



# **Learning Forum Questions and Answers:**

## **Governance, Collaboration & Tribal Considerations**

**September 2022**

This document is a compilation of questions and answers from the Comprehensive Prevention Plan Learning Forums and Q&A Sessions. These questions were submitted in writing or asked live by the participants and were answered by the presenters.

Recordings of the Learning Forums and Q&A sessions can be found on the Comprehensive Prevention Planning Learning Series website: [Comprehensive Prevention Planning Support Learning Series | \(caltrin.org\)](https://caltrin.org)

Thank you to our community of esteemed presenters for sharing their expertise and insight. We appreciate your time and commitment to this important work in support of California's children, families, and communities.



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## Interagency Governance

- **What are some questions for a facilitated discussion between child welfare and other partners?**
  - Questions for a facilitated discussion:
    - Will our CPP coordinated services impact disproportionality and equity issues?
    - How will we connect FFPSA work to other prevention work?
    - How will CPP impacts be measured?
    - 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 recipients going forward?
    - What does each agency or department need to begin planning?
    - How will the planning process be coordinated? I.e., Theory of Change, Logic Model, Strategic Plan, project management tools?
    - 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.
  - Counties should start these conversations early and build relationships across agencies because they will likely find alignment among the various agencies' goals and program objectives. Counties will begin to see that probation, child welfare, mental/behavioral health and schools share similar goals and data points specific to prevention. These conversations help the different agencies understand each other better and discover the alignment.
  - Counties could convene inter-departmental, multi-agency, cross-agency, and fiscal conversations specific to the CPP process, almost like a CPP fiscal subcommittee. Start with putting together a matrix of all prevention funding allocations – mental/behavioral health (Medical, MHSA, etc.); public assistance; probation; county office of education. This could be a long list in some larger counties. This matrix would provide a functional inventory of a county's prevention dollars and will begin to highlight the available funding streams. Starting early with conversations between fiscal analysts and budget officers in different agencies, helps them understand one another in ways that allow them to determine how they're going to share revenue and ensure audit compliance.
  
- **Is there a role for courts?**
  - There definitely is a role for the courts and the most successful Children's System of Care teams almost always have the bench officer involved. There's something unique about the role and being a catalyst for the interagency conversation. If your judge is resistant and says that their participation is beyond their purview or duty, you can orient them to the state's Judicial Code section 5, subsection 40, which states that the presiding bench officer is expected to be a part of the Interagency collaborative work.



- **Suggestions on how to proceed if probation and child welfare have different ideas or opinions?**
  - The System of Care ILT has, as one of its major intents, to align departments as to vision and purpose, that the practice and service delivery can also be aligned. If your county has invested effectively in that work, this alignment should not be difficult at this point.
  - If you're still struggling to align, it's really an invitation to engage in the AB 2083 work more fully. Within that work, and in the ILT's meetings, the differences in perspective, approach, agency culture can and must be addressed. Use the ICPM's leadership behaviors as a guide to build that alignment and embrace the differences because it's from those differences that the innovation will emerge. The ILT could be the ideal team with which to have these conversations. Bring those conversations into the ILT agenda and work out the alignment about who and how to serve.
- **Clearly all the agencies named in the presentation provide prevention services that could impact child welfare overall, but the services would not necessarily be delivered to an FFPSA-eligible youth or family. How would that work?**
  - This is a great question because it brings us back to comprehensiveness. The State Block Grant Letter from March encourages counties to come out of the silo of candidacy and FFPSA and into this broad sphere of prevention, consisting of as many public and private departments and agencies as you can link together into one tapestry of prevention. It is prevention with a capital "big P", so to speak. Taking the highest analysis first, as a collaborative, how can you get as many children as possible into a prevention or early intervention service funded by whichever partner in your comprehensive prevention plan is most accessible and available to that child. After that analysis of the broad umbrella of prevention services, figure out where children fit within that continuum of prevention, and then you figure out the candidacy piece underneath that broad umbrella, which becomes a local adaptation. Determine which evidence-based programs could be provided and how to fund them, and then answer the question of whether candidacy applies.
  - Example: Ventura is looking at infrastructure funding to build a Child, Youth and Family Wellness Center. They are starting from the context of behavioral health and partnering closely with First 5, the Office of Education, and Probation. The vision for the Wellness Center is a place for families to come for supports. It's also going to be integrated in the same building as the Family Justice Center. Some of those families will be FFPSA-eligible so this will likely be a community pathway for FFPSA Part 1 services. The Wellness Center is an attempt to integrate various systems and services for families that are coming in with complex challenges and issues.
- **From the Probation perspective, I am noticing that I am the only person from my department attending all these interagency meetings, whereas my partners over in child welfare vary. I am wondering if anybody has any insight or similar experience. Obviously, we are all strapped for time, so I want to use the meetings that we have most effectively, stay connected, and be able to participate in as many as possible.**
  - The lift to establish an effective ILT can be challenging. One suggestion is to be sure the meetings are well-supported with an admin person who can bring back thorough meeting notes.
  - One strategy might be to take your peers to lunch or breakfast. Build shared vision with off-line moments.
  - Set up cross trainings—these often "seed" the management's team expanded vision and results in greater investment and consistency.



