

**County of San Luis Obispo  
Department of Social Services**

**Comprehensive Prevention Plan**

**2022-2024**






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**COMPREHENSIVE PREVENTION PLAN  
COUNTY OF SAN LUIS OBISPO**

**Signature Page**

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## Demographics

San Luis Obispo (SLO) County stretches along 100 miles of California's coastline about halfway between Los Angeles and San Francisco. Most of the county's 3,326 square miles are unincorporated and uninhabited coastal mountains with most residents living along the U.S. 101 corridor. The county's population in 2020 was 282,424 with just over half of the population (56%) living in the seven incorporated cities and the rest (44%) living in unincorporated and rural areas (U.S. Census, 2020).

The majority of residents (69.2%) identify as white, followed by 23.8% as Hispanic/Latino, 4.3% as Asian/Pacific Islanders, 2.2% as African American, 1.4% as American Indian/Alaska Natives, and 3.7% as two or more races. (U.S. Census, 2020.) In a comparison of race/ethnicity make-up, County of San Luis Obispo has a higher percentage of non-Hispanic white residents compared to the state of California, and a lower percentage of Hispanic/Latino, African American, and Asian individuals compared to the state of California.

- County Population July 1, 2021 (estimated) 283,159
- Percentage of population under 5: 4.3% = 12,176
- Percentage of population under 18: 17.5% = 49,553

**NOTE:** Census data is not broken up into subcategories and does not specify what race or ethnicity for the youth.

The county is divided into four regions: North County accounts for 33% of the population; San Luis Obispo accounts for 22%; South County accounts for 30%; and the North Coast accounts for 15% (U.S. Census, 2019). The county's four distinct geographic regions have distinct characteristics, population densities, age groupings and other features.

Notably, each area's schools perform differently across various metrics. The North County districts (Atascadero, Paso Robles, Pleasant Valley, San Miguel, Shandon and Templeton) average 10.3 days of student absences as compared to San Luis Obispo which averages 7.2, South County (Lucia Mar) at 8.9 and Coastal (Cayucos, Coast) at 7.5 days. If you look at the data for the two largest school districts in the North County (Atascadero and Paso Robles) the average number of days absent increases to 15.75.

Truancy is often an indicator that there are other barriers or challenges in the home that are impacting the student's ability to be present at school daily.

**San Luis Obispo County Office of Education (SLOCOE)**



ABSENTEEISM 2020-2021							
School District Name	Eligible Cumulative Enrollment	Count of Students with One or More Absences	Average Days Absent	Excused Absences	Unexcused Absences	Out of School Suspension Absences	Incomplete Independent Study Absences
Atascadero Unified	4,540	3,850	14.9	22.90%	72.80%	0.00%	4.30%
Cayucos Elementary	173	148	8.2	28.50%	70.90%	0.60%	0.00%
Coast Unified	540	424	6.8	53.10%	43.30%	0.00%	3.70%
Lucia Mar Unified	10,173	7,097	8.9	20.50%	65.90%	0.10%	13.50%
Paso Robles Joint Unified	6,808	5,801	16.6	27.00%	72.20%	0.10%	0.60%
Pleasant Valley Joint Union Elementary	64	58	6.7	40.50%	53.10%	0.00%	6.40%
San Luis Coastal Unified	7,525	6,018	7.2	43.30%	56.60%	0.10%	0.00%
San Luis Obispo County Office of Education	134	121	57.4	5.20%	51.10%	0.00%	43.80%
San Miguel Joint Union	637	493	12	19.50%	74.40%	0.00%	6.10%
Shandon Joint Unified	298	184	5.5	28.30%	60.60%	0.70%	10.40%
Templeton Unified	2,365	1,495	6.2	24.30%	74.90%	0.60%	0.20%
San Luis Obispo	33,046	25,543	11.3	26.70%	67.90%	0.10%	5.30%
Statewide	5,379,464	3,834,664	13	20.20%	75.30%	0.10%	4.40%

SOCIOECONOMIC DISADVANTAGES 2020-2021			
School District Name	Cohort Student	Regular HS Diploma Graduates	Cohort Graduation Rate
Atascadero Unified	182	154	84.6%
Coast Unified	35	27	77.1%
Paso Robles Joint Unified	333	279	83.8%
Lucia Mar Unified	544	468	86.0%
San Luis Coastal Unified	234	203	86.8%
SLO County Office of Education	30	13	43.3%
Shandon Unified	15	15	100.0%
Templeton Unified	70	62	88.6%
	1443	1221	84.6%
San Luis Obispo	1443	1221	84.6%
Statewide Total	288621	243155	84.2%

DataQuest, California Department of Education Information Collected by San Luis Obispo County Office of education (SLOCOE)

## Asset Mapping and Needs Assessment

A description of the outcome of Asset Mapping and Needs Assessment and any Capacity and Readiness Assessments completed by the county that inform the plan's content.

The county collaborated with 23 agencies that reviewed and identified every primary, secondary and tertiary levels of prevention programs throughout the County of San Luis Obispo. The agencies/programs that participated were:

1. Behavioral Health
2. Community Action Partnership of San Luis Obispo (CAPSLO)

3. Center for Family Strengthening
4. Community Counseling Center
5. Department of Social Services
6. Drug and Alcohol Services
7. First 5 of San Luis Obispo
8. Mental Health Services
9. North County Connection
10. Parent Connection
11. Pregnancy and Parenting Support
12. Probation Department
13. Public Health
14. Lumina Alliance (RISE and Stand Strong merged)
15. San Luis Obispo County Office of Education (SLOCOE)
16. Seneca Family of Agencies
17. South County Services Affirming Family Empowerment (SAFE)
18. Stand Strong
19. The Cambria Connection
20. The Child Development Resource Center of the Central Coast
21. The Link Family Resource Center
22. Transitions-Mental Health Association (T-MHA)
23. United Cerebral Palsy of San Luis Obispo

Through asset mapping and engaging the community partners, it was determined that there are a total of 72 prevention programs available to individuals/ families. Some require referrals while many others can be self-referred. Each program collects a multitude of demographic information, such as age, ethnicity, primary language, gender and/or gender identity, family size, disability, housing, and region/city served.

The county then took this information and presented it to the Child Abuse Prevention Planning Team (CAPPT). The CAPPT team includes members from our local Child Abuse Prevention Council (CAPC), Center for Family Strengthening, Department of Social Services, Family Resource Centers (FRC): Community Action Partnership of San Luis Obispo, The Link, Transitions-Mental Health Association (T-MHA), First 5 of San Luis Obispo, Behavioral Health, Public Health, Probation, San Luis Obispo County Office of Education (SLOCOE), Special Education Local Plan Area (SELPA), Office of Tribal Affairs, North Fork Rancheria, Lumina Alliance, Family Care Network, Child and Planning Institute, CalTrin (All4Kids), Cuesta College, Youth Engagement Program (YEP), and Office of Child Abuse Prevention (OCAP). With the



findings on these local asset mapping sessions, it was determined that the primary gaps in prevention services exist in the North County region which is a mix of small cities and rural communities. The identified population that needs prevention services are: at risk youth ages 12-17, pregnant and parenting youth, as well as homeless youth.

## Candidacy Population

**A description and rationale for the selection of the candidacy population(s) to be prioritized and the services to be included in the plan.**

Due to the finding from the asset mappings collected by the Child Abuse Prevention Planning Team (CAPPT), the primary gaps in prevention services exist in the North County region which is a mix of small cities and rural communities. The target population identified as needing prevention services are at risk youth, pregnant and parenting youth, as well as homeless youth.

Examining both Social Services and Probation data highlights that the majority of referrals to Child Welfare Services and Probation came from the North County. Youth referred to the Probation Department range in age from 12-17 years old with youth under supervision during the 2021-2022 fiscal year averaging 16.8 years old.

