HUMBOLDT COUNTY

COMPREHENSIVE 3 YEAR PREVENTION PLAN

2023-2026

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COMPREHENSIVE PREVENTION PLAN OF HUMBOLDT COUNTY

Title IV-E Agency Information:	
Signature of Submitting Authority – Director of Department of Health and Human Services	X Beck, Connie Digitally signed by Beck, Connie Date: 2023.04.03 12:56:49 -07'00' Connie Beck Director, Department of Health and Human ...
Contact Name	Cindy Sutcliffe
Contact Email	csutcliffe@co.humboldt.ca.us
Signature of Authorized CWS Representative	X Amanda Winstead Digitally signed by Amanda Winstead Date: 2023.04.07 15:36:11 -07'00' Amanda Winstead Child Welfare Services Division Director
Signature of Authorized Probation Representative	X Shaun Brenneman Digitally signed by Shaun Brenneman Date: 2023.04.04 14:56:52 -07'00' Shaun Brenneman Chief Probation Officer
Signature of Authorized Behavioral Health Representative	X Botzler-Rodgers, Emi Digitally signed by Botzler-Rodgers, Emi Date: 2023.04.16 21:50:58 -07'00' Emi Botzler-Rodgers Behavioral Health Branch Director
Signature of Authorized Social Services Representative	X Bishop, Ryan Digitally signed by Bishop, Ryan Date: 2023.04.12 11:48:29 -07'00' Ryan Bishop Deputy Branch Director, Social Services
Signature of Authorized Public Health Representative	X Pereira, Sofia Digitally signed by Pereira, Sofia Date: 2023.04.12 09:09:44 -07'00' Sofia Pereira Public Health Branch Director

INTRODUCTION

Child abuse is preventable. Child abuse prevention efforts are generally recognized as occurring along three levels: primary prevention directed at the general population to prevent maltreatment before it occurs (universal), secondary prevention targeted to individuals or families in which maltreatment is more likely (high risk), and tertiary prevention targeted toward families in which maltreatment has already occurred (indicated). The ideal approach to prevention encompasses all three levels, which results in a comprehensive service framework focused on improving outcomes for children and families. Through Family First Prevention Services Act (FFPSA) and this FFPS - Comprehensive Prevention Plan (CPP), we hope to reduce the incidents of abuse substantially over the next five years. This plan, which is a three-year plan, will put into place necessary supports that will provide positive outcomes for families in Humboldt County.

Humboldt County is a geographically large rural, mountainous community. The population of 136,463 is scattered throughout the county, with the largest population residing in Eureka, the county seat. Approximately twenty percent of the population are children and youth between the ages of 0 to 17. This CPP will encompass the boundaries of Humboldt County, which includes the cities of Arcata, Blue Lake, Eureka, Ferndale, Fortuna, Rio Dell, Trinidad, and 28 Census Designated Places throughout the county.

We are fortunate to have an established network of 16 Family Resource Centers (FRCs) located throughout the county, at 17 sites, which provide local community family supports to mitigate the causes of family vulnerability by enhancing community protective factors in the most culturally appropriate way. Many communities in Humboldt have their own cultural that is substantially different from their neighboring communities. Humboldt County Child Welfare System (CWS) collaborates with Redwood Community Action Agency's Americorp program, AFACTR, to support Differential Response (DR) to assist families with supportive services at the FRCs. The Humboldt Network of Family Resource Centers (HNFRC) has been a partner in the creation of this plan and through the Community Pathway, will serve as access points to the primary and secondary services outlined in this plan. HNFRC includes Arcata, Blue Lake, Bridgeville, Carlotta, Lincoln/Eureka, Marshall/Eureka, Jefferson/Eureka, South Bay/Eureka, Fortuna, Hoopa, Loleta, Manila, McKinleyville, Petrolia, Rio Dell, Redway (Southern Humboldt) and Willow Creek.

There are eight federally recognized tribes, within the borders of Humboldt County. The tribes include Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, the Hoopa Valley Tribe, the Karuk Tribe, Trinidad Rancheria, the Wiyot Tribe and the Yurok Tribe. Three of these tribes, Bear River, Trinidad Rancheria and the Wiyot Tribe are partners in the creation and implementation of this plan. The Hupa Family Resource Center is a chartered entity of the Hoopa Valley Tribe. Hupa FRC's participation in this CPP links the Hoopa Valley Tribe to this program. The Karuk and Yurok tribes have their own Title IVE agreements with the state. They will create their own FFPSA programs.

The Humboldt County Transition Age Youth Collaboration (HCTAYC) has been an active participant in the creation of this plan. They will continue to be not only a key stakeholder in the implementation of this CPP going forward but also, through the Community Pathway, function as an access point for primary and secondary services.

As Community Pathway sites, the FRC's, three tribes and HCTAYC, will serve as access points to the primary and secondary services outlined in this plan. Community Pathway partners are ready to integrate access to the programs and services that support: the Social Determinants of Health (SDOH), reinforce and support the five protective factors, and continue to build the continuum of community-based family support that is critical to meeting the goals of FFPSA/FFPS. The goals of this plan are to strengthen and integrate, a cross-sector approach to support children and their families, to develop a more robust, cross-system network of collaborative partnerships utilizing technology, to reduce social isolation and to decrease stigma associated with seeking help.

In a county that historically has had higher than state average CWS cases, higher than state average Adverse Childhood Experiences (ACEs) scores, and a disproportionate number of Native American children involved in the CWS system, the proposed project strives to substantially reduce those statistics within the next five years. In addition to bringing Humboldt County statistics in line with the statewide averages or improving them, FFPSA/FFPS will also educate the community support systems on prevention, destigmatize reaching out for assistance, and provide supports that are more robust for those families within the CWS system of care to address the SDOH.

From the 2019 Study of Humboldt County – The Economics of Child Abuse - we know the financial impact of abuse is staggering. The study, created in partnership with Safe & Sound, BerkeleyHaas and the Southern Humboldt Family Resource Center reported that the cumulative cost, to the county, for the 389 verified child victims of 2018 was $89,500,000. Through the goals of FFPSA, to keep families out of CWS and children out of foster care we hope to see a substantial reversal of this reports finding, with children and families thriving.

The Humboldt County Department of Health and Human Services (DHHS) is an integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the former Departments of Mental Health (now Behavioral Health, BHP), Public Health (PHB), Social Services (SSB), Employment Training, Veterans Services and Public Guardian. APPENDIX A. DHHS ORG CHART. Since its integration in 2000, Humboldt County DHHS has been engaged in true system transformation and redesign through numerous key strategies. These include:

- to establish consolidated administrative support infrastructures,
- to establish consolidated program support infrastructures,
- to develop governmental "rapid cycle" change management processes,
- to import evidence based practices and other outcome based approaches to services,

- to develop integrated, co-located and decentralized community based services,
- to establish stakeholder inclusion structures and processes that advise the Department on policy and program,
- to focus on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self-sufficiency, as well as improved community health,
- to work with the California Health and Human Services Agency and various state departments to reduce or eliminate barriers that impeded effective service delivery at the County level.

Rather than traditionally siloed systems, DHHS offers a client-centered “3x5 approach” focusing on five target populations (Children & Families, Transition Age Youth, Adults, Older Adults and Community) and three levels of approach (Universal, Selected, Indicated) moving investments from high-end focused treatment intervention for high-risk populations, toward more “upstream” selective and preventive strategies.

In 2010, DHHS further integrated services to children and families by organizing child welfare, children’s behavioral health and public health nursing services related to children and families under one Director and management team - Children & Family Services (C&FS/CWS). This innovative, integrated, holistic approach to health and human services delivery improves efficiency and outcomes, positioning DHHS to achieve the goals of FFPSA. This integration has also allowed C&FS/CWS to braid funding across child-serving systems.