- **Would having an integrated data team just like integrated fiscal team help with this process?**
  - If your county has the resources, it's a great idea. Moreover, the personnel that are responsible for System Improvement, Quality Management, Performance improvement, from various departments associated with the System of Care, could form an Interagency Data Team, to leverage all the currently disparate performance, accountability and reporting that occurs.
- **Is it true that funds expended by other agencies – for example, office of education or First 5 – can count for the 50% match? How are these reflected on the county expense claim?**
  - This question requires both adaptive and technical consideration. The short answer is yes, there are many allocations within the CPP partner's budgets which can serve to match the federal allocation. Any non-federal dollar, which could be state dollars, county general fund, private grant or any other revenue that did not originate at the federal level can be used as a certified public expenditure/match. The complexity is however, challenging to manage, but the flexibility is fantastic.
  - Remember that there are two federal funding sources for this work if you start with a broad community-based prevention plan and multiple partners: MediCal and IV-E. And they both require matching state or local funds. If you can figure out locally how to bring your partners into conversation, to identify which dollars to use as match, you can access these revenue streams with great flexibility, and expand your impact.
  - Regarding the county expense claim, it depends on how you are using the dollars. The expense claim is going to be very specific to who does what within the prevention service, including the specific duties performed and on behalf of what persons. This is best worked out at the local level and so best recommendation is to have a "financial analysis party," where you pull all your departments' fiscal managers and analysts/budget personnel into the same conversation in an ongoing way, so they can figure out how to leverage all these dollars and both maximize their use and avoid an audit challenge. The state is working on tools for payer of last resort guidance which it hopes to release later in the year.

## Collaboration

- **Do you have suggestions for how CBOs can collaborate with counties on developing CPPs?**
  - Reach out to your Child Abuse Prevention Council (CAPC). They should have a direct link to the county because they are partnering with them on prevention efforts, and so that might be a way to get involved in some of this work.
  - There may be parts of the planning process that CBOs can't be privy to such as RFP development or certainly contract conversations, so acknowledge the inherent limits of your county's processes. However, cultivating public-private relationships will go a long way toward effectively planning. If you get stuck, one way for a CBO to get the attention of a county department head or planner, is sending a diplomatically worded email or a phone message letting them know you've been trying to engage and support the planning process, and that perhaps your next step will be to visit the upcoming Board of Supervisors meeting and see if you can get the county's attention therein.
  - Remember many counties are still forming governance structures for comprehensive prevention planning and getting their arms around how to plan for what goes into the CPP and how to leverage partners and resources.



- **Is there a step-by-step on how to get started with collaboration?**
  - In Ventura, the wellness system was developed as part of their larger System of Care, AB2083 and cross system work. There really was not linear step by step process. Ventura is trying to move forward adaptive change and so to a certain degree they are figuring it out as they go. However, there are several key elements:
    - Relationships. Establishing and developing relationships with partners across other systems, public and private and building upon prior work that has been done together. Leverage and expand upon existing programming and relationships. For example, look at intersectionality and start with those shared youth.
      - For example, some of the work in Ventura has been done through a partnership with public health, child welfare and the Child Abuse Prevention Council (CAPC). Using child abuse prevention funding the State allocates to local CAPCs, Ventura developed a prevention program where public health nurses work with our child welfare social workers for families at risk of having their children removed. Relationships developed among child welfare, public health, behavioral health, as well as private partners, through the work of creating and implementing this program.
    - Inclusive Vision. Creating a vision that includes the commitment of all partners is an iterative and evolving process. Ventura calls it a well-being system and not a child abuse prevention system, because they want it to resonate with all their partnering agencies.
    - Tools that support integrated work. There are great tools such as Integrated Core Practice Model, County self-assessment process and MHPA processes that promote collaborative work across public and private agencies.
    - Include parents, the community, and others with lived experience.
  