**Youth referred to Probation for new law violations during the 2021-2022 fiscal year by region of residence is as follows:**

Region	Percent of Probation Referrals
North	41.0%
SLO/Coastal	17.6%
South	21.1%
Other (transient or out of county)	19.3%

**The Department of Social Services age and region of referral data during 2022:**

### North County

	0 to 5	6 to 12	13 to 17	Totals	Percentage
<b>Atascadero</b>	142	265	290	<b>697</b>	<b>30.4%</b>
<b>Creston</b>	8	6	8	<b>22</b>	<b>1.0%</b>
<b>Paso Robles</b>	282	445	388	<b>1115</b>	<b>48.6%</b>
<b>San Miguel</b>	37	74	58	<b>169</b>	<b>7.4%</b>
<b>Santa Margarita</b>	19	27	32	<b>78</b>	<b>3.4%</b>
<b>Shandon</b>	5	19	15	<b>39</b>	<b>1.7%</b>
<b>Templeton</b>	26	73	76	<b>175</b>	<b>7.6%</b>
<b>North County Total</b>	<b>519</b>	<b>909</b>	<b>867</b>	<b>2295</b>	<b>47.0%</b>



### Central/Coastal

	0 to 5	6 to 12	13 to 17	Totals	Percentage
<b>Cambria</b>	7	14	16	<b>37</b>	<b>3.2%</b>
<b>Cayucos</b>	16	12	22	<b>50</b>	<b>4.3%</b>
<b>Los Osos</b>	26	52	59	<b>137</b>	<b>11.7%</b>
<b>Morro Bay</b>	16	44	63	<b>123</b>	<b>10.5%</b>
<b>San Luis Obispo</b>	218	309	283	<b>810</b>	<b>69.3%</b>
<b>San Simeon</b>	1	8	3	<b>12</b>	<b>1.0%</b>
<b>Central County Total:</b>	<b>284</b>	<b>439</b>	<b>446</b>	<b>1169</b>	<b>23.9%</b>

### South County

	0 to 5	6 to 12	13 to 17	Totals	Percentage
<b>Arroyo Grande</b>	96	147	184	<b>427</b>	<b>33.1%</b>
<b>Avila Beach</b>	1	1	4	<b>6</b>	<b>0.5%</b>
<b>Grover Beach</b>	58	116	92	<b>266</b>	<b>20.6%</b>
<b>Nipomo</b>	82	134	107	<b>323</b>	<b>25.0%</b>
<b>Oceano</b>	54	62	83	<b>199</b>	<b>15.4%</b>
<b>Pismo Beach</b>	15	27	16	<b>58</b>	<b>4.5%</b>
<b>Shell Beach</b>	0	8	3	<b>11</b>	<b>0.9%</b>
<b>South County Total:</b>	<b>210</b>	<b>348</b>	<b>305</b>	<b>1290</b>	<b>26.4%</b>

### Out of County

	0 to 5	6 to 12	13 to 17	Totals	Percentage
<b>Various cities</b>	27	45	60	<b>132</b>	<b>2.7%</b>

### CWS Referrals by Age Group

Comparison by Years					
Ages	2018	2019	2020	2021	2022
<b>0 to 5</b>	1334	1205	997	1004	1136
<b>6 to 12</b>	2105	1949	1449	1323	1888
<b>13 to 17</b>	1804	1736	1345	1259	1862
<b>Totals</b>	5243	4890	3791	3856	4886

The County currently has a strong network of Family Resource Centers (FRCs) and a county wide system called Services Affirming Family Empowerment System of Care (SAFE). SAFE referred families work with a Family Advocate, who assist with navigating and connecting services to families. Depending on the level of need, a Multi-Disciplinary Team (MDT) meeting called SAFE Intensive Meeting, may be called. At MDTs, System Partners come together to wrap families in a supportive network and coordinate service delivery.

While this regional approach allows each area of the county to tailor their approaches and services to the needs of their community, it also means that families may receive different service approaches depending on which system they are connected to. As part of the prevention conversation, System Partners agreed it would be helpful to have a service delivery framework that is consistent from region to region and from agency to agency so that families will hear consistent language and messaging no matter which system partner they are involved with. After considering various options, the System Partners agreed to adopt Motivational Interviewing as a tool which can be adapted across multiple disciplines.

Motivational Interviewing (MI) can be effective with anyone who is ambivalent about change or hesitant to engage with services. MI is extremely effective because it uses an approach that lowers defensiveness and builds trust. It also pulls out people's own motivation to change and strengthens it, allowing the individual to identify their personal reasons for making changes.

With youth aging out of foster care each year, social workers must provide various types of support and assistance to help these youth successfully transition to independent living and help the youth create a transition care plan to develop attainable goals that enhance success across multiple domains (e.g. education, employment, etc.). Some youth struggle with meeting their goals as stated in their transition care plans. MI is an approach that can help elicit motivation and reinforce characteristics, such as self-efficacy, that may help youth thrive.

Research supports that MI is effective for engaging with individuals who may be hesitant or not yet convinced of the need for services. Given that families often become involved in the child welfare system involuntarily and that engagement may be a challenge for caseworkers, motivational interviewing is a method caseworker may want to consider in their practice (Mirick, 2013).

Through the analysis of the current system, it was acknowledged that, while the SAFE regional approach is working well, we could build upon current services by utilizing prevention funding in the following manner:

1. Staff training for Motivational Interviewing
2. Ongoing training for trainers who can support Motivational Interviewing
3. Hire a SAFE System of Care Coordinator
4. Hire a primary and secondary Prevention Coordinator
5. Pay for services for families who have undocumented parents who have a substance use disorder or mental health challenges and cannot afford treatment.



6. Support implementation of evidence-based parenting curricula for parents of children who have developmental delays
7. Develop targeted prevention services and outreach for youth ages 12-17 in collaboration with local youth partners.

These capacity building investments will support prevention efforts in a number of ways including:

- By training on Motivational Interviewing to both county employees and community-based organization partner staff, the County is investing in developing a workforce equipped to engage parents as well as youth, in prevention efforts.
- By paying for training using one-time dollars, capacity will be built for future title IV-E claiming.
- By paying for training for trainer's certification, the county will have local experts equipped to sustain motivational interviewing on an ongoing basis.
- By funding a SAFE System of Care Coordinator, the county will have a single point of contact who can focus on analyzing existing system components, improving consistency system wide and building capacity and completing outreach and engagement activities to promote referrals to the SAFE system.
- By providing funding for a primary and secondary Prevention Coordinator, the county will have a single point of contact who can collect and analyze prevention data, monitor ongoing child abuse prevention plans, plan and coordinate primary and secondary child abuse prevention efforts and carry out other related tasks.
- By designating funding to pay for services for undocumented parents with substance use disorders or mental health challenges, families who cannot afford treatment will be supported in resolving these concerns without the need for the children to enter foster care.
- By implementation of evidence-based parenting curricula for families with children who have developmental delays. The service array of parenting curricula will be expended to include curricula that specifically targets this population.
- Designated funding to develop youth targeted prevention services and outreach as informed by local youth partners will allow the County to engage in an authentic and accessible way with the target demographic, empowering youth to take steps to enhance their own well-being and safety.

Each of these tasks will build upon the existing framework and strengthen prevention efforts countywide.

## **Governance Structure**

**A description of the county's governance structure or engagement strategies to ensure that required cross sector collaboration was utilized in decision making for the CPP.**



As a result of Assembly Bill 2083, the Department of Social Services collaborated a shared design, delivery, and management of services to children, youth and families in San Luis Obispo and developed a Memorandum of Understanding (MOU) to further the interdepartmental collaboration referred as the System of Care Interagency Teams (SOCIT). The members of this MOU are referred to as System Partners.

The goal of this collaboration is to address systemic barriers to the traditional provision of interagency services. It is the intent of the agency partners to utilize coordinated case planning for clients and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, and behavioral health children's services. It is the intent of System Partners to fully support the structure and processes and to provide the framework that will guide their operations and the activities, decisions, and direction of each of their employees regarding children, youth, and family programming.

System Partners will ensure that programs and policies reflect a coordinated, integrated, and effective delivery of services for children, youth and families. It was agreed that consistent interdepartmental and interagency leadership is essential to successful collaboration on services provided on behalf of youth and families. They also agreed that without a concentrated effort to coordinate and collaborate on service design and delivery, the system to serve at-risk children and families in San Luis Obispo County may become fragmented and difficult to navigate by families in crises.

