aspirations of children, families and caregivers centered in your prevention planning?
Thank you!
TOMORROW'S AGENDA

• WELCOME BY CDSS
• OVERVIEW OF STATE BLOCK GRANT
• SACRAMENTO'S PREVENTION PLANNING JOURNEY
• DATA PLAYBOOK WORKSHOP BY PAUL COLLIER
• REGIONAL BREAKOUTS

Thank you for attending!

Please complete the evaluation survey:
https://asr.sjc1.qualtrics.com/jfe/form/SV_9spWMFhKfBV2yRE
Contact for FFPSA Prevention Services (Part I) questions:
ffpsapreventionservices@dss.ca.gov

For additional information, please access the FFPSA website:
cdss.ca.gov/inforesources/ffpsa