- **How is Ventura handling Child and Family Identifiers and sharing that information across multiple community partners?**
  - When we did that broader data sharing that we talked about, we were looking at data in the aggregate and using the mapping. And when we show data in hotspots, we are very careful about using specific information because in some small communities it would be easy to figure out addresses or individual information. However, using more of a hotspot kind of approach where we show clusters of different colors of more intensity, protects the confidentiality of those families and communities.
  
- **What are options for counties that are having significant staffing concerns?**
  - There are no easy magic answers right now. Many agencies across the State struggle to fill positions. It really comes down to relationships and transparency. We must look at ways to leverage and maximize the staffing that we do have across agencies and strategize for next steps. For example, our agency conducted our own hiring fair, because we needed to move a lot quicker than county time. Our agency leadership team committed not only to a full Saturday at the job fair, but all the preparation work required to pull it off. And at the end of that day, we made 28 job offers.



- Additionally, working on prevention can be a selling point for recruitment. There is something about prevention work that fosters hope and excitement in the incoming workforce. They are energized by the possibility of making a difference for families especially given what they are hearing in the news these days about family policing. Also, let attrition work in your favor: if you have empty positions sitting on one side of the continuum, you may want to move those items to another part of the continuum. That way you are not telling anyone that their duties are changing or lay anyone off. This can be even more effective if staffing is considered in a cross-system context, not agency by agency, as most health and human services entities are currently facing these challenges. This may be overly simplified because the details are much more difficult with county human resources. However, it is something to think about – making lemonade here with some of these workforce shortage lemons that that we've been given. And this is where having human resources at the table as well as your fiscal folks might be helpful.
  - Another important element is worker retention. The workforce can be tired, burned out and stressed. How are you retaining your staff? How are you supporting the ones that are staying and building a system of support around them? Develop a mentorship program to pair newer staff with seasoned staff. Mentoring helps both workers – it can refresh the seasoned worker and the newer worker benefits from the wisdom and experience. Developing a program for staff support and recognition is also important. To retain workers, provide them what they need to be successful and not burn out. And it really does need to be a support/retention program, not just a couple of events each year. Gift cards, parties, BBQs every now and then is not enough, it should be a documented recognition, reward, and retention program.
  - Trauma-informed, safety science-based peer support programs are another way to support retention. Ventura has partnered with EAP, Probation and other first responder agencies develop a peer support program within CFS that is part of a larger county wide peer support network. Staff at all levels are nominated by their peers, receive formal training, and provide both 1:1 and group support to staff in response to critical incidents as well as to manage the day-to-day stressors of the work.
- **Is Ventura set up as a super-agency? Are these departments all under one umbrella agency?**
    - We are not a Health and Human Services County. We do not have that structure. We just hang out a lot together. Both public health and behavioral health are part of our larger health care agency. We have a county hospital system as well including ambulatory care. Human Services is separate, but we have developed great relationships and spend more time in meetings together than within our own agencies. We have a lot of coordination and collaboration. For example, in public health we have child welfare programs in which the staff live under public health but are funded by the human services agency. It is challenging but we have been doing it for a long time and continue to refine the process over the years. We spend a lot of time in meetings together, we forget we work for different agencies sometimes.
    - We do have data sharing challenges. In fact, behavioral health and public health are under the same umbrella agency and sharing data is still a challenge. We are trying to look at technical aspects and solutions as well as the legal interpretations of what can be shared or not shared. Public health has been leading the effort around the community information exchange system, and there's some exciting work happening there that includes all our agencies. There is also a new partnership between behavioral health and child welfare around CANS data sharing.