The following System Partners participate in SOCIT:

- County of San Luis Obispo Department of Social Services (DSS)
- County of San Luis Obispo Probation Department (Probation)
- County of San Luis Obispo Behavioral Health (BH)
- San Luis Obispo County Office of Education (SLOCOE)
- Court Appointed Special Advocates (CASA)
- Tri-Counties Regional Center (TCRC)
- Family Care Network Incorporated (FCNI)
- San Luis Obispo Superior Court
- Department of Rehabilitation (DOR)
- Tribal Partners
- Additional child serving entities

The role and responsibilities of each member are as follows:

1. Direct management and operation of the San Luis Obispo County Integrated Children's System of Care.
2. SOCIT members will utilize a shared decision-making process for all programs and services identified by the system partners. Consensus will be the preferable model;

however, if consensus cannot be reached, decisions may be made by a simple majority vote of SOCIT system partners with one vote per agency or organization.

3. Analyze opportunities and projects and make recommendations to the Children's Services Network (CSN). Provide recommendations and directions on implementation of policies, procedures and programs included under this agreement.
4. SOCIT partner agencies share responsibility for administration of the team and its associated functions.
5. Ensure that all staff assigned to shared programming are provided the necessary technical assistance, training, support, and staff resources to ensure categorical mandates are fulfilled.
6. Assigned System Partner Agencies' managers and supervisors will strive to ensure that all staff and programs conform to the shared Vision, Mission, Purposes and Principles of this MOU including adherence to the Integrated Core Practices Model.
7. System Partners will invite representatives from other agencies to participate in hiring panels as appropriate and allowable under current hiring practices and governing law.

In addition to SOCIT, San Luis Obispo County has launched a multi-partner collaborative known as the Child Abuse Prevention Planning Team (CAPPT). CAPPT is jointly led by the Department of Social Services and the Center for Family Strengthening (CFFS). CFFS is the designated Child Abuse Prevention Cabinet (CAPC) serving San Luis Obispo since 1987. This intentional cross-system-led partnership demonstrates the commitment to achieve true partnership and shared system design. In addition to these leaders, CAPPT is comprised of representatives from numerous children and family serving organizations, tribal representatives, and members with lived experience.

While SOCIT is a small group of high-level leaders in child serving agencies, CAPPT is designed to be broadly open to representatives from across all child serving agencies and includes youth and parent representatives as well.

CAPPT is a collaborative partnership between stakeholders to improve the wellbeing of children and families in San Luis Obispo County. CAPPT focuses on Primary and Secondary prevention services. CAPPT will focus on the following key strategies:

- Engage community voice by identifying gaps and strategies to improve the wellbeing of children and families
- Identify indicators of child and family wellbeing
- Gather data from child serving stakeholders to understand the landscape of child and family wellness
- Rigorously study data and indicators to identify areas of opportunity to develop outreach and additional services
- Highlight the need for culturally responsive and innovative service design and delivery



- Collectively advocate at the local, state and national levels for identified action items that support CAPPT’s mission of child and family well-being
- Develop consistent messaging and perform targeted outreach to community members to move indicators of well-being forward

CAPPT includes members who also sit on SOCIT, and they will be responsible for sharing information, aligning workflows and ensuring there is no duplication of efforts.

For this planning purposes, the Comprehensive Prevention Plan and the decision on how to utilize the Block Grant Funding was discussed with and shared on multiple occasions with both the SOCIT and CAPPT and received broad engagement and input on the final decisions and design of the project.

## Engaging Native American Tribes

**A description of efforts to invite and engage Native American Tribes in cross sector collaboration and input into the CPP.**

There are several Indigenous Tribes in the County of San Luis Obispo. San Luis Obispo County makes every effort acknowledge and work with the tribal citizens to ensure that they are served with culturally appropriate services.

The department works closely with the Office of Tribal Affairs to educate and improve our policy and practices to better serve the needs of the Native American youth and adults working with our agency and community partners.

The Office of Tribal Affairs has worked diligently to make connections with local non-federally recognized tribes as well as facilitate connections with federally recognized tribes. This organization has been part of the CAPPT through participation in our monthly meetings and providing input through their cultural lenses. Other tribal organizations like North Fork Rancheria Tribal Temporary Assistance Program for Needy Families (TANF) have also joined CAPPT.

Department staff regularly participate in the following meetings:

- Southern County Indian Child Welfare Act (ICWA) Point of Contact (Quarterly)
- Seventh Generation Workgroup (Quarterly)

## Evidence Based Practice (EBP)

**A description of how counties will ensure that all EBPs, whether delivered via contracted entity or by local Title IV-E agency staff, will adhere to model fidelity protocols and an assurance that the local Title IV-E Agency will participate in state level fidelity oversight and coordination.**

The Department of Social Services will be implementing Motivational Interviewing (MI) as the EBP. MI is an evidence-based communication style that enhances an individual’s ability to engage and influence others for needed behavior change. It also draws upon the intrinsic



empowerment and agency within others to take charge of their own behavior, habits, and choices.

Motivational Interviewing helps anyone who is ambivalent about change. With homeless youth, and with anyone reluctant or hesitant about engaging with services, MI is extremely effective because it uses an approach that lowers defensiveness and builds trust. It also pulls out people's own motivation to change and strengthens it, allowing the individual themselves to talk themselves into making changes based on their own reasons for change.

MI Programs are defined by the CEBC as a program that will increase the involvement of youth and/or families in child welfare. MI can typically involve working with family and youth in an inclusive, comprehensive, and results-oriented process that respectfully engages and draws upon strengths of the family. By valuing the perspectives of family members and all other participants, motivation and engagement work acknowledges, promotes, and maximizes the positive contributions of each member. This approach increases the likelihood of successful outcomes for the children and families involved. By implementing this program and training both Child Welfare Services staff and community partners, the evidence and research demonstrates that outcomes will improve in retention of services, satisfaction, and recidivism.

MI can mitigate some common organizational pitfalls such as employee burnout, compassion fatigue, low employee or client engagement, retention, and high turnover. The goal is to improve conflict resolution and have successful communications to increase positive client behavior change outcomes.

The Department of Social Services is planning on implementing and contracting with "Motivational Interviewing for Change" and will start training in Summer 2023. The trainers and consultants are members of the Motivational Interviewing Network of Trainers (MINT). In order to comply with the fidelity requirement, the trainers use a Motivational Interviewing Competency Assessment (MICA) tool to provide feedback and coaching to the trainee.

Motivational Interviewing training:

1. Audience to include up to 200 participants: 50 county employees (2-day in-person) and 150 community-based partners (virtually).
2. Provide up to 200 participants with four (4) each fidelity MICA coded reports and feedback sessions for each person at the completion of the feedback session.

The Department is currently engaging with community partners to determine how many cycles of MI should be offered and working to identify candidates to be trained as trainers in MI as well in order to address sustainability of the program.

The department will be sharing data and metrics from the EBP's being delivered with our CAPPT group as well as documenting participation in the training aspect. Adjustments will be made as required per state reporting requirements.

## **Motivational Interviewing Training Deliverables Description, Methods, and Delivery**

### **Two-day In-Person Motivational Interviewing Training for CWS Staff**

### Description

An interactive workshop that provides participants with a foundational understanding of the key principles of MI. This workshop is designed for those new to MI or for those needing a refresher course. We will use demonstrations, videos, small group exercises, “real-plays” and role-plays to learn about the MI spirit, skills, processes, and strategies.

### Hours and Proposed Schedule

- Live In-Person Delivery: 16 hours delivered in person for the equivalent of two days of training (with breaks and lunch).

### Audience and Class Size

- Training is appropriate for all staff with direct contact with clients, as well as supervisors and managers. Class size should be no more than 16 persons (in groups of even numbers).

### Training Methods

- Training is delivered using a variety of methods: small and large group practice, games, videos, and live demonstration with debriefs, lecture, homework exercises, and written activities.