Juvenile Probation in Humboldt County provides Justice, Rehabilitation, and Community Supervision. This begins with diversion level activities including participation in the Student Attendance Review Board Meetings, facilitating Parent Project, and participating in the Child Abuse Prevention Coordinating Council of Humboldt County. Diversion provides the lowest level of intervention to youth and families in Humboldt County. Juvenile Probation makes referrals to community providers including Family/Community Resource Centers, Boys and Girls Club of the Redwoods Teen Center Programs, and counseling services in the community. Juvenile Probation identifies and incorporates appropriate tribal services into each phase of a probation case. Probation officers collaborate with child welfare, Redwood Coast Regional Center, Arcata Police Department Juvenile Diversion Program, and other community providers to divert youth and families from entering the criminal justice system.

The next level of intervention is an Informal Court Contract followed by the next level of supervision being a six month supervised probation period for youth and families. The court provides additional supervision when a youth becomes a ward. The court may order the youth to participate in a Short Term Residential Therapeutic Program, or provide interventions in the behavior modification program or, participate in the New Horizons Program. The highest level of supervision provided to youth in Humboldt County is a commitment to the Secure Youth Treatment Program. The Probation Department utilizes Evidence Based Practices to match the level of intervention to the

youths risk to the community to provide Justice, Rehabilitation, and Community Supervision.

The Humboldt County Probation Department provides detention services through the Juvenile Hall. This includes alternatives to detention providing monitoring and supervision in the community and allows the youth to remain in the family home while pending the court process. The Juvenile Hall provides short-term detention for youth pending placement, including return to a parent/guardian, or the least restrictive placement leading to reunifying the youth and family while providing justice to victims, rehabilitation efforts, and community supervision. In addition the Juvenile Hall houses a behavioral modification program providing services in conjunction with Department of Health and Human Services including Children's Behavior Health, Substance Use Disorder; Humboldt County Office of Education (HCOE), and community providers. The Juvenile Hall further houses a Secure Youth Treatment Program for youth who have committed serious offenses. It is the highest level of supervision offered to youth in Humboldt County.

Juvenile Probation offers a Child and Family Team (CFT), at each level of detention, to build a network of support for the youth and family as they navigate the court system. The CFT holds regular meetings to support the youth in successful reunification efforts with parents/guardians following release from the Juvenile Hall.

DHHS and our community partners are fully committed to ensuring that services are family driven and youth guided, with the strengths and needs of child and family determining the types of services and supports provided. "Family-driven" means having a voice at the policy table and at the individual planning table, recognizing the family's expertise, insight and foresight. Families are the experts on their strengths and needs. "Youth-guided" means that youth are participants in the planning and direction of their services, as well as participating at the policy table to shape the youth serving system. This commitment to family driven and youth guided services reflects the Humboldt Practice Model, APPENDIX B.

This CPP will improve countywide capacity to deliver culturally and linguistically competent services by collaborating to ensure agencies, programs and services reflect the cultural, racial, ethnic, and linguistic populations they serve. This will help facilitate access to, and increase utilization of, appropriate services and community supports throughout the county, to reduce disparities.

The DHHS Strategic Plan (2018) revolves around systemic change to improve the overall community health in partnership with our community-based organizations (CBOs). The guiding principle of DHHS includes:

Move strategies upstream

- Work to reduce the need for crisis services
- Prioritize prevention and early intervention strategies that build resilience for children

- Support solutions to the root causes of poor health
- Work in partnership to identify and implement strategies from all bands of the Spectrum of Prevention, including:
    - Strengthening individual knowledge and skills
    - Promoting community education
    - Educating providers
    - Fostering coalitions and networks
    - Changing organizational practices
    - Influencing policy and legislation.

Collective Impact brings people together in a structured way to achieve social change. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

The funding available to Humboldt County, through this State Block Grant for prevention activities will be leveraged to expand and enhance the scattered-site model of locally directed community services – moving "upstream" to address the social determinants of health (SDOH) prior to the need for any CWS involvement.

Additionally, the California Advancing and Innovating Medi-Cal (CalAIM) proposal currently being finalized by the state and submitted for approval will provide additional opportunities to leverage federal funding via Medicaid (1115 waiver) for some prevention activities. The enhanced care management (ECM) and In-Lieu of Services (ILOS) component of the state proposal will provide additional flexibilities to offer services similar to a Whole Person Care model.

The DHHS organizational chart demonstrates the departments' integration model that allows for the coordination of activities and services, as well as fiscal accounting and quality assurance, which spans programs including CWS, Social Services, Behavioral Health and Public Health.

This plan will lay out, in detail, the prevention efforts that currently are, or will be occurring both internally (within C&FS/CWS) but more impactful, throughout the communities served by the FRCs, tribes and HCTAYC.

THEORY OF CHANGE

In Humboldt County the number of youth in our foster care system has remained, on average, the same for decades, hovering around 300. We believe this is because CWS offers services too late to ensure successful family engagement, and subsequent prevention of their children entering foster care. We plan to create a service access system, using technology, at the 16 FRCs at 17 sites, the 3 tribes and HCTAYC, to meet the families SDOH needs early on. We believe this early introduction to/and

engagement in SDOH programs, services and Evidence-Based Practices (EBPs) will result in fewer incidents of abuse, fewer families coming into CWS and fewer children entering foster care.

IF Humboldt shapes practice to promote the safety and well-being, as identified in the Social Determinants of Health, of its children, youth and families, **THEN** Humboldt's prevention partners and family strengthening agencies, as part of and through the Cross-System Collaborative, have the opportunity to:

-promote safety and well-being by strengthening the capacity of communities, through the 16 Family Resource Centers, Bear River Band of Rohnerville Rancheria, Trinidad Rancheria, the Wiyot Tribe and HCTAYC;

-work effectively together to increase ease of access to primary and secondary prevention services, **using technology**

SO THAT: utilizing the "one door" philosophy of entry-to-supports for children, youth and families, coupled with the families level of comfort, assistance can be equitably and respectfully provided at every level of need, within that community, in which the family lives, works, grows and plays. **THEREBY** reducing stressors that all families face which will reduce the number of families coming into CWS and the number of children entering foster care.

COMMUNITY ASSESSMENTS, NEEDS ASSESSMENTS & SERVICE GAPS

2018-2020

The Child Abuse Prevention Coordinating Council (CAPCC) of Humboldt took the lead and began the long journey of creating a Child Abuse Prevention plan in February 2018. CAPCC was established in1978 to bring together private and public agencies involved in the fields of prevention, intervention and treatment of child abuse. In 1985, the California legislature passed AB1980, which established child abuse councils under the Welfare and Institution Code and CAPCC assumed that role in Humboldt. In 1986, CAPCC became a nonprofit.

In early 2018 CAPCC hosted, with DHHS and the Humboldt County Sheriff's office co-hosting, Together Towards Change. This one-day event brought together leaders and administrators from the fields of health, mental health, education, social services, law enforcement, the courts, religion, elected officials, addiction recovery centers, county government and community based organizations (CBOs) whose work touched families involved with CWS due to Substance Use Disorder (SUD)/general neglect. The group had to come up with a plan to reduce the number of families involved with CWS due to SUD/general neglect. They also identified strengths and weakness within Humboldt County specific to SUD/general neglect. The tables had designated seating to ensure

that there was a balanced variety of professions dealing with this challenge, at each table. The consensus of the entire group was that we were a county rich in services but that access was a substantial barrier, both through confusing and complicated eligibility criteria or geographical location. The five tables came up with very similar plans. Each table identified that early intervention; increased prevention services, family friendly support, community resource education, as well as meeting the SDOH would lead to reduced substance abuse and reduced child abuse. Each table also identified that there was no existing agency or collaborative that could provide coordination and funding to implement the plans they created. CAPCC took no further action due to the enormity of the plan and the lack of any one participating agency to take the lead to obtain the necessary funding to develop the plan and to implement it. However, this day raised the awareness of CAPCC as well as the 32 participants, that meeting families SDOH would go a long way towards reducing child abuse in Humboldt County.