- From a legal standpoint, we have been fortunate in our county, at least between behavioral health, child welfare and probation in that the interpretation by our county counsel has been fairly broad for sharing information, at least for children who have been touched by child welfare. If data sharing is an issue in your county, encourage your counsel to look at both AB 2083 and AB 2229. We are exploring a relatively broad interpretation by our counsel that would allow for data sharing across systems in the continuum of wellness or child abuse prevention. We are also looking to build upon what some other counties have been successful in designing and putting in place around universal releases of information.
- **How can we ensure that we have meaningful and productive meetings for the participants? How do we identify who to pull into which pieces of the work and when?**
  - Ventura started the collective work with a lot of foundational discussions about wellness even before getting to the CPP. We brought all our partners to the same place starting at the leadership level and then the deputy level. And now we are focusing on the CPP. Initially, the CPP work was behind the scenes detail work that was driven by child welfare. Then we brought our partners to the prevention collaborative and engaged them in the CPP work. For example, we are conducting social network analysis to get a sense of the level of partnership we have with community providers, and the collaborative partners are assisting in that process. Another example is Integrated Core Practice Model (ICPM). ICPM fits under AB2083, it is also foundational to the collaborative and our wellness system, and it is part of the CPP requirements. Additionally, we are trying to clearly articulate our CPP milestones and determine when to bring in our partners to achieve those milestones. The CPP is the starting point for rolling out a wellness system and shifting the existing systems. We know this is going to be a multi-year process.
  - Information sharing: One example of how Ventura effectively unified the public and private sector is through interlocking agendas. The items discussed at the Interagency Leadership Team are the same items that are discussed at the Wellness System Steering Committee, the Essentials for Childhood Collaborative, and the Strengthening Families Partnership. For example, child welfare is conducting a social network analysis to take stock of where collaboration is strong, what can be built upon and where we can do more. All the partners know that child welfare is doing and had an opportunity to weigh in and leverage their needs into the analysis. The data collected is offered as open source for anyone, the public system or community partners to use as they see fit in their planning. Information sharing is key even though there may not be a lot of joint work already.
  - Another direct action is using heat maps to identify target neighborhoods and then gathering the partners that are in that neighborhood to begin talking about what does a community prevention hub look like there. And the dialogue by necessity involves the local partners including parents and youth.
- **What Juvenile justice or probation data was used to help inform Ventura’s work or identification of “hot spots”?**
  - This was several years ago, and the Probation person who ran these data is no longer with the agency. We are assuming CCWIP will be of assistance in this area.
- **Would love to know what software Ventura used for the heatmapping.**
  - Power Business Intelligence



- **Regarding the wellness center, has Ventura engaged its different partners in funding conversations yet? What structure is in place to think about all the different funding streams and the pragmatics needed to open the wellness center? How are you structuring those conversations?**
  - We are very early in this process. The capital funding is part of the behavioral health Community Improvement Program. These are bricks and mortar dollars that the state has put out for infrastructure development. At this point, we as a County are applying for these dollars to purchase a building. However, we also need to determine whether we will be able to sustain a level of services within that building. We are beginning with understanding the behavioral health elements and then looking at other funding sources such as First 5, State Block Grant, and/or FFPSA. First 5 will be co-located in the wellness center and so we are exploring what percentage of those families coming in will receive First 5 supports. There will also be families coming in through the Family Justice Center, which will occupy half of the building, and some of them may be eligible for the comprehensive prevention services. And we will have families that could be candidates under FFPSA, so we anticipate potentially building this as part of our community pathway. We could train staff to do assessments and leverage IV-E and possibly provide evidence-based practices that are in the FFPSA clearinghouse.
  - Although we are early in our comprehensive planning process, this behavioral health grant opportunity came up and offered us an opportunity to test out the work we've been doing around a wellness system. It is an example of how all this discussion and work and leadership opportunity has infiltrated the different aspects of the way we're providing services throughout the county. This seemed like a logical next leap. Based on the needs assessments, data about the high-risk zip codes and looking to seek and serve our families most in need in a more comprehensive manner so we dove right in. Our next steps will be looking at how to make this sustainable as it will be a 30-year commitment. It will take cross agency collaboration to get it off the ground and sustain it over time.
  
- **In the last presentation Ventura discussed the onboarding of AB 2083 ILT and the three-day training. Could you talk more about what that included and how it was funded?**
  - We funded that training through State Block Grant prevention funds, and it really was a shared effort with the vision and intent coming from our ILT. The next level of leadership, the deputy level, sits on the Wellness Steering Team and they worked to get shared commitment and developing the logistics. We also created cross-agency groups called Tiger Teams and they made it all happen in partnership regarding details, location, and logistics. The training was highly effective in engaging those across the County agencies, particularly those that were not as familiar with where we are going.
  - The integration across layers of management, including the interlocking agendas is huge. And watching the layers of leadership participating in the training was just incredible and inspiring because it really gets to the heart of why we are doing this work and connecting all the pieces. It was a great opportunity to pull from all the different agency partners and get them all on the same page.
  - Another big piece of this is patience. This is this is hard work. This type of adaptive change and system change is tough, but the reward is absolutely worth it. And we are just starting. We are happy with our progress and excited and invigorated, but we are just getting going.