### Learning Objectives:

- Participants will be able to describe the fundamental spirit of MI and its importance in engaging clients.
- Understand how and why clients change and the stages of change, the timing of MI, and when it’s appropriate to plan.
- Demonstrate use of reflections, affirmations, open ended questions, and summaries in conversations.
- Participants will practice techniques for reducing defensiveness (formerly “Rolling with Resistance”).
- Participants will practice the Elicit Provide Elicit strategy for giving information and advising in collaborative planning.
- Learn how to recognize change language and identify how motivated clients are.
- Practice strategies that increase change talk to increase motivation and decrease sustain talk.
- Decrease use of righting reflex and defensiveness of clients through strategic listening.

## **Virtual Motivational Interviewing Training (MI Companion)**

### **Virtual MI Training for Community Partners**

#### Description



The Virtual MI Skills Training program will be conducted in a series of six 1.5-hour zoom sessions. During the first session all participants will be given access to the MI Companion online material, which reinforces the content covered in class, and provides ongoing interaction between trainees and the trainer (Dr. Liz Barnett) through the use of open-ended questions, quizzes, and reflection upon deliberate practice exercises. Following each live zoom session, trainees will complete the homework assignment (~30 minutes). A certificate of completion can be provided based on completion of the online modules and attendance in the zoom sessions.

#### Hours and Proposed Schedule

- Live and Self-Paced, Online Delivery: Six 1.5-hour live sessions conducted live via Zoom
- Six self-paced homework assignments (30 minutes each)

#### Audience and Class Size

- Training is appropriate for all staff with direct contact with clients, as well as supervisors and managers.
- Class size should be no more than 16 persons (in groups of even numbers).

#### Training Methods

- Training is delivered using a variety of methods: small and large group practice, games, videos, and live demonstration with debriefs, lecture, homework exercises, and written activities.

### **Individual MICA Coding Feedback/Coaching (4 or more individual sessions)**

#### **Coding Feedback for only CWS Staff**

Description: MI Foundational Training is a pre-requisite. Live, individual virtual delivery. Research shows that it is through direct observation and feedback that trainees will be able to acquire sustainable skills. We use the MICA tool, which is a reliable and validated instrument created specifically to help strengthen participants' MI skills. The training participant will meet with a trainer individually to conduct an 8–20-minute MI session with a standardized client actor live via Zoom. The trainer will code the live session using the MICA and provide feedback and coaching to the participant after the simulated encounter for another 30 minutes. The entire coding/coaching session will be an hour. Written feedback is submitted to the training participant after each session. (This live coding/coaching method reduces no-shows, is much easier for employees logistically than submitting four separate recordings to the trainer and eliminates the need for HIPAA compliance.)

Best practices indicate that four or more coding/coaching sessions per person are more likely to help trainees achieve fidelity. Individual coding/coaching sessions can be scheduled one per month for four months, one per week for four weeks, or one every other week for 8 weeks.

Alternative “traditional” coding/coaching method: Trainees upload to a secure site an 8–20 minute recording of an interview for the trainer to code using the MICA within 48 hours of



scheduling a feedback session with the trainer. During the coaching appointment, trainees get live feedback and coaching during a 30-minute call with a trainer. Written MICA feedback is provided after the session.

#### Audience

- For learners who have completed introductory and/or advanced MI training as outlined above.

#### Training Methods

- The focus for this training is on individual coaching and feedback. We use the Motivational Interviewing Competency Assessment (MICA) tool to provide feedback and coaching to the trainee.

#### Learning Objectives

Trainees will make measurable improvements toward MI proficiency:

- Increase effective use of listening skills, e.g., increase Reflection to Question Ratio
- Demonstrate MI Spirit and MI Adherent approaches
- Increase effective use of strategies for strengthening Change Talk and lessening Sustain Talk

## **Cross Sector Collaboration**

**A description of how agencies will ensure that required cross sector collaboration is engaged in ongoing monitoring of the FFPS Program and how their input for will be incorporated into strategies for continuous improvement of the local FFPS Program.**

The System of Care Interagency Teams (SOCIT) will ensure that all public programs for children, youth and families provide services in an integrated, comprehensive, culturally responsive, trauma informed, evidence- based/best practice manner, regardless of the agency door by which children and families enter. The intent is to include an awareness of, and a commitment to, incorporate foster youth experience and voice into county level collaborations and partnerships that manage or oversee the delivery of services affecting youth in foster care.

SOCIT members are committed to working together in a collaborative manner to identify gaps in the current system and work to fill those gaps by maximizing resources and reducing barriers to entry and duplicative services. Each agency is committed to being data driven and to sharing information in a transparent manner to the extent allowable under governing law for each of their respective areas.

SOCIT conducted asset mapping to identify what barriers to services exist, as well as what demographic is impacted the most geographically. Those impacted groups were invited to participate in different workgroups that would create possible solutions for the identified barriers and to help construct the layout for the CPP and how it could positively impact those identified demographics.

The Child Abuse Prevention Planning Team (CAPPT) is comprised of government agency representatives, community non-profits, educator and individuals with lived experience who will serve as a review committee to provide input and recommendations on the prevention plan and activities.

CAPPT has also reviewed the CPP and provided input and will receive regular updates and communication on activities undertaken as the CPP is implemented.

CAPPT will serve as the group responsible for Primary and Secondary prevention efforts. As agency leaders serve on both the CAPPT and SOCIT teams, there is an established communication pathway to ensure that services and efforts are not being duplicated and that updates from both group can be shared for feedback and engagement.

Community-based organizations agree to comply with the following values, roles, and responsibilities of CAPPT:

- Foundational Values
- Diversity, equity, and inclusion
- Collective responsibility and accountability
- Meaningful parent, youth, and community voice
- The wellbeing of children and families is the responsibility of everyone in San Luis Obispo County, and not the individual responsibility of any one system/agency/person.

#### Community Based Organization Roles and Responsibilities:

1. Appoint a representative and delegate one alternate to serve on CAPPT.
2. Representatives are prepared to actively contribute their organizations unique perspective, consult on development and assessment for safety monitoring policies and risk assessment practices.
3. Integrate protective factors, trauma-informed, diversity, equity, and inclusion in service delivery.
4. Assist with the promotion of CAPPT goals at respective networks and local planning tables.

## **Assurance Plans**

**Assurance and plans for meeting the workforce and training requirements established under the state plan. Title IV-E agencies will follow the statewide curriculum to ensure that caseworkers within both the community and child welfare pathway are trained on all foundational requirements including the understanding of how the Tribal pathway intersects with community based and child welfare pathway services.**



The Department of Social Services is planning on implementing and contracting with “Motivational Interviewing for Change” upon approval of our CPP. Child Welfare Services Social Workers and Social Worker Supervisors will be trained in MI. The department is also allocating spots for community partners to participate in this training. The Department intends to support up to 200 community providers to be trained in Motivational Interviewing. The trainees are as followed:

- Child Welfare Services staff, focusing on Emergency Response, and Voluntary Family Maintenance staff
- Family Advocates who work in Family Resource Centers
  - Community Action Partnership of San Luis Obispo (CAPSLO)
  - The Link Family
- Family Care Network, Inc.
- Seneca Family of Agencies
- Behavioral Health
- Probation
- Northfork Rancheria Tribal TANF
- San Luis Obispo County SELPA
- San Luis Obispo County Office of Education (SLOCOE)
- Center For Family Strengthening (CFFS)
- Public Health
- Lumina Alliance
- Transitions Mental Health Association (T-MHA)
- Martha’s Place

Additional community partners will be welcomed as space permits

The Motivational Interviewing contract will be to provide the following:

1. Audience to include up to 200 participants: 50 county employees (2-day in-person) and 150 community-based partners (virtually).
2. Provide up to 200 participants with four (4) each fidelity MICA coded reports and feedback sessions for each person at the completion of the feedback session.

The Motivational Interviewing Train the Trainer Program will provide the following:

1. A total of 10 staff members, a mix of County staff and community partner staff, will participate in the training for trainers, so they are able to conduct these trainings in their agencies.
2. Department is going to provide and pay for this cost for the partner agencies who participate in the MI in order to continue to train new staff in the future.

In addition, the Department will ensure that Department staff remain in compliance with the training requirements set forth for social workers including both completion of Common Core and ongoing annual training requirements. The Department will also require any contracted agencies to demonstrate the ability to provide required training to their agency staff and/or support their staff in accessing training available through Statewide delivery systems.