In early 2019, CAPCC participated in the OCAP sponsored child abuse Prevention Summit held in San Diego. CAPCC assembled a team that included representatives from First 5, the McKinleyville Family Resource Center, the Southern Humboldt Family Resource Center, St. Joseph's (now Providence) Health Care, DHHS Public Health Branch, the California Center for Rural Policy (CCRP) and ACES Connect. They took the plan developed in 2018 at Together Towards Change. Participation in the summit was helpful in building commitment to an ongoing collaborative process to develop a countywide prevention plan. With the technical support from Strategies 2.0, four countywide meeting occurred in 2019 to create a local prevention plan. The first meeting, held in March, included all of the team members that attended the summit and added DHHS-Children and Family Services (CWS and Mental Health), the Humboldt Network of Family Resource Centers (HNFRC), Parent Partners and the Humboldt Independent Practice Association. The Office of Child Abuse Prevention (OCAP) attended and Strategies facilitated the meetings. At the 2019 meetings, the participants gained a comprehensive understanding of primary, secondary and tertiary prevention. A visioning exercise, conducted at one of the meetings, reinforced the findings of Together Towards Change. The SDOH, when addressed early on, will keep families out of CWS. The team created a mission statement.

> **Strengthening community connections to promote safe, healthy, resilient children and families in Humboldt County.**

The team learned about 90 by 30, housed at the University of Oregon, whose goal is to reduce child abuse in Lane County 90% by the year 2030. After reviewing their website, there was some consensus that a similar site would be beneficial in Humboldt.

Inconsistent attendees challenged the process to create a prevention plan. This often resulted in a re-hash of how the team arrived at the present stage of plan development. This contributed to the slow progress the team made towards completing a plan.

In March of 2020, CAPCC convened a much smaller group to develop a prevention plan by building on the ideas identified in 2018 and 2019. The team consisted of CAPCC, CWS, First 5, Changing Tides, the HNFRC and CCRP. The first meeting was in early March of 2020. The group decided on 5 points to guide the creation of the plan.

1. Humboldt County has a robust array of services with the majority being centrally located in Eureka.
2. Humboldt County has a plethora of Family/Community Resource Centers (FRC/CRCs), sixteen located at seventeen sites, throughout the county.
3. Humboldt County is the unceded and ancestral territory of eight federally recognized tribes.
4. When CWS enters a family's life there is very little time to make substantial changes.
5. Linking and engaging families with service providers that address the SDOH and incorporate, or support the Five Protective Factors, early on – upstream – will prevent abuse.

From this foundation, the group began to develop a plan. They began to hold their meetings via Zoom. It was through the movement to technology, created by the pandemic, which showed the team how they could improve both referrals to and engagement in services of families early on. Over the summer Paso a Paso, Two Feathers Native American Family Services (NAFS), Strategies TA and OCAP joined the planning team. The team wrote the plan in a grant format knowing that implementation would require funding.

In September of 2020, at the FFPSA Overview Webinar the financial means to implement the plan became clear. DHHS hired a retired CWS Program Manager to complete and implement the CPP. This individual has been involved with CAPCC since the 1990s.

FOCUS GROUPS – June & July 2022

Using the ARPA-CBCAP funding (ACIN 1-100-20), 19 focus groups occurred, with 113 family participants, throughout Humboldt County. Three were in Spanish. Three were tribal specific. All of them captured the voice of lived experience for incorporation in this plan. We created an on-line survey, for former and current foster youth and 602 Wards, and received an additional 47 responses. The final count of responses was 160.

Focus groups, held at Bear River Band of Rohnerville Rancheria, Trinidad Rancheria, the Wiyot Tribe, Arcata FRC, Blue Lake CRC, Bridgeville FRC, Fortuna FRC, Jefferson CRC, Loleta FRC, Marshall (Eureka) FRC, Manila FRC, Mattole Valley FRC, McKinleyville FRC, Redway FRC, Willow Creek FRC, and HCTAYC completed the community assessment piece of this plan.

The focus groups 160 responses identified service gaps and needs, provided perspective on how to increase engagement and created site-specific marketing strategies.

Facilitators, selected by each site, conducted the focus groups over the summer. DHHS staff provided training on the focus group goals, group facilitation, form completion and process. The sites decided on the specific format they wished to use to conduct the groups, whether it was a multi-family focus group, individual family focus groups, key informant interview or, in the case of foster youth, an on-line survey. They self-selected the timeframe in which to complete the groups. Each of the sites were asked to invite families with lived experience, whether they had, in the past, an open case with CWS or they were an extended family member that had assisted in the completion of the CWS case plan. Families with open cases were not included, as there was no de-brief support provided to the sites.

Each focus group, key informant interview or on-line survey participant provided the following information specific to the site that was conducting the group.

- Identify existing prevention services and determine ease of access
- Identify needed prevention services
- Identify engagement strategies which would increase the number of families utilizing this site
- Identify ways to educate the local community about the services available at this site.

The information, compiled into a single document, covered new programming, existing programs that the community was not aware of and challenges that hindered families from seeking and accessing services or programs. On July 26, 2022 the first FFPSA Service Gap Meeting occurred. Twenty attendees representing DHHS, SSB, PHB, MHB, Probation, HCOE, First 5, Redwood Community Action Agency (RCAA), HCTAYC, Mattole Valley FRC, and Bear River Band of Rohnerville Rancheria reviewed the document and offered solutions. The group identified service gaps they could meet and other organizations, not at this meeting, that could address some of the gaps. DHHS staff contacted the organizations, not at the July meeting, over the summer and fall, explained FFPSA/FFPS and invited them to join the Cross System Collaborative. They all accepted.

The majority of “new service” ideas tended to center around services and programs that existed pre-COVID at many of the sites. Each site had an individual discussion regarding their specific focus group data prior to the July 26th meeting and all of them indicated that they would be reinstating many activities and programs that were listed as “new” such as family friendly activities, food preservation, game night and community dinners. In addition, many sites indicated that they would be doing more around providing support to basic services, such as food, now that communities were moving beyond the restrictions mandated by COVID. The July 26th meeting discussed childcare, food, clothing, parenting classes, laundry services, legal services, educational services and supports for youth, housing, transportation and access to dental health services and behavioral health services.

Budget assistance, credit rehabilitation services, addiction services, domestic violence services, employment opportunities and language classes were services that most respondents said they would like to have offered on site or via Zoom. Focus group respondents did not want to travel to another agency, or location, for a service.

The final topic of discussion at the July 26 meeting were issues that create challenges around access to the sites. They include, inadequate staffing, restricted hours of operation, lack of bilingual staff, the stigma associated with seeking help, concern that they are not “in need’ enough and services should be available for more needy families, transportation costs and space (that centers are too small).

The focus group findings reinforced the ideas originally proposed in 2018, 2019 and 2020:

- Humboldt County has a robust array of services with the majority being centrally located in Eureka. APPENDIX J. Humboldt County Resource Guide
- Humboldt County has a plethora of Family/Community Resource Centers (FRC/CRCs), sixteen located at seventeen sites, throughout the county.
- Humboldt County is the unceded and ancestral territory of eight federally recognized tribes.
- Humboldt County is a geographically large county.
- The standard referral process of providing an agency’s location and phone number, requiring the client to travel to another location, is not effective.

They also provided the following information:

- Families are unaware of the variety of services available through the FRCs and tribes.
- Families want help addressing all the SDOH specifically housing, employment that provides a living wage, education and access to health services.
- Families want to access services at one site, not multiple sites and locations.
- Families are willing to use technology to access and receive services.