## Lived Experience

- What efforts has Ventura made to include those with lived expertise in this process? Are you reimbursing them for their time? Have you done any kind of initial thinking about how you're going to track data related to disparity and disproportionality? And how the implementation of this plan might impact disparity and disproportionality down the road?
  - Our parents are paid for their time for any participation. Parents receive a \$50 stipend for participating on the core team. Parent coordinators who help with planning for the core team receive a monthly flat rate, depending on what they're doing, usually around \$250. Parents are paid for each meaningful engagement opportunity that they participate in. They are not paid by the hour. They would receive a larger stipend for something that was an all-day event. Stipend amounts are discussed and agreed upon prior to any participation.
  - Regarding diversity and equity, we are building on work we have done previously looking across systems at certain neighborhoods where there is disproportionate representation as well as disparate outcomes. From the child welfare standpoint about half of our referrals and entries into our system come from five zip codes. And there is similar outcomes and data for those zip codes across all our other systems. We intend to build on that data approach going forward. Also, the County is currently in the process of conducting our CFSR self-assessment and developing our System Improvement Plan. We are leveraging those processes and looking at hotspots in those zip codes to target where we have disproportionate outcomes across our system and building on that as we go forward both in our planning and measuring impact. We are working with community members where we have those hotspots given that communities know their issues best.
  - Ventura has a phenomenal resource for looking at data and specifically DEI data called [www.healthmattersinvc.org](http://www.healthmattersinvc.org). A public health epidemiologist put together this site which includes all kinds of great data that impact the health and well-being of our community. It is broad in scope and accessible to the public. Our partners can use the site to build a dashboard and look at specific age groups, zip codes and other criteria. We encourage our community partners and the general public to use the site and data to advocate for their communities. This resource is also important because it points out the hotspots, not just for child welfare, but our social determinants of health so we all can look at what is needed in these areas for prevention.
  - Casey's Community Opportunity Maps are another excellent tool. You can search the national maps and then drill down locally by state, neighborhood, zip code, city, etc. The Community Opportunity Map look across multiple determinants of wellbeing.
- We are working on a process of onboarding people with lived expertise with a DEI focus. Could you tell me what the onboarding looked like for Ventura lived expertise folks? Also, any suggestions about retention?
  - We continue to recruit but usually our partner organizations refer parents to us. Also, we have quarterly social connections meetings where we ask parents if they would be interested in joining our core team. The stipend is a big incentive for our parents to be involved in our core team.



- We have a welcome packet that has been put together by our core team. The onboarding process starts with the welcome packet which explains what we do and what they would be participating in. We don't want any of our parents going into a meeting unprepared or not understanding what's happening. The parents agree to join a committee or participate in a specific meeting or event. We want them to feel comfortable. Anyone requesting a parent with a certain lived experience needs to provide a detailed explanation on what they are expecting from that parent.
- **Are there any suggestions about how to integrate the parents/youth with lived experience into the Interagency Leadership Team (ILT)? The ILT group often speaks about other families as part of the System of Care (SOC), and we would not want the parent/youth privy to some of that information.**
  - Some counties have rich legacies of parent involvement. One example is Placer County. Their ILT is called the System Management Advocacy and Resource Team (SMART). Smart Policy is chaired by the presiding bench officer, meets twice a month at 7:30 am, and is a packed hour-long meeting. There are two nonprofit organizations in Placer that are a foundational part of the System of Care, and in some cases, their staff members are co located in county offices, and co supervised. The executive director or program manager from those agencies attends every Smart Policy meeting. And although they are not voting members; their guidance, feedback and perspective are requested and valued. Also, there is an Executive Advisory Committee to the Smart Policy Board where senior managers meet every month for a couple of hours for planning and executing the vision of the System of Care. Parents and youth attend and provide their perspective on the committee routinely. They are well-trained and also participate on ad hoc workgroups.
  - Relatedly, in Placer the IPC meetings are chaired and facilitated by a parent with lived experience, and parents and youth are ALWAYS in attendance at IPC.
  - When we bring in people with lived experience, it is important that it is not just one person. It's often much better to do so in teams or groups. Hiring one person with lived experience and placing them in a public system is overwhelming. It would be more effective and sustainable to hire two or more people with lived experience at the same time, co-locate and cross-train them and support them, ensure they can support one another as a team.