## **Conducting Risk Assessments**

**Assurance that the agency will monitor child safety, including conducting periodic risk assessments. Local Title IV-E agencies that contract with community-based organization for services will also describe the process for how safety monitoring and periodic risk assessments will be overseen. Agencies must include language within service contracts that describes this process to ensure that roles and responsibilities are clear.**

The County of San Luis Obispo System Partners utilize a variety of assessment tools and practices such as: Structured Decision Making (SDM) tool, Child and Adolescent Needs and Strengths (CANS), Katie A. screening, Youth Level of Service/Case Management Inventory (YLS/CMI), Safety Organized Practice (SOP) principles, Integrated Core Practice Model (ICPM) principles, in applicable programs, and agree to share those assessment outcomes and processes to facilitate care coordination and reduce youth and family impact.

System Partners may utilize other assessment tools based on the individual needs of the youth and/or family. It is agreed that these tools will align with the overarching framework and principles. They will share an overview of the tool and will also share results as allowable and agree to examine tools which may be duplicative and streamline services and funds where appropriate.

Department of Social Services will work with System Partners to co-develop a risk assessment and monitoring process and will include language in service contracts describing the roles and responsibilities of partner agencies and Department staff. DSS contracts with CAPSLO and The Link (housed under the Center for Family Strengthening organization) to provide SAFE family advocacy services throughout the county. These programs serve as Primary and Secondary prevention services. Both programs utilize the Self-Sufficiency Matrix located in Attachment 4 to conduct regular risk assessments.

The Department of Social Services also provides a robust Voluntary Family Maintenance program. The Department of Social Services intends to train both Emergency Response and Voluntary Family Maintenance staff in Motivational Interviewing which will be delivered to families at the Tertiary level with a goal of preventing further entry into the court system. Department staff. Department staff use the Structured Decision Making (SDM) tool to assess families for safety and risk and inform decision making.

As claiming for IV-E services becomes available, the Department will explore developing a community pathway through which services can be delivered by FRCs and SAFE providers. This community pathway will include a screening completed by the Department of Social



Services for candidacy, development of a prevention plan for the family, and ongoing monitoring of safety and risk.

### **SAFE System of Care**

The Department works in partnership with, Behavioral Health, Probation, CAPSLO and The Link to oversee a county-wide system designed to monitor child and youth safety and well being based on evidence-based frameworks and evidence-informed practices. CAPSLO and The LINK provide SAFE family advocates offering community-based family advocacy, parent education, and concrete support services for vulnerable families at family resource centers located countywide. Both agencies have established specific outcomes addressing supports and resources for families, at-risk youth, and victims of commercial sexual exploitation of children. The agencies provide families with individual case management and education on budgeting, child development, positive parenting, stress reduction, and child health, nutrition, and well-being.

Staff coordinate parenting workshops/classes to promote healthy marriages, strengthen parent-child relationships, increase knowledge of child development, and increase awareness of attachment issues. They conduct outreach and training presentations to social workers, youth probation officers, community-based providers, educators, and other community members on the availability of SAFE services.

### **Survey/ Assessments Utilized**

With the SAFE program the CAPSLO and Link family advocates complete a baseline and a 90-day self-sufficiency matrix for case managed clients that assesses the needs and safety of the family. The areas that are assessed include: Income, employment, housing, food, childcare, children's education, adult education, legal, health care, life skills, mental health, substance abuse, family relations, mobility, safety, parenting skills, credit history, and community involvement.

Through the SAFE program, children who are referred to the program are also assessed at baseline and 90-days on whether they are: safe, healthy, at-home, in school, and out of trouble. Each program contract includes language that specifies the scope of services, staffing, service specifications, and performance outcomes, which are focused on child safety and providing various risk assessments. Each year contracts are reviewed and adjusted to reflect any changes to program services and evaluation tools.

SAFE family advocates provide case management to families and provide screening and navigation assistance to needed services, to help assist and stabilize the family, or maintain stability.

In addition, The Link applies the 5 Protective Factors framework to measure progress of high-risk families receiving North County SAFE services.

### **Child Safety Risk Assessments**

Refer to **Attachment 4** to review a copy of the Primary and Secondary Child Safety Risk Assessment. Additionally, as these services are delivered at the Primary and Secondary prevention level, all staff are trained mandated reporters. If a concern about child abuse is

identified, a report will be made to the Department of Social Services for evaluation and response at the Tertiary level as indicated. As more information becomes available and Title IV-E claiming can be assessed, the Department will explore with community partners expansion of the community pathway for services which will include analysis and agreement on how child safety will be assessed and monitored for children receiving IV-E funded services.

### **SAFE Management Support Team**

The SAFE Management Support Team (MST) consists of staff from the Department of Social Services, The Link, and CAPSLO, Probation, Behavioral Health and the Safe System Coordinators who meet on a quarterly basis to discuss family advocacy services. The team meets to review contract requirements, analyze quarterly data, programmatic changes, and trends/challenges. The MST will be regularly engaged by the CAPPT to review data and incorporate and further child abuse prevention goals and strategies.

In addition to providing family advocacy services, both The Link and CAPLO provide other services that are funded by the Department of Social Services:

### **Community Action Partnership of San Luis Obispo (CAPSLO)**

- The Family Preservation program provides parenting education services, advocacy support, resource connection, financial education/literacy, and if needed direct services assistance (i.e., materials and goods for a family that will keep the child safe). These services are specifically for Path I and Path II families, Resource Families, and families who have a child involved with the Juvenile Services Probation Department. Families must be referred by the Department of Social Services or Probation.
- Teen Academic Parenting Program, also known as TAPP, provides case management services to pregnant and parenting male and female teens. The goals are to support the teen in enrolling in Cal-Learn; completing their high school education or equivalent; assisting with family planning; connecting teen parent(s) to access prenatal wellness checks and pediatric healthcare; providing child development and parent education information; teaching independent living skills; and providing financial education to prepare teens for long-term financial responsibilities.

Both of these programs complete a needs assessment to assess the:

- Other programs and services the family is accessing and the level of support they are receiving;
- Family's immediate needs/concerns when it comes to basic needs such as food, shelter, clothing, etc. and the family's strengths;
- Areas of concern such as drug/alcohol abuse, financial assistance, safety issues, parenting skills/tools, etc.; and
- Family's overall life stability and family and friend support.



Also, home visits are completed as needed and/or permitted by the family. During the home visit the advocate is assessing the living situation to ensure that the living conditions are safe for the child. If there are concerns, they are addressed with the social worker and/or referring party, and if the conditions pose a threat to the child's safety a child abuse report is completed. If improvements need to be made, the social worker can approve items to be purchased to create a safer living environment (i.e. cleaning supplies, children's beds, mattresses, bedding, etc.).

### **The Link**

Additional programs available for families are:

- Child Advocacy Center: Family Advocates accompany children and their families at forensic interviews conducted by the District Attorney's CAIT (Child Abuse Interview Team) and the Public Health Dept. SART (Suspected Abuse Response Team). The Family Advocates monitor safety concerns, conduct risk assessment, and co-create a healing and treatment plan with children and their families.
- Parent Connection: Parent Coaches/Educators connect parents with appropriate Family Advocate when concerned about safety and risk issues. In addition, court ordered parents seeking a certificate documenting completion of parent education classes are connected to a Family Advocate.

### **Center for Family Strengthening (CFFS)**

Center for Family Strengthening (which operates both The Link and San Luis Obispo County Child Abuse Prevention Council) and partners with core members of the Comprehensive Prevention Planning (CPP) Team to design, implement, and evaluate a joint county-wide system designed to monitor child and youth safety protocols and risk assessments based on, evidence-based frameworks and evidence-informed practices.

## **Use of Integrated Core Practice Model**

### **Strategies for use of the Integrated Core Practice Model (e.g., candidacy assessment, family engagement, service delivery and transitioning).**

The System Partners' (SOCIT) has a mutual commitment to and use of the California Integrated Core Practice Model (ICPM) for Children, Youth and Families. Partner agencies agree to mutually use these principles, values, and practice behaviors in their interactions with youth and families, with one another, with contractors and county partners.