CAPACITY & READINESS ASSESSMENT

Humboldt completed the Prevention Planning Capacity Assessment Tool, APPENDIX C, and submitted it to CDSS on June 16, 2022. Staffing, within both CWS, Probation and the Community Pathway partners, is the major challenge towards implementation of our CPP.

For the purpose of this plan, we conducted a capacity assessment using a point in time, January 1, 2020. Our intent is to provide all families, at risk of abuse, access to primary and secondary prevention services through the 20 sites. This capacity assessment looked at many of the populations suggested by CDSS and at the Evidence Based

Practices (EBPs) currently offered. Comparisons of population to capacity helped identify which programs may need to expand.

We gathered population data from the California Child Welfare Indicators Project (CCWIP), Kidsdata.org, SafeMeasures and CWS/CMS.

Children/youth with a substantiated allegation	200
Children/youth entering foster care	148
Children/youth with siblings in foster care	160
Children/youth in foster care	382
Children/youth in CWS 0-5 y/o	138
Homeless and/or runaway youth ages 0-24	80
Substance exposed infants	39
Children/youth at high risk of sexual exploitation	12
Children/youth on wardship with Probation	56
Children/youth in Voluntary Family Maintenance	64
Children/youth in Family Maintenance (FM)	68
Children/youth transitioned from Family Reunification to FM	85

We gathered capacity data for the EBPs listed below from the program leads, again using a point in time of January 1, 2020. A more detailed description of each of these EBPs is in the Evidence Based Practice section of this plan.

Nurse Family Partnership (NFP) served 101 clients with a capacity limit of 120. This program uses in-home visits. The program covers all of Humboldt County.

SafeCare served 27 clients with a capacity of 36. The program consists of a weekly visit with a course objective. It takes 18-20 weeks to complete. This program is virtual or in person. The program covers all of Humboldt County.

Seeking Safety served five clients with a capacity of 12. Participants reassessed every 3 months often complete the course during the first 3 months. The program is virtual or in person.

Parent Project has a capacity of 20 families per session. The 10 weeks long session occur throughout the year. This program is virtual or in person.

Though these four EBPs do not address the needs of all of the populations we collected data on, the numbers reflect a potential need to expand capacity over the next three years.

Seeking Safety has a yearly capacity of 48. Our point in time number of substance-exposed infants is 39.

SafeCare, with a capacity of 36, cannot meet the need of the 138, 0 to 5 year olds in the CWS system of care.

Over the course of the next three years, using the state block grant and the Title IVE training dollars, we may train more facilitators in these EBPs, **if staff levels allow**. We plan to use state block grant dollars, if appropriate, to pay for a graduated increase in participation of these EBPs, prior to CWS-CARES.

CANDIDACY

Due to our wealth of FRCs, tribes, and transition-age youth supports Humboldt has selected the Community Pathway. With this choice and the eligibility criteria of "imminent risk of entering foster care" we **may** serve families in all of the candidacy populations outlined in the California 5 Year Plan on pages 19-25, who access services through the 16 FRC sites, the three tribes and HCTAYC. We currently offer a variety of EBPs that a family could participate in. We only offer one EBP, NFP, which a family could participate in through FFPSA if they meet the eligibility criteria of both. As stated numerous times in the California 5 Year Plan the categories of candidacy do not alone mean that the child is at "imminent risk of entering foster care." Rather the eligibility determination made by the FRC, tribe or HCTAYC and approved by the Title IVE agency CWS, will determine candidacy. Our focus, in Humboldt, is children at imminent risk of entering foster care. The reason they are at risk will determine the service intervention.

The conferences, community assessments, needs assessments, and planning meetings conducted in 2018, 2019, 2020 and 2022, came to the same conclusion: families throughout the county need help in meeting the SDOH in order to reduce stress associated with child abuse. All of these engagement activities were conducted within the framework of a cross system collaborative. We feel secure in using "imminent risk of entering foster care" as our candidacy population, knowing that we may be serving families within the 13 categories of candidacy outlined in the state plan.

Pregnant and Parenting Foster Youth (EPY) will be eligible for Title IVE funded services. Their CWS Social Worker will manage their cases, with continuing safety assessments using SDM, at a frequency outlined in Division 31. Their existing case plan will allow 12 months of Title IVE services. EPY may receive contiguous 12-month periods of service.

TRIBAL ENGAGEMENT

CAPCC's work in Humboldt, to create a Child Abuse Prevention Plan, as noted above in the Community Assessment Section began long before awareness of FFPSA. This preliminary work included multiple invitations to the tribes to be a part of the plan development process. To address disproportionality, in this CPP, as it exists within CWS and Probation, we have done extensive outreach to the tribes.

In 2018, CAPCC, extended invitations for Together Towards Change to all eight of the federally recognized tribes in Humboldt County: Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe, Trinidad Rancheria, Wiyot Tribe, and the Yurok Tribe. United Indian Health Services, of which all of the aforementioned tribes are members of, did attend the event, though none of the tribes sent a representative.

As work continued throughout 2019 with Strategies 2.0, to create a prevention plan, invitations to participate went out to all of the tribes. None of the tribes chose to participate.

In 2020, with our much smaller planning group we invited Two Feathers NAFS to participate in the planning meetings. Though they agreed, they never actually attended any of the meetings, nor provided any input to the plan. Two Feather NAFS is a chartered entity of Big Lagoon Rancheria and offers traditional healing as well as western European culture therapy to all Native Americans in Humboldt County.

During the summer of 2020 CWS, as the lead agency, submitted a grant application to the Administration of Families to become a Primary Prevention Demonstration Project Site. On July 7th, an individual email was sent out to all eight tribes, letting them know that we had submitted the application, and if funded would set up a meeting to develop the plan, if they chose to participate. It is important to note that the grant application was a plan to create a plan. The tribes would help develop the strategies and goals for the primary prevention plan. CWS did not get the grant.

DHHS hired a retired Program Manager to finish the prevention plan begun by CAPCC and to implement the CPP. That individual, invited to the November 16, 2020 monthly Tribal Social Services Directors meeting, presented FFPSA. At the end of that meeting Trinidad Rancheria opted-in to Humboldt's FFPSA planning process.

On November 19, 2020, individual emails went to the eight tribes inviting them to meet, either in person or via zoom to discuss FFPSA and begin the process to create a prevention plan specific to their tribe. Bear River Band of Rohnerville Rancheria and the Wiyot Tribe opted-in to Humboldt's FFPSA planning process. Follow up phone calls went to the remaining tribes, excluding the Karuk and Yurok since they had their own Title IV-E agreements with CDSS, but no other tribe has expressed interest in participating as of today. The Yurok Tribe requested to be a part of Humboldt's Cross

System Collaborative (CSC) and attends the monthly meetings, which began in December 2022. The Hoopa Valley Tribe, through the Hupa FRC, became an indirect partner in FFPSA.

United Indian Health Service (UIHS) has agreed to be part of the CSC. They administer the Road to Resiliency, an in-home nursing program for pregnant and parenting moms with SUD. UIHS began in 1968 and incorporated as a nonprofit in 1970. UIHS provides medical, dental and behavioral health services in nearly every large town within Humboldt County, to tribal members from every rancheria and reservation in California.

EQUITY & DISPROPORTIONALITY

Native American children and youth, within CWS and Probation, often surpass their demographic by 20-30%. Within CWS, efforts to reduce this disparity and achieve equity in service provision are ongoing.