## Tribal Considerations

- **Can a tribe provide programming as part of community pathway that is funded through FFPSA even if they don't have a 501(c)(3)?**
  - A tribe would never be considered a 501(c)3 organization because it's a governmental entity, not a nonprofit agency. Tribes provide services as part of their governmental function.
  - A tribe could charter a non-profit under its own tribal code. There is a federal statutory tax provision recognizing tribal nonprofits, but a tribally created non-profit is not needed for a tribe to provide services. Tribal members have tri-citizenship: they are citizens of the United States, the State of California, and their own tribe. Tribes generally provide services to their own citizens, and often members of other tribes as well (and sometimes even to non-Natives) if they are within their geographic service area.



- **The issue of Community-Based Evidence vs Evidence Based Programs (EBP) – Tribes are exempt from EBP requirements. These are approved by the Administration on Children, Youth and Families but aren't reimbursable under FFPS?**
  - Culturally adapted, community-based, evidence-based programs (not necessarily having to be part of the federal Prevention Services Clearinghouse) are accessible by tribes who have been approved for direct IV-E funding, but not accessible for tribes that have tribal state agreements. If you look at the overall legislative history, it may be that Congress really did not intend to make it that narrow. However, that is the operative interpretation based upon the statutory language.
  - The federal government process for approving the community-based, evidence-based programs is different than the process for approving programs on the Clearinghouse. They are not reviewing and approving the community-based program for all tribes and states to use. Rather, tribes that are direct funded include the community-based programs in their Family First plans and they are approved for use by that particular tribe when the Children's Bureau approves the overall plan. Therefore, each submission is individualized. Tribes have some programs that they have created themselves, but they have also submitted culturally based national programs such as Positive Indian Parenting which they have tailored to their own tribal needs and culture and sometimes renamed. Thus, a nationally recognized culturally based program (as modified) may be approved for a particular tribe, but this doesn't make it broadly applicable and approved for everybody.
  
- **For the tribes that are accessing funding through the state, how does the tribe get the state to amend its plan?**
  - As part of negotiations between the tribe and state, the state will hopefully understand that, to implement the tribal agreement, it will need to modify its plan with the federal government. Approval for state plan amendments is likely not going to be as difficult as the initial submissions, because under the current law, it would simply mean adding an evidence-based program on the list, as well to a reference to the tribe's administration of the program if that is not already included in the plan. Thus, the amendment process should not be very difficult.
  - There is another mechanism in FFPSA for a program that is not in the Clearinghouse which allows a state to submit data sufficient to allow Children's Bureau to temporarily approve the program for Family First purposes until the data can be reviewed by the Clearinghouse. This is not an easy process, however.
  - Additionally, there would be evaluation issues if the tribe wants to operate a supported or promising program, as opposed to a well-supported program.
  
- **Does this process further disengage or marginalize tribes?**
  - In some ways, the process is trying to fit a square peg in a round hole because tribal sovereignty can be an afterthought. Tribes are understandably protective of their sovereignty. But everybody has an interest in making sure that the children and families get the best services possible. While there is a risk of marginalizing tribes through this process, it also depends on how you engage. It is important to acknowledge upfront that these complexities exist and understand and respect that tribes are sovereign governments. Respectful problem-solving relationships will hopefully help tribes to not feel marginalized. However, it will be disrespectful to the tribes if somebody inadvertently doesn't understand the nuances and lumps tribes into a bigger stakeholder category, as opposed to interacting with them on a government-to-government basis.



- **Is there a scenario where a tribe’s culturally relevant EBP is going to be exempt from the requirement that it be included in the Clearinghouse?**
  - If it's being done through the state plan, the tribes are bound by the Clearinghouse. However, there is the complicated mechanism mentioned above where states can submit sufficient evidence to the feds and request FFPSA funding for the practice on an interim basis until the program is fully reviewed by the Clearinghouse. Washington State was thinking about this approach, but I am not sure if they ever submitted anything. There are some evidence-based programs that are used by and with Native American populations and communities that are on the list. One that is specifically culturally based is Family Spirit.
  - Also, as FFPSA starts to shake loose resources currently spent on deeper, downstream parts of the system, there's nothing to stop the state from taking some of that money and funding culturally relevant programs that aren't FFPSA approved programs. The State Block Grant could also be used for this purpose.
  