The ICPM provides guidance and direction to support partner agencies to deliver timely, effective, and integrated services to the children, youth and families of San Luis Obispo County.

The principles of the ICPM include the following:

- Team-based
- Family voice and choice

- Natural Supports
- Collaboration and integration
- Community-based
- Culturally respectful
- Individualized
- Strength-based
- Persistence
- Outcomes-based

The ICPM is further supported by agency partners via use of joint training. The County of San Luis Obispo Department of Social Services, County of San Luis Obispo Behavioral Health Department and the County of San Luis Obispo Probation Department agree to develop and deliver a quarterly training mandated for all new staff in specified assignments as determined by the respective departments and available to other system partner staff. Training will include:

- Trauma Informed Care overview
- ICPM Overview
- Safety Organized Practice
- Roles and Responsibilities of each agency
- Other topics as agreed

Partner agencies who have staff that are unable to attend this coordinated training are committed to ensuring their staff receive this training internally. The System Partners agree to seek to create modules available through alternative methods such as online training in order to make training accessible to more staff. As agreed, additional online resources such as toolkits will be developed and shared between agencies. Additionally, system partners agree to coordinate ongoing refresher training as needed for all staff. System Partners agree that service planning for clients will utilize ICPM principles.

## **Spending Plan for State FFPS Program Block Grant**

**Inclusion of the local Title IV-E agency's spending plan which describes how the State FFPS Program Block Grant will be used for prevention activities and services and the extent to which additional funds are leveraged for comprehensive planning.**

Department of Social Services plans to use the State FFPS Program Block Grant for following:

- Motivational Interviewing training for County staff and community partners
- Training for Trainers certification in Motivational Interviewing for County staff and community partners



- Payment of supportive services for undocumented families in need of drug and alcohol treatment or mental health treatment who cannot otherwise afford services and whose children are at risk of entry into foster care
- Establishing training and purchase of materials for evidence based parenting program for parents of children who have disabilities
- Administrative costs
- Piloting a youth designed, youth led initiative to empower teens to engage in their own safety and well-being practices
- Purchasing direct services and supports for families in need which will help the family achieve or maintain stability
- Collaborating with Behavioral Health to expand the local service array of evidence-based programs which may also include programs not currently included in the FFPSA clearinghouse

Please note these amounts are estimated and will be adjusted as final costs are determined through contracting processes.

See below for spending plan chart:

<b>Probation: Block Grant</b>	<b>Total Amount \$82,425</b>	<b>Amount allocated</b>
	Restorative Dialogue Program	\$76,667
<b>Child Welfare Block Grant</b>	<b>Total Amount \$768,661</b>	<b>Amount allocated</b>
	Motivational Interviewing Training for staff; 2 rounds plus trainer expense	\$200,000
	Training for trainers; 2 rounds, plus trainer expense	\$50,000
	Social Services Dept. Admin cost	\$150,000
	Treatment of substance use disorders or mental health services for undocumented families who are unable to pay for needed services and would otherwise be at risk of entry into foster care	\$100,000

	Purchase of training for staff and parenting materials for families with children who have developmental delays (Triple P Stepping Stones)	\$10,000
	Youth designed; youth led pilot program to engage youth ages 12-17 in participating in creating their own safety	\$15,000
	Additional contracts, services and supports for families in primary and secondary prevention efforts to be determined including partnership with behavioral health to expand array of evidence based programs which may or may not include those on the current clearinghouse	\$243,661

The chart below shows additional funding sources that are being braided or built upon to support prevention services outside of the FFPS block grant funding

<b>Child Welfare FFTA</b>	<b>Total Amount: \$205,407</b>	<b>Amount Allocated</b>
	Extend funding for CAPC personnel to focus on primary and secondary prevention services	\$205,407
<b>CAPC: CBCAP-ARPA</b>	<b>CBCAP- ARPA Total Amount \$108,054</b>	<b>Amount Allocated</b>
	Fund CAPC to hire personnel to focus on primary and secondary prevention services and related service delivery expenses including direct services.	\$108,054
<b>CAPC:</b>	<b>Total Amount:</b>	<b>Amount allocated</b>



<b>CBCAP</b>	<b>\$20,209</b>	
	Community Outreach and Services	\$20,209
<b>CAPC: Children's Trust Fund</b>	<b>Total Amount: \$44,801.70</b>	<b>Amount Allocated</b>
	Community Outreach and Services	\$44,801.70
<b>Child Welfare: CAPIT</b>	<b>Total Amount: \$81,308</b>	<b>Amount Allocated</b>
	Various contractors, SAFE system of care supportive services and personnel	\$81,308
<b>Child Welfare: PSSF</b>	<b>Total Amount: \$132,343</b>	<b>Amount Allocated</b>
	Various contractors, Family Resource Center supportive services and personnel	\$132,343

In addition to the specific funding and programs in the chart above, Department of Social Services invests in prevention efforts through other services and programs such as the CalWORKs Home Visiting Program, Linkages, CalWORKs Family Stabilization Services, CalWORKs Housing Services Program, Child Welfare Bringing Families Home Program, WRAP services and realignment funds to operate a robust Voluntary Family Maintenance program.

In addition, the Behavioral Health and Public Health Department invests in a wide range of prevention services including those funded by MHSa, a robust home visiting program including evidence-based Nurse Family Partnership and Healthy Families America, and supportive staffing throughout the SAFE system of Care for both coordination of care for families and direct services provision.

In addition, the Probation Department invests in an array of services to support juvenile offenders including restorative justice programs, WRAP services and supportive housing programs.

Please see Attachment 1 for Asset Mapping to view full array of prevention services currently available.

## Coordination with Mental Health

### **A description of the coordination with the local Mental Health Plan to ensure adherence to federal requirements that Title IV-E remains the payer of last resort.**

Locally there is strong coordination and collaboration between the Behavioral Health Department, the Probation Department and the Department of Social Services. Leaders and staff from these agencies have been actively involved in developing the Comprehensive Prevention Plan, and also meet monthly to discuss collaborative efforts.

Both the Department of Social Services and Mental Health understand that Title IV-E must be the payor of last resort and are eager to receive further direction and clarification from the State on this process. One of the factors behind selecting Motivational Interviewing as the Evidenced Based Program is its cross-cutting applicability to services and ability to be delivered by professionals outside of the mental health profession.

## Ensuring Sustainability

### **Counties will describe plans to ensure the sustainability of services in the CPP and/or the barriers and needs to ensure that sustainability.**

System Partners are committed to sharing resources to provide enhanced services to the children and families of San Luis Obispo County. Funding may consist of federal, state, local or private resources and will be sought, applied for, planned, monitored, and distributed jointly where practical. The partners will communicate with potentially impacted SOCIT members about available funding streams and impact to services within the County of any funding change.

System Partners will work together to maximize any potential reimbursement afforded through managed care plans, the county mental health plan, and other access points to federal reimbursement. All Parties will retain financial responsibility for those children and families that are eligible for services within each Parties' respective system of care.

System Partner agencies have many required and varied responsibilities relative to tracking, monitoring, evaluating, and reporting its services to state agencies, and additional responsibilities for evaluation of contractors and vendors. While these requirements have many unique forms and processes, there are critical areas where System Partner's shared goals may be enhanced and where cost savings may be realized.

The SLO County CAPPT is committed to prioritizing strategic sustainable planning by establishing shared data practices and a creation of a joint evaluation process. Coeffect will provide technical assistance to the SLO County CAPPT and the SAFE System of Care. We will know it's successful when at least two of the tangible metrics below are met:

- We are aligned around the objectives of the SLO County System of Care, including the intended outcomes of the system through creating a clear Theory of Change.
- We agree on a set of child and family well-being indicators (sourced from public or shared data) that we can review on a regular basis to understand the health and efficacy of the SLO County SAFE System of Care.



- We understand what technology can be used to streamline the collection, analysis, and/or reporting of monitoring indicators.
- We understand how episodic evaluation of various components of the SLO County Safe System of Care can complement a practice by regularly reviewing child and family well-being indicators.
- We understand what the data analysis process should look like for the SLO County SAFE System of Care (e.g., how often are indicators reviewed, who does what in the analysis process, who are the audiences for this data, and how often reports are shared).
- We establish defined roles and responsibilities for the SLO County SAFE System of Care data system.