CWS ICWA program The Humboldt County CWS dedicated ICWA program launched in January 2020. The first phase of launching the program focused on building the infrastructure and co-developing the vision and priorities of the program with local Tribal representatives. CWS continues to meet weekly with Tribal Social Services representatives to further develop and implement this dedicated program within CWS. The CWS ICWA Program currently handles investigations, family maintenance and family reunification services for Native American children. Weekly meetings with Tribal Social Services staff and other Tribal partners provided a forum for Tribal representative to share feedback and input directly with CWS leadership to help shape and adapt the program. A manager, an analyst, 4 supervisors, 11 social workers, and 1 part-time clerical support position currently staff the dedicated CWS ICWA program. The program currently has some social worker vacancies and efforts are underway to recruit additional staff, including case aid positions. Additionally, four cultural coaches also support the program. Tribal representatives regularly receive updates of ICWA Program performance dashboards. Work continues to further develop and implement the program and develop additional accountability measures. The CWS ICWA Program also has some staff co-located part-time within Tribal Social Services offices on Tribal lands and is working to expand in this area. In addition, a new electronic Cross Reporting System, similar to the system used with law enforcement, is up and running. All of the tribes in county are on the system that allows for sharing of documents between the tribe and CWS. CWS has a Government-to-Government Protocol with the Hoopa Tribe. CWS continues to negotiate protocols with the remaining seven federally recognized Tribes. When CWS has fully staffed and fully developed the ICWA program and has well-defined accountability measures, there should be a drop in the number of Native American children and youth in CWS.

Within DHHS, the Racial Equity Strategic Plan, APPENDIX D, addresses staff becoming aware of their own biases, a basic understating of the concepts of racism,

how to hire/retain and support BIPOC, (Black, Indigenous, People of Color), staff and supervisor support.

The DHHS – Behavioral Health (DHHS-BH) continuously assess its capacity to implement proposed Mental Health Services Act (MHSA) programs on a regular basis. This includes its strengths and limitations to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the population needing services and the total population served.

The Community Pathway partners will participate in an annual equity training to address the disproportionality of Native American children and youth in both CWS and Probation.

PRIMARY, SECONDARY AND TERTIARY PREVENTION PLAN

Though Humboldt County is a geographically large, rural, mountainous county, the Community Pathway sites will provide both local community family supports and virtual access to supports, located and/or delivered in other locations, to mitigate the causes of family vulnerability while enhancing community protective factors in the most culturally appropriate way.

The Community Pathway, identified in the Introduction, includes the 16 FRC sites, three tribes and HCTAYC. The 20 sites are committed to the goals of FFPSA – keeping families out of CWS and children out of foster care.

Humboldt County provides many primary, secondary and tertiary prevention services. This fact, identified multiple times during the past four years at CAPCCs' child abuse prevention planning sessions, guides this plan. However, access to these services varies widely throughout the county. Barriers to service include geographic location, program capacity, antiquated referral systems and complicated eligibility procedures. To address some of these barriers each of the 20 sites acquired Zoom, if they did not already have it. Referrals, assessments and services may/will use technology.

The Community Pathway is an avenue in which children, youth, and families can receive intervention services at the earliest point possible to minimize the stigma and potential trauma, of working directly with CWS. The 20 sites will assess the family's strengths and needs. The sites will use their current assessment tools to determine the primary and secondary services to provide. These are services that they currently provide and are not reimbursable through FFPSA Title IVE.

If the child/family needs mental health, substance abuse, and/or in-home parenting skill-based services for the child to remain safely at home, they will identify the child as potentially eligible for Title IV-E prevention services and conduct an FFPSA assessment.

FFPSA ASSESSMENT: The site will assess the family to determine if their child/ren are at imminent risk of entering foster care or are pregnant/parenting foster youth. Sites will use the Protective Factory Survey 2 (PFS2), **if CWS plans to track Title IVE expenses for direct services**, prior to CARES**.** The site will send the PFS2, through a secure electronic process, yet to be determined, if CWS plans to track Title IVE direct service expenses, prior to CARES. Once CARES is in place, the site will complete their assessment and submit it to CWS through CARES. CWS will either approve or deny the assessment and notify the site. If approved the site will refer the family to an appropriate EBP. Title IVE will be the payer of last resort. At this time, NFP is the only EBP eligible for Title IVE claiming under FFPSA. CWS will **decide** if, and when, to track Title IVE direct service costs, prior to CARES.

Prior to CARES, Probation will use the "Evaluation of Imminent Risk and Reasonable Candidacy" tool. CWS and Probation will conduct assessments to determine candidacy for FFPSA, monitor ongoing safety and risk, and fiscal reporting using CARES, once it is functional.

ICWA AND THE FFPSA COMMUNITY PATHWAY

CDSS training, as outlined on pages 43-44 in the 5 Year Prevention Plan, will be required for the 16 FRC sites and HCTAYC. The sites will come to understand the purpose and components of ICWA relevant to their programs. The sites will engage tribes in services planning and delivery. When a family provides information during an initial intake assessment that there is a 'reason to know' a child is an Indian child, as described in WIC Section 224.2(d) the information will be shared with the tribe so that they have an opportunity to participate in the family assessment, case planning, service delivery and safety and risk assessments.

FFPS ASSESSMENT: The site will assess the family to determine if their child/ren are at imminent risk of entering foster care or they are a pregnant/parenting foster youth. The site will refer the family to an appropriate DHHS EBP listed below in Evidence Based Practices. If State Block grant funds are used, they will not supplant other funds.

The 20 sites will provide case management. If they refer a family to an EBP, they will conduct a 6-month follow up assessment, using the PFS2, to determine if the family retained the skills. The vast majority of the EBP referrals will not be eligible for claiming to Title IVE, as they are not in the State's plan.

Primary prevention directed at the general population may prevent maltreatment before it occurs (universal). Our focus of services will address the Social Determinant of Health identified in this graphic: health care access, neighborhood, social/community connection, economic stability and education.

Each of the sites offer primary prevention supports. Additional primary prevention supports embedded at the 20 sites, created through this plans development, but not using **any funding** provided through FFPSA/FFPS, include:

> CalJOBs kiosks: Chromebooks that link families with vocational counselors, job-training programs, job-training financial assistance and transportation assistance.
>
> Redwood Coast Energy Authority: virtual assessments for eligibility in PG&Es low cost energy program, appliance rebates and free energy saving devices for homes.
>
> Dental vans: resumption of scheduled visits to FRCs, school sites, reservations and rancherias. Delta California has added two vans, in 2023, to provide dental services to everyone in Northern California. Existing dental vans, prior to COVID, resumed visits in 2023.

The focus groups, across the board, all asked for more family friendly/community events. During 2022-2023, all 20 sites will resume offering family friendly events cancelled or modified due to COVID. Events will increase in 2024 and 2025, as staffing and funding allow.

We will explore additional primary prevention objectives, identified by the focus groups, during this three-year plan:

Childcare	Transportation
Housing	Social connections
School readiness	Healthcare/Mental Healthcare

Secondary prevention targets individuals or families in which maltreatment is more likely (high risk). These services develop protective factors in families. Secondary prevention services already in place at many of the 20 sites include:

Assistance in accessing CalFresh, CalWORKs, MediCal and WIC
Free diapers and wipes Laundry vouchers
Food pantries Tribal TANF/tribal specific
Clothes closets Social Security
Financial Literacy course Veteran's Services
Food preparation and preservation

We will explore additional secondary prevention objectives, identified by the focus groups, during this three-year plan:

Adult Education Exercise Programs/Yoga
National Diaper Bank Legal Assistance
Food/tribal events Ceremony supports/tribal specific
EBPs assessment & virtual/Zoom access

Tertiary prevention targets families in which maltreatment has already occurred (indicated). These families are already involved with CWS. Tertiary services already in place at CWS include

Linkages Family finding
Family team meetings Structured Decision Making
Safety Mapping Three Houses
Circles of Support Wellness Wheels
Family/Focus Court Reports Solution Focused Interviewing
EBPs assessment & virtual/Zoom access

Juvenile Justice involved families receive Wraparound services. Through FFPSA Part IV, some CWS youth will receive Wraparound.