- **Can you clarify how Tribes access IV-E funding and the connection to the State’s and Local IV-E Agency’s responsibility to create agreements. What are county obligations?**
  - Tribes access IV-E in two ways: (1) Tribe is approved for direct IV-E from the Federal Government; there is one tribe in California that receives direct IV-E; or (2) Tribes enter into state agreements and there are two tribes in California with partially implemented tribal state agreements. There is some conversation going on in other states about whether tribes could execute Family First only agreements with the state since the statutory language says that the state must negotiate in good faith with the tribe for all or part of the IV-E program. Oregon has been looking at that option since Family First is part of the IV-E program, but so far, the Children’s Bureau has not agreed.
  - How counties fit into this is a grey area. In some states with county administered systems, the tribes with state agreements operate similarly to counties in that they do all the work internally including the eligibility determination; in others, the states either work directly with tribes on eligibility determinations or the tribes work directly with the counties on eligibility determination even though they have agreements with the state. Thus, there are a variety of approaches. Additionally, a county can presumably contract directly with a tribe to provide services which would enable the tribe to utilize IV-E funds. There is no federal legal obligation for counties to contract with tribes. California statutes have laid out certain county obligations regarding tribes, however, so that would be something counties should be familiar with as well.
  
- **For those states electing to have community pathways, how are tribes wanting to interact with the candidacy process? For example, if a child is receiving services from a CBO and they are a tribal member, what should the CBO do regarding candidacy?**
  - There has been very little activity around FFPSA for tribes, except for tribes that have direct IV-E funding. Many states are at the same place as California in that the discussions are just starting to happen. Also, many tribes do not know much about or understand the possibilities for FFPSA.
  - In some counties there are urban Indian organizations or non-tribally run Indian organizations that can be part of the community pathway and providing services in the same way as other CBOs. In many places, inter-tribal, non-tribal, Native organizations are the entity that's often most appropriate for all those services.



## Small/Rural County Considerations

- It would be helpful to have training guides or examples on how small or rural counties might be able to approach comprehensive planning.
  - In developing tools and implementation guide, it is important to think through the implications and approaches for small or rural counties. For example, when building a team and creating a governance structure you might have an overarching governance body, like a Prevention Cabinet or AB2083 group. In a large county, that group is likely not going to be doing week to week implementation work. However, in a small county, the governance oversight group and implementation team might be one and the same. As we are unveiling tools for prevention planning and implementation, we will include adaptations or lines of inquiry for small or rural counties.
  - It might also be helpful to have some focused small and/or rural county conversations, particularly in 2023, as counties move into the details of implementation. For example, conducting the required analyses. Larger counties have gigantic data shops that can churn out data, but small counties don't have the same capacity. Although unified county data can be easier to get in a small county there is still a need to have staff to process those data. Additionally, there are regionalization considerations for small counties as many of them share service and EBP providers and cross county lines. Also, consider using regional training academies to support small counties with forums and special trainings.
  - This is an important question, and it should continue to be raised. Because we want to make sure that this work is all about your zip code or the county you live in shouldn't mean you get better or less quality prevention services.
  - When thinking about how small/rural counties can regionalize together, coordinate around providers, it is automatically assumed they know they are having a conversation about two government entities. Think about tribes the same way. Also, when thinking about small/rural counties with limited resources, in some places, that tribal relationships can be so important, because the tribe may have resources to put on the table. If you have even one tribe that resides within your county area, you are looking at a regionalized approach because that's another sovereign entity that you might be sharing providers or other resources.

## General Questions

- When will the readiness assessment be available?
  - There isn't one readiness assessment required for the Comprehensive Prevention Plan or to get Counties ready to provide prevention services. Implematix, in partnership with Casey Family Programs, designed this Learning Series based on the readiness domains. We are also creating an implementation guide which will include examples and tools to support planning and implementation. There will be a checklist of activities within the guide which is like a readiness assessment (either you have completed the activity or not) but focused on implementation work that is needed to complete the CPP that is due January 2023. Next year's Learning Series, implementation guide and activities list therein will focus on aspects of implementation after the initial CPP is completed.