When we accomplish the success metrics noted above, our aim is to inspire our SLO County SAFE System of Care to:

- Understand how child and family wellbeing indicators for SLO County have trended over time and continue collecting data about these indicators in future years.
- Understand whether SLO County's prevention planning efforts are trauma-informed and influence meaningful changes in child and family wellbeing.
- Identify gaps in the SLO County System of Care and address those gaps in the future.
- Communicate the nature of child and family well-being more clearly with the SLO County Board of Supervisors, City Councils, Children's Services Network, First 5 SLO Commission, Behavioral Health Commission and other key community stakeholders.

To this end, partner agencies will agree to share information gleaned from, and include System Partners impacted by the development of, system improvement focused plans including but not limited to:

- Child Family Services Review
- External Quality Review Organization (EQRO)
- First Five SLO County Strategic Plan
- Foster Youth Services Program Plan
- Juvenile Justice Commission
- Juvenile Justice Coordinating Council Review
- Interagency Placement Committee trend reports
- Local Accountability Plans
- Local Control and Accountability Plan
- MHSA Prevention Early Intervention Plan
- SAFE Management Support Team (MST) reports
- Triennial MHP Review

- Additional gap analysis performed by other agencies will be shared for consideration.

Additionally, San Luis Obispo County is developing two key approaches by increasing prevention focused personnel:

1. **SAFE System Manager** – Behavioral Health, Probation and Social Services have committed to braiding local funding to support a position responsible for maintaining consistency in services among the South County, SLO/Coastal and North County SAFE systems countywide and will also track related data. The manager position will seek to maintain consistency in services among the various SAFE systems countywide. The SAFE systems primarily works in secondary and tertiary prevention efforts and aligns those efforts with the emerging Prevention Coordinator Services coordinated by CFFS.
2. **CAPC Prevention Coordinator** – Center for Family Strengthening, the designated Child Abuse Prevention Council (CAPC), will utilize the one-time CBCAP ARPA and FFTA funding to expand county-wide prevention coordination services. Coordination responsibilities will include but not limited to overseeing, planning, and managing Parent Voice of SLO County. CFFS will advocate for sustainability of the prevention coordination services by conducting ongoing fundraising efforts and constant search for future prevention funding opportunities. The following prevention efforts will be made:
  - a. Work closely with the SAFE System Manager to implement Parent Voice of SLO County, which is a parent leadership/ engagement program to establish county-wide prevention data collecting system and prevention program evaluation process and carry out prevention outreach, training, and social media campaigns.
  - b. Development of SLO County prevention planning activities informed by tracking, collecting, and analyzing data prevention efforts.
  - c. Administrative activities and business processes required to support implementation of a SLO County prevention plan.
  - d. Work with SLO County SAFE MST to conduct ongoing community needs assessment, strengths assessment and gap analysis.
  - e. Build parent engagement, and other direct services by creating and managing the SLO County Parent Voice, an advisory body.
  - f. Advocate for funding to expand the services through FRC's or other CBO's providing services to primary and secondary populations.
  - g. Consult on developing, operating, expanding, and enhancing community-Based Prevention Programs.
  - h. Develop projects which advance racial equity and support underserved populations such as Promotores Collaborative, and SLO County UndocuSupport.



- i. Consult on administrative and operational capacity required to implement primary and secondary prevention programs.

The biggest barrier to sustainability is the unknown nature of future funding available through Title IV-E and the State Block Grant. Sustainability of the SLO County CAPC Prevention Coordination Services will depend on leveraging Families First Prevention Act funds, ongoing fundraising efforts and future prevention funding availability.

The team who worked on development of this CPP focused on short term system enhancements that build capacity using one time funding and which poise the system for being able to claim Title IV-E funds once available. Ongoing, the workforce will need to be grown in order to sustain increased capacity of service delivery, however, this will be dependent upon sustainable long term funding either through further State Block Grant funding or the ability to claim IV-E dollars. In particular, funding that can support additional direct service providers such as Family Advocates at the FRCs or SAFE sites, or funding to increase social workers or therapists will allow the system to build a broader upstream network of services and supports. In addition to direct service provision, additional administrative staff are anticipated to be needed to support with ongoing tasks related to compliance with Title IV-E requirements such as model fidelity oversight, data entry, development of training, supports for direct service providers etc.

## **Assurances of all other Requirements**

**Assurances of all other requirements under the state Title IV-E Prevention Program Plan approved by the federal Administration for Children and Families (ACF).**

Please see signed Attachment B for Assurances Template

## **Attachment 1: Asset Mapping**

Please refer to the separate attachment (#1).

## **Attachment 2: Logic Model**

The Logic Model was created by the San Luis Obispo Child Abuse Prevention Planning Team (CAPPT).

Please refer to the separate attachment (#2).

## **Attachment 3: Theory of Change**

The theory of change was created by the San Luis Obispo Child Abuse Prevention Planning Team (CAPPT).

Please refer to the separate attachment (#3).

## **Attachment 4: County of San Luis Primary and Secondary Child Safety Risk Assessment**

This document was created by The Link and Community Action Partnership of San Luis Obispo (CAPSLO).

Please refer to the separate attachment (#4).