All 20 sites have a history of demonstrated competency with DHHS in assessing safety, case planning and case management. Many of the FRC's receive mandated reporter training. They have 17 years of contract history with DHHS in case planning, case management and required reporting, starting with Differential Response (DR) and expanding into CalFresh, Medi-Cal, and CalWORKs. They also meet quarterly with CWS and Public Health, as DR partners. These meetings address process issues in administering DR. HCTAYC is a unit within DHHS and adheres to all client safety protocols and reporting requirements. The three tribes Social Service Departments are ICWA advocates. They have well developed child safety protocols that they will continue to use to document, within the case plan, safety and risk, frequency of interventions and meetings. CWS will continue to use Structured Decision Making (SDM) to assess for safety and risk. Probation will continue to use their process to assess safety and risk, and determine the frequency of interventions and meetings, and document that within the case plan. The Community Pathway partners will conduct interventions and meetings based on the family's needs, and document them in the child's written prevention/case plan.

If an incident occurs where there is a safety threat that cannot be mitigated the Community Pathway partner will use the mandated reporter process to seek support from CWS. Probation will follow existing state regulations in Division 31-320 of the Child Welfare Services MPP. Probation officer contact requirements include ongoing monitoring of physical and emotional condition and adherence to the case plan, including the progress the family is making towards the case plan goals.

CWS will conduct ongoing visits that include assessment for safety, risk, and appropriate services specific to pregnant and parenting youth in out-of-home care as contained in Division 31.

Contracts with the 20 sites are currently not required under this CPP, as no site is a provider of an approved FFPSA Title IV-E reimbursable EBP.

Through this CPP, we are enhancing or strengthening existing infrastructure such as, but not limited to, Linkages 2.0 and participation in EBPs. We are also supporting the development of new tools and programs such as North Coast Care Connect (NCCC) a Community Information Exchange (CIE), the Child Protection Reporting Guide (CPRG), Zoom referral and assessment, virtual service delivery, and Motivational Interviewing as a workforce development tool.

As part of this CPP, all 20 sites attend and participate in a monthly zoom meeting. Though the principal focus of this meeting is Continuous Quality Improvement (CQI) to address challenges in implementation, it also provides a venue to share the virtual referral and access process to the EBPs and services outlined above, in Primary and Secondary Prevention. These meetings began in November of 2022.

EVIDENCE BASED PRACTICES

DHHS has been implementing EBPs since 2004. DHHS uses braided funding to provide sustainability.

Since 2006, DHHS selects EBPs using the New Program Implementation Guide, APPENDIX E. The guide provides the process and tools to identify need, fit, resources, evidence, readiness and capacity. It also provides a systematic process from exploration through implementation to sustainability. As of December 2022, DHHS only offers one EBP that is included in California's 5 Year State Prevention Plan. That EBP is Nurse Family Partnership (NFP)

The "Rapid Cycle" process has evolved in relation to the need to transport and launch Evidence Based Practice Models and focus on outcome driven systems capacity as part of Humboldt County's service integration efforts. Evidence Based Practices implemented or in process of launch need a standard process. DHHS developed this guide as part of their efforts to develop cross-departmental services.

Nurse Family Partnership (NFP) – NFP is an evidenced-based health program that helps transform the lives of low-income mothers' pregnant with their first child. Each mother served by this national program, partnered with a nurse home visitor early in her pregnancy (by week 28), receives support and guidance through her child's second birthday. This partnership can help break the cycle of poverty by empowering mothers to become confident, skilled parents able to prepare for successful futures. The primary aims of NFP are to improve the health, relationships and economic well-being of mothers and their children. Visits occur throughout Humboldt County. Public Health Branch - DHHS offers NFP.

We are including in our plan, the following EBPs currently offered through DHHS or our community partners. It is our hope that these EBPs will eventually be included in California's 5 Year State Prevention Plan.

SafeCare – SafeCare is a parenting program for adults with children ages zero to five. Certified SafeCare professionals provide in-home, module-based skills training targeting child health, home safety, and parent-child interaction. The program takes 18-20 weeks to complete. In person and virtual visits occur throughout Humboldt County. Public Health Branch-DHHS offers SafeCare.

Seeking Safety – Seeking Safety is for adults with Post Traumatic Stress Disorder (PTSD) and substance abuse problems (SUD). It is an evidence based, present-focused counseling model. Treatment for the two disorders is integrated and flexible and consists of cognitive behavioral group therapy sessions that teach people new ways to deal with trauma related symptoms through a range of different coping skills. It is an extremely safe model as it directly addresses both trauma and addiction but without requiring clients to delve into the trauma narrative. Mental Health Branch – DHHS offers Seeking Safety.

Transition to Independent Process – TIP is a strength-based, youth-driven, evidence supported practice. TIP applies to 14-29 year olds with emotional/behavioral challenges. Transition Age Youth (TAY) staff are trained in TIP to serve their clients. The mission of TIP is to assist young people in making a successful transition into adulthood. Focus areas are employment, education, living situation, personal adjustment, and community life functioning. Mental Health Branch –DHHS Transition Age Youth (TAY) Division practices TIP.

Our community partners provide the EBPs, listed below.

Wraparound – Wraparound is a process targeted at children and youth with high-end needs who, without intervention, are likely to move to a more restrictive environment. It is a holistic, strengths based approach. Wraparound leverages the strengths and culture of the youth and their family, working collaboratively with natural and community supports to create a stable home environment. Probation offers Wraparound.

Parent Project – Parent Project/Changing Destructive Adolescent Behavior is an activity-based curriculum built on cooperative learning norms. Parent Project uses a behavioral model. The goals are to reduce family conflict, juvenile crime, recidivism and to improve school attendance and performance. Parent Project is 10 weeks long. The

class is 2 hours in length, usually starting at 6pm. The program offers a meal and child care. This program is virtual or in person. Arcata Police Department offers Parent Project.

Road to Resiliency – Provides family navigators and support services to pregnant women and mothers at risk of substance use disorder. This practice uses Community Health Representatives from United Indian Health Services (UIHS) to conduct in-home visits providing case management linking them to community based agencies and resources for parenting and concrete supports to mitigate risks of substance exposure and maltreatment to infants. All the while offering culturally appropriate supports and services to Native American mothers. This is a partnership between First 5 Humboldt and UIHS. UIHS offers Road to Resiliency.

Triple P – Triple P parenting program is a strengths-based program that helps parents learn strategies that promote social competence and self-regulation in children. Parents become better equipped to handle the stress of everyday child rearing and children become better able to respond positively to their individual developmental challenges. As an early intervention, Triple P can assist families in greater distress by working with parents of children who are experiencing moderate to severe behavior problems. Services can be offered in groups or one-on-one, virtual or in-person. Triple P trained staff work with parents' strengths to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills. First 5 Humboldt currently has three staff slated to complete the training and begin offering the Triple P program to the community in spring of 2023. First 5 will offer Triple P.

Parents as Teachers - Parents as Teachers, also in California's 5-year plan, offered by First 5 Humboldt in the spring of 2023, will require a contract, for Title IVE claiming through FFPSA. The contract will adhere to the requirements outlined in the state's plan regarding fidelity, in addition to Humboldt County's contract requirements. State Block Grant funds could be a match for this service. PAT is an In-Home Skilled-based program. Designed to increase parent knowledge of child development and school readiness, improve parenting practices, promote early detection of developmental delays, it also prevents incidences of child abuse. First 5 will offer PAT.

Parent Café/ACT Raising Safe Kids – is a universal parenting program designed to promote positive parenting and prevent child maltreatment by fostering knowledge and skills that change or improve parenting practices. ACT educates parents and caregivers, of children 0-10 years old, to create safe, stable, nurturing relationships and environments that prevent child maltreatment. ACT provides research-based knowledge, tools, and skills for effective parenting practices. ACT provides a supportive, interactive and fun environment for learning and sharing to occur .ACT builds community. Changing Tides Family Services provides ACT through Parent Cafes offered throughout Humboldt County.