- **Is the State going to provide additional guidance around the assessment for candidacy determination or should counties decide which assessments to use?**
  - Candidacy determination is based on the social worker’s professional assessment of imminent risk. The two guiding questions for assessment: (1) what are the family’s risk factors, and (2) what are the current circumstances that describe instability that could lead to imminent risk of entering foster care? The State 5-Year Prevention Plan Draft provides specific populations that demonstrate categories of children likely to meet candidacy factors. The examples contained in the Prevention Plan may help Counties identify the demographics by providing the universe of potential candidates that could receive services. Once the State has automation in place there will be a method to help Counties document the candidacy determination in the family’s prevention plan. However, there will not be additional tools or guidance for assessing candidacy.
  
- **Can the team speak more about the envisioned difference and intersection between the California Child and Family Services Review Process and the Comprehensive Prevention Plan?**
  - The CA Child and Family Services Review (C-CFSR) process is California’s process for fulfilling federal quality assurance requirements through a county self-assessment (CSA) and system improvement plan (SIP). The C-CFSR focuses on improving federal and state outcomes. Funds such as CAPIT, CBCAP and PSSF may be used to support the activities in the county’s System Improvement Plan, however the SIP primarily focuses on outcome measures for children in foster care (as opposed to at risk of entering foster care) which are identified to be needing improvement, not all outcomes in the system. It is not a strategic plan for child welfare services. There may be strategies in the SIP that could also be brought forward for prevention purposes and included in the CPP also, but they are distinct plans.
  - The CPP is intended to focus primarily on keeping children at home with their families and can include services in all three levels of prevention, funded by many funding streams including the State Block Grant and eventually FFPSA. For the CPP development process, Counties should think about building a child and family well-being network in collaboration with cross-sector partners needed to deliver services within that network.
  - Although the C-CFSR and CPP processes have different purposes, there is intersection with the county self-assessment (CSA) process to understand the needs of the county’s population and the services available to meet those needs at the activity level. The CSA activity can be leveraged for the CPP if the assessment is completed in such a way that it also meets the expectations for the CPP.
  
- **Is it correct to say that the CPP should build upon the broad prevention planning that counties did through OCAP-sponsored planning efforts, but that it should also contain the required components of the CPP that are more focused on FFPSA? Is more guidance or structure for the plan itself going to be provided?**
  - CDSS knows that many counties have been working hard on their prevention programs and want them to leverage those activities. As long as the CPP required elements are present, then it is fine if the CPP looks more like the original prevention plan. In fact, CDSS encourages counties to leverage cross-sector collaborative groups, county self-assessment processes, AB 2083 teams, and any voluntary unfunded prevention planning efforts.



- Start with the collaborative work if that's been done and connect that to the broader opportunity a more comprehensive (Multi Agency) CPP plan. And then go outward and deeper by reaching out to MHSA, School Districts, and Probation partners to leverage their prevention and diversion work. The possibilities for leveraging partnerships in California are endless.
- There are no plans for additional guidance for the plan at this time. That said, if there is something in particular that counties need, CDSS wants to respond.
- **Do out-of-home voluntary services qualify for FFPSA IV-E funding?**
  - ACF has been clear in policy guidance that FFPSA Part 1 does not apply to foster care placement cases. In California a formal Voluntary Placement is considered to be foster care and is not reimbursable by Title IV-E under FFPSA Part 1.
- **Is it possible to provide the comparison list of FFPSA candidacy vs Tile IV-E candidacy?**

## Candidacy Comparison

Traditional [472(i), SSA]	FFPSA [475(13), SSA]
<b>Imminent risk</b> of removal	<b>Imminent risk</b> of entering foster care
Identified in defined case plan, IV -E eligibility form or court order	Identified in prevention plan
Absent preventive services, foster care is the planned arrangement for the child	Service needs directly related to the child's safety, permanence, or well-being or to prevent entry
Renewed every 6 months	Not more than 12 months – <b>but additional 12-month periods permitted including contiguous.</b>
<b>No services</b> – Administration 50% match subject to participation rate (also called penetration rate, eligibility rate, discount rate).	<b>Specified services</b> 50% match (with some restrictions) - Administration 50% match <b>not subject to 1996 AFDC eligibility</b>
CWPM 8.1D Applies	<b>CWPM 8.1D Does NOT Apply</b>