# County of San Luis Obispo Child Abuse Prevention Plan

## Logic Model

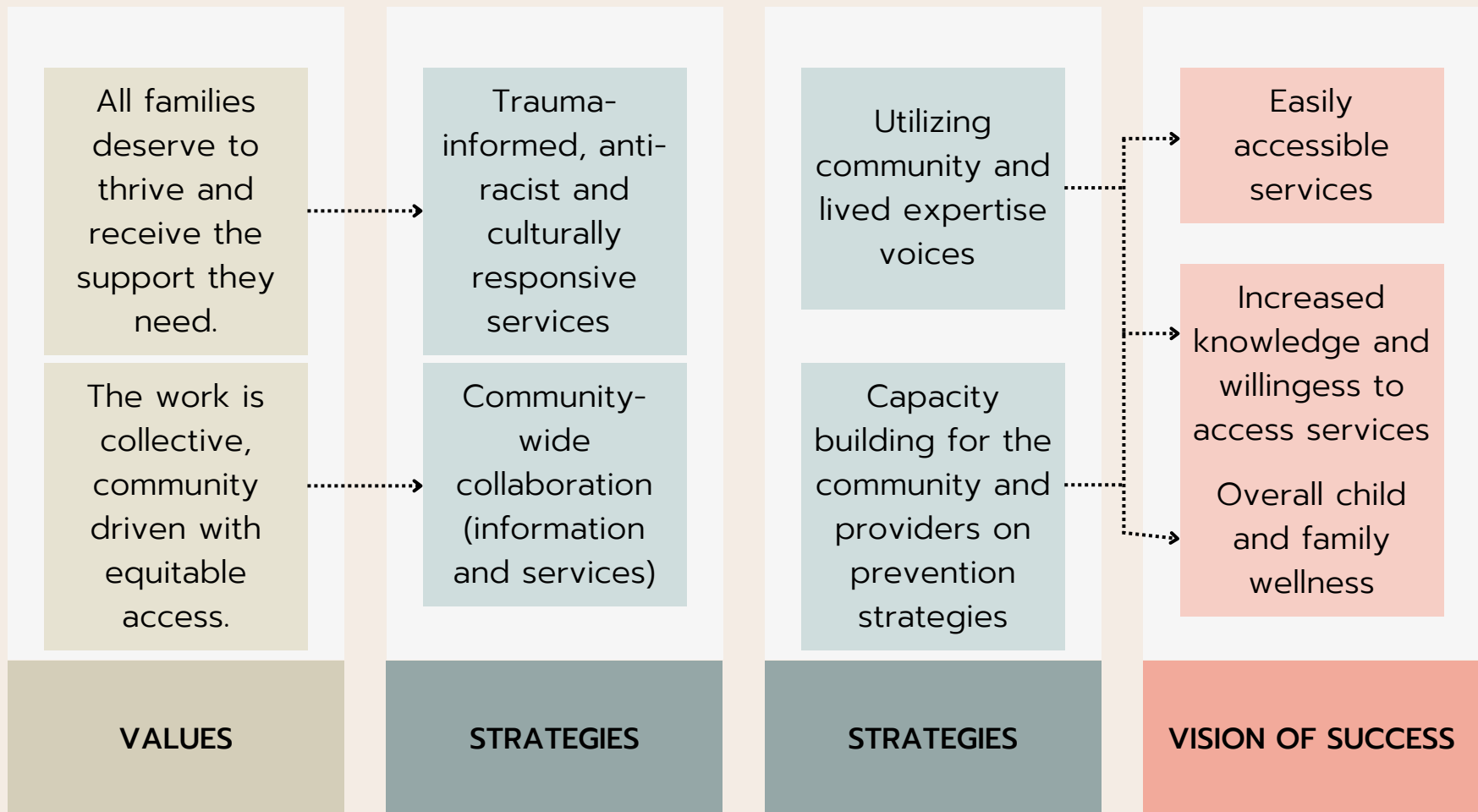
<b>Resources</b> <b>What do we need?</b>	<b>Activities</b> <b>What do we do?</b>	<b>Outputs</b> <b>What happens immediately?</b>	<b>Outcomes</b> <b>Short-Term / Long-Term</b>
<ol style="list-style-type: none"> <li>1. Dedicated and highly engaged planning partners:                             <ol style="list-style-type: none"> <li>a. Behavioral Health</li> <li>b. Community Action Partnership of SLO</li> <li>c. Center for Family Strengthening</li> <li>d. Cuesta College</li> <li>e. Department of Social Services</li> <li>f. First 5 of San Luis Obispo</li> <li>g. Office of Child Abuse Prevention</li> <li>h. Parent Leaders</li> <li>i. Probation</li> <li>j. Public Health</li> <li>k. San Luis Office County Office of Education</li> <li>l. Youth Partners</li> </ol> </li> <li>2. Provide prevention/ housing services for at-risk youth, parenting and pregnant youth</li> <li>3. Implement Motivational Interviewing</li> </ol>	<ol style="list-style-type: none"> <li>1. Plan for a shared county-wide prevention data system designed to inform and guide our evaluation process based on 5 Protective Factors and Social Determinants of Health</li> <li>2. Develop CAPP Scope of Work guiding funding decisions designed to advance prevention-focused resources and primary prevention service development</li> <li>3. Create a collective understanding for Title IVE and OCAP funding guidelines to inform CAPP decision making process</li> <li>4. Provide training for Motivational Interviewing to include Child Welfare Services staff and community partners</li> </ol>	<ol style="list-style-type: none"> <li>1. Submit Comprehensive Prevention Plan                             <ol style="list-style-type: none"> <li>a. A summary of primary, secondary, and tertiary prevention programs</li> <li>b. A prioritized list of goals, objectives, metrics, and desired outcomes</li> <li>c. An outline of Motivational Interviewing (EBP)</li> </ol> </li> <li>2. Establish a joint prevention data platform with agreed upon metrics and joint outcome measures</li> <li>3. Produce a portfolio of evidence-based, evidence-informed &amp; culturally appropriate prevention programs of resources in San Luis Obispo County</li> <li>4. A prioritized list of prevention approaches and family strengthening strategies</li> </ol>	<ol style="list-style-type: none"> <li>1. Expansion of committed child abuse prevention program partnerships include:                             <ol style="list-style-type: none"> <li>a. Shared agreements on county-wide prevention goals and outcomes.</li> <li>b. Shared prevention vision and mission.</li> </ol> </li> <li>2. Improvement in shared data practices designed to inform progress towards child well-being and family wellness milestones.</li> <li>3. Increased shared knowledge of our system of prevention programs.</li> <li>4. An opportunity to measure joint community engagement approaches and elevate the SLO County child abuse prevention agenda.</li> </ol>

### Impact /Vision

Effective partnerships across community partners committed to implement Motivational Interviewing to help support youth and families while providing prevention services across San Luis Obispo County, while ensuring families take the actions necessary to change their behavior to help reduce child abuse and neglect.

# San Luis Obispo Child Abuse Prevention Planning Team

## Theory of Change





## Primary and Secondary Prevention

### Child Safety and Risk Assessment Section

#### **Assessment Protocol: Safe, Healthy, At-Home, In School, and out of Trouble.**

Community Action Partnership SLO County (CAPSLO) and The Link Family Resource Center (Link) manage primary and secondary prevention Family Advocate services in schools and in the following SLO County cities and rural areas.

<u>South County</u>	<u>Central SLO/Coastal</u>	<u>North County</u>
Arroyo Grande	Cambria	Atascadero
Oceano	Cayucos	Carrizo Plains
Pismo Beach	Los Osos	Creston
Nipomo	Morro Bay	Paso Robles
	San Simeon	Parkfield
	San Luis Obispo	San Miguel
		Santa Margarita
		Shandon
		Templeton

CAPSLO and the Link apply the Self-Sufficiency Matrix in their respective assessment process (see chart below). The Matrix is completed on case managed clients at baseline and again 90-days from the baseline date. Each agency captures output and outcome data in their respective online database programs: CAPSLO utilizes ClientTrack and The Link utilizes Social Solutions Apricot.

#### **Primary Prevention: Addressing the general population needs and child/family well-being.**

- Identify other programs and services the family is accessing and the level of support they are receiving.
- Prioritize family's immediate needs/concerns when it comes to basic needs such as food, shelter, clothing, etc.
- Review and recognize the family's strengths.
- Determine areas of concern such as drug/alcohol abuse, financial assistance, safety issues, parenting skills/tools, etc.
- Rank the family's overall life stability and family and friend support based on the Self-Sufficiency Matrix rating from 1-5
- Develop a case plan that outlines the goals the family has identified in order to help stabilize the family.

#### **Secondary Prevention: Involves providing and evaluating direct services that develop protective factors in families referred for risk of child abuse and neglect.**

- Home visits are completed as needed and/or permitted by the family. The Family Advocate will assess the living situation and ensure living conditions are safe for the child. Provide family preservation/reunification support and permanency planning as determined.
- Connect with local parent education resources provided by Parent Connection, CAPSLO, T-MHA, and provide parent mentoring in coordination with existing services.
- If improvements need to be made, Family Advocates will coordinate with community based, behavioral health, and wellness services to arrange for items to create a safer living environment (i.e., cleaning supplies, children's beds, mattresses, bedding, etc.)
- If there are further concerns, they are addressed with the San Luis Obispo County Department of Social Services Social Worker and if the conditions pose a threat to the child's safety a child abuse report is completed.

## Self Sufficiency Matrix

Domain	1	2	3	4	5	Score	Participant goal? (✓)
<b>Housing</b>	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.		
<b>Employment</b>	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.		
<b>Income</b>	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.		
<b>Food</b>	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.		
<b>Child Care</b>	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.		
<b>Children's Education</b>	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.		
<b>Adult Education</b>	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in	Has completed education/training needed to become employable. No literacy problems.		



				society.			
<b>Health Care Coverage</b>	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) have medical coverage.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.		
<b>Life Skills</b>	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.		
<b>Family /Social Relations</b>	Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/ expanding support network; household is stable and communication is consistently open.		
<b>Mobility</b>	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.		
<b>Community Involvement</b>	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.		
<b>Parenting Skills</b>	There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well developed.		
<b>Legal</b>	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/ parole terms.	Has successfully completed probation/ parole within past 12 months, no new	No active criminal justice involvement in more than 12 months and/or no		

				charges filed.	felony criminal history.		
<b>Mental Health</b>	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.		
<b>Substance Abuse</b>	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.		
<b>Safety</b>	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.	Safety is threatened/ temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, however, future of such is uncertain; safety planning is important.	Environment is apparently safe and stable.		
<b>Disabilities</b>	In crisis – acute or chronic symptoms affecting housing, employment, social interactions, etc.	Vulnerable – sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Safe – rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Building Capacity – asymptomatic – condition controlled by services or medication	Thriving – no identified disability.		
<b>Other: (Optional)</b>	In Crisis	Vulnerable	Safe	Building Capacity	Empowered		