DHHS will offer the following EBP as Workforce Development for all 20 of the sites, CWS, the CBO's who participated in developing this plan in 2019 and 2020, and the providers of the EBPs listed above. FFPS funding will support this workforce development initiative.

Motivational Interviewing – MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. Designed to strengthen personal motivation for and commitment to specific goals this method supports positive life changes. MI training to mastery is part of our Workforce Development Plan. MI training promotes staff retention through increased job satisfaction. Annual contracts funded through FFPS will support MI.

The 20 sites, as of January 2023, will refer qualifying families to NFP, SafeCare, Seeking Safety, Parent Project, Parent Café, and Road to Resiliency. The sites will continue to refer to other service providers who meet the SDOHs that are outside of the scope of this plan. Once PAT and Triple P are able to accept referrals, the 20 sites will begin referring.

Contracts with CBOs for EBPs will adhere to model fidelity protocols. EBPs, within DHHS, have a standing history/process and unit (Quality Management Services) to monitor fidelity.

WORKFORCE DEVELOPMENT

CWS workforce development will include the tiered training outlined in the state plan as well as continued adherence to Social Worker CORE and SW Supervisor CORE offered through the Regional Training Academies. On boarding of new staff, handled by the CWS training unit, will include Tier 2 training once it is available. Tier 2 foundational training will insure that CWS staff will learn how to monitor safety, assess risk, develop safety plans, and oversee and evaluate the continuing appropriateness of services. CWS All Staff, in December 2022, covered an introduction to FFPSA/FFPS. A mechanism for on-going reminders of existing services, within the tertiary prevention realm, has to be developed and sustained.

Workforce development for the 20 sites will include Motivational Interviewing as well as the trainings offered through/by CDSS Tier 1, 2 and 3. Sites will participate in the Family Prevention Services Plan training to learn how to conduct a needs assessment, engage families in planning and co-creating a family prevention services plan, collaborate with partners, engage tribes, and identify and assess evidence-based practices, as needed. The 20 sites meet monthly and will be introduced to, and trained on, new EBPs included in this plan. DHHS staff will schedule existing EBP presentations at the monthly meetings.

Motivational Interviewing, by MI for Change, will begin in January 2023 and continue through April 2023. Staff at the 20 sites, the Community Health Representatives at UIHS, as well as some CWS staff, will participate in this training. MI for Change will train staff to mastery. This interviewing skill set should enable staff to increase family engagement in both the Community Pathway and within CWS. MI increases staff retention through enhanced worker satisfaction. By 2024, Associate Professor Carolyn Perkins at College of the Redwoods will become MINT certified. FFPS will provide the funding to offer MI in 2024 and 2025, using Professor Perkins.

The 20 Community Pathway sites will participate in the tiered training, as it applies to their work and staffing levels allow.

In 2023 TIP recertification for HCTAYC and TAY staff, will use State Block Grant funds.

All 20 sites will receive training in CARES, once it is available.

DHHS/CWS assures and plans to meet the workforces and training requirements of Tier 1 and Tier 2 established under the state plan, **as staffing allows**. DHHS/CWS has a well-developed, proven process for EBP selection. They will continue to adhere to that and will not participate in Tier 3 training. CBOs and the 20 sites will attend Tier 3 training if they are considering providing an EBP that will become a part of this CPP. Once the statewide curriculum is developed, we will ensure that caseworkers within both the community pathway, probation and child welfare participate, **as staffing allows**.

CROSS SYSTEM COLLABORATIVE

The first Cross System Collaborative (CSC) created the foundation for this CPP in 2018. Together Towards Change brought together leaders and administrators from the fields of health, mental health, education, social services, law enforcement, the courts, religion, elected officials, addiction recovery centers, county government, tribal health services and community based organizations whose work touched families involved with CWS due to SUD/general neglect. This first CSC identified housing and the SDOH as essential to reducing abuse. They did not create a governance structure, nor did they meet again.

The second Cross System Collaborative, in 2019, was a combination of the team that went to the San Diego Conference in 2019 and some of the participants from the first CSC in 2018. Participants included:

First 5,

McKinleyville Family Resource Center,

Southern Humboldt Family Resource Center,

St. Joseph's (now Providence) Health Care,

DHHS Public Health Branch,

Probation,

California Center for Rural Policy (CCRP),

ACES Connect,

Changing Tides Family Services,

HCOE,

Making Headway,

NAMI Humboldt,

North Coast Rape Crisis Team,

DHHS-Children and Family Services (CWS and Mental Health – C&FS/CWS),

Humboldt Network of Family Resource Centers (HNFRC),

Parent Partners, and

Humboldt Independent Practice Association

Strategies 2.0 facilitated the four meetings in 2019 and OCAP attended. This CSC verbally committed to an ongoing collaborative process to develop a countywide prevention plan. This CSC prevention planning team created the following mission statement:

Strengthening community connections to promote safe, healthy, resilient children & families in Humboldt County

Some members from the first and second CSC, along with new members, comprise the current CSC, APPENDIX F. FFPSA CSC Attendee list. The composition of the CSC is an eclectic group that includes representative from businesses and organizations that support the SDOH, all 20 sites, Parent Partners and the administration of DHHS including CWS, SSB, MHB and PHB. Many of the agencies were identified at the July 26 Service Gap meeting. The CSC is one part of a two-part Continuous Quality Improvement (CQI) for the Community Pathway. The CSC meets monthly. The meetings are one hour in length, during the lunch hour, via Zoom. Each meeting has an agenda. DHHS/Quality Management Services Administrative Assistant records the meetings. The Administrative Assistant distributes the agreed-upon action items within a week of the meeting. The minutes, agenda and zoom invite go out one week before the meeting. The extra-help staff brought on to complete the CPP and guide its implementation, currently leads the CSC. Governance of the CSC will transfer to the Inter Agency Leadership Team (ILT) of AB2083, sometime in 2025. The ILT, or their designee, are all members of the CSC. Participation in the CSC is voluntary. CSC members bring their professional expertise to the table. All CSC members verbally committed to the goals of FFPSA of reducing the number of families coming into CWS and the number of children and youth entering foster care. This group will grow over time.

Each of the 20 sites will also have a parent partner representative on the CSC. Parent partners will be families with lived experience or former foster youth/602 Wards. FFPS will provide compensation while the funding lasts. The Parent Partners who participated in the 2019 CSC attend the current CSC as a part of their job.

The CSC will review FFPSA/FFPS data and, using the Plan Do Study Act (PDSA) model, make recommendations on how to:

Increase family engagement

Increase access to, and participation in, services through technology

Create sustainability

Over the next three years, opportunities for new supports to the SDOH may arise. One task of the CSC is to integrate these new opportunities into the CPP. Other CSC tasks may arise as we implement the CPP. The CSC lead will have all members of the CSC sign a letter of agreement sometime within 2023. The CSC membership will sign the letter annually. The draft letter of Agreement is APPENDIX G.

This new group met for the first time on December 9, 2022. The first meeting included an overview of FFPSA/FFPS, the goals and the purpose of the CSC.

CONTINUOUS QUALITY IMPROVEMENT

For the Community Pathway, Continuous Quality Improvement (CQI) will start with attendance at the CSC, of the 20 sites to develop relationships and then move to information and data exchange. Each group meets once a month. The FFPS Site meeting occurs on the second Tuesday of the month. The CSC meets on the second Friday of the month. In the broadest sense of CQI; concerns, challenges and obstacles identified at the FFPS Site meeting will be brought to the CSC for solutions. Solutions developed by the CSC will go to the FFPS Site meeting and from there, move to implementation. As the roles of these two meetings develop, more clarity of purpose and process will emerge. Committees, within the CSC, will address specific challenges that we are unaware of, at this time. All members of the CSC will bring their professional expertise to the table. They know that we anticipate challenges with the implementation of this plan. They know that one of their roles it to address those challenges using their professional expertise. We just do not know what those challenges may be.

Quality outcomes measured and reviewed by the CSC, over the three-year timeframe of this plan will be, but not limited to:

1. The number of mandated reports received by CWS
2. The number of open cases in CWS
3. The number of children moving into foster care
4. The number of families referred to secondary prevention services
5. The number of families engaged in secondary prevention services.

Our expectation, looking at these numbers (1-3) every six month, over the next five years, is that they will decrease. Analysis of numbers 4 and 5 should lead to change in practice, using Plan, Do, Study, Act (PDSA). The CSC will also review EBP capacity data. This data could include barriers to access, unfilled openings in the programs, service delivery (in person versus virtual), graduation rates, skill retention and other indicators that would show either success or failure. The CSC will give specific attention to families that do not successfully complete the program and the associated challenges. Using PDSA, our hope, is that the CSC will create solutions that the 20 sites can implement.

We will reconvene the focus groups from the summer of 2022 annually and ask them:

1. Are they noticing any changes in the types of services offered or the ease of access to those services?

2. Are prevention services increasing?

3. Are there new engagement strategies in place to increase the number of families utilizing this site?

4. Is the local community aware of the services available at this site?

Adjustments to the CPP, sharing the data garnered from the re-convened focus groups, with the CSC will facilitate CQI. Again, using PDSA the CSC will develop solutions to those items (1-4) that have seen little or no forward movement.

Updates to the EBPs in this plan will include capacity and reach. All of the EBPs offered through DHHS report on these measures to Quality Management Services (QMS) regularly. Beginning in December of 2023 and then semi-annually after that, EBP status reports will occur at the CSC. In late 2024, we will ask the providers of EBPs outside of DHHS, such as the Parent Project, Parents as Teachers, Road to Resiliency and Triple P, to also report on capacity, graduation rates, and reach.

The CSC will also evaluate engagement rates for the secondary services that are not EBPs, such as but not limited to, CalFresh, CalWORKs, CalJOBs, and RCEA's access to PG&E's low cost energy program.

PDSA will be the process to work out the challenges to implementation that will come up along the way. The 20 sites will identify the problem. The CSC will provide the solution, or "Plan." Some or all of the 20 Sites will "Do" the planned solution. The CSC, with input from the 20 sites, will "Study" the results. All of the 20 Sites will "Act" and implement the best solution.

This will be a continuous, on-going loop of problem solving between the CSC and the 20 sites using the monthly meetings. The data will identify the problem at the CSC. The CSC, with FFPS (20) site involvement, will use PDSA to create a solution. The 20sites will implement the solution.

CQI will develop over time. The CSC is one part of a two-part CQI for the Community Pathway. The second part of the Community Pathway CQI is the monthly FFPS Site meeting.

The Humboldt County CQI Manual, APPENDIX H, addresses CWS and tertiary services.

Once CDSS has contracted with program developers to develop a standardized, statewide framework for local and state roles for fidelity monitoring and CQI for each specific EBP that is part of the plan, Humboldt will evaluate moving from the DHHS, CQI monitoring, to the state system.

NORTH COAST CARE CONNECT & THE CHILD PROTECTION REPORTING GUIDE

North Coast Care Connect (NCCC) is an integrated network of partners who collaborate with parity to provide high-quality, efficient, equitable, and trauma-informed care for all. NCCC will share data, communicate across organizations, make informed referrals in the Community Information Exchange (CIE) platform and convene as a group to develop the network. NCCC is a member of the Cross System Collaborative.

In the short term, the CIE will support referral, shared assessments and a record of care for the clients we serve with a focus on communities and individuals that have health inequities based in part on factors such as geographic isolation, racialized inequities, Tribal affiliation, language, gender, ability or other aspects.

In the long term, this collaboration will develop community-population health data that will allow for prevention, policy and community health planning improving the well-being of all Humboldt County residents. Partners in the network commit to focusing the design and development of the NCCC in equitable, client-centered practice, responsible stewardship, and continuous quality improvement.

The 20 sites will on-board to NCCC over the next two years.

The Humboldt County Child Protection Reporting Guide (CPRG) is a web-based guide that community members and professionals can use in determining whether concerns they have about a child are reportable to Child Welfare Services. The intended goals of the web-based CPRG are to:

1) Assist reporters as they gain familiarity with child abuse and neglect reporting threshold,

2) Help ensure that children and families requiring a child protection response are promptly reported, and

3) Provide links to information about alternative options for reporters to assist children and families who do not meet the statutory child protection reporting thresholds.

The CPRG complements rather than replaces critical thinking. It provides a recommendation on whether to make a report to Child Welfare Services. Using the CPRG does not prohibit a reporter from any course of action the reporter believes is appropriate. The CPRG incorporates design principles that help focus on the most critical pieces of information for the decision at hand. The CPRG reflects the consensus of multiple child protection agencies and community partners. It helps the community member or professional, decide if their concern warrants a formal child welfare response, or an alternative intervention. The link to the CPRG as well as this explanation are on CAPCCs website.

The Humboldt Community Resource Guide, APPENDIX J, mentioned in item 3 above, lists all 20 of the FFPS sites.

Once the CPRG is widely utilized by the community, as well as professionals unsure of whether to mandate report or community support, there should be a drop in the number of reports made annually. The contractor, who will maintain the CPRG website and provide training, will train the 20 sites. They will be encouraged to utilize the CPRG before making any report to CWS.

The NCCC and the CPRG developed independently will greatly enhance the success of this CPP.

FUNDING, SUSTAINABILITY AND SPENDING PLAN

The funding available to Humboldt County, through this State Block Grant for prevention activities will be leveraged to expand and enhance the scattered-site model of locally directed community services – moving "upstream" to address the SDOH prior to the need for any CWS involvement. These funds will provide supports to both primary and secondary prevention services, to the 20 sites. Every door will be the right door. Funds may provide supports to EBPs through, but not limited to, program expansion, workbooks, food, or transportation costs.

The Title IVE dollars, **claimed only as a payer of last resort**, will pay qualified families to participate in qualified EBPs. State Block Grant dollars will provide the 50% match.

A newly formed Cross Agency Fiscal Group led by DHHS, will meet as needed. It includes fiscal analysts from PHB, CWS, SSB, MHB, probation and HCOE. They will explore sustainability through braided funding of prevention dollars across agencies, as well as grant opportunities.

FUNDING TO SUPPORT THE CPP – NON FFPSA/FFPS

DHHS currently supports the EBPs listed above through a combination of sources including, but not limited to, private insurance, SAMHSA block grant, Medi-Cal for specialty mental health services, Drug Medi-Cal and CalWORKs. Parent Project, offered by Arcata Police Department and funded by Measure Z through 2020, is seeking grant funding. Probation will fund Parent Project with FFPS dollars starting in 2023. Triple P, Parents as Teachers and Road to Resiliency are all grant funded.

The California Advancing and Innovating Medi-Cal (CalAIM) proposal currently being finalized by the state and submitted for approval will provide additional opportunities to leverage federal funding via Medicaid (1115 waiver) for some prevention activities. The enhanced care management (ECM) and In-Lieu of Services (ILOS) component of the state proposal will provide additional flexibilities to offer services similar to a Whole Person Care model.

In 2022, CAPCC awarded the Children's Trust Fund 2022-2025, to the 20 sites. CAPCC will act as the program/spending plan review. The sites receive an annual allocation

upon acceptance of a spending plan that supports primary and/or secondary prevention services. CAPCC is setting the example for CWS to step up, over time, and allocate the CB-CAP, CAPIT & PSSF prevention dollars to the Community Pathway. This shift in spending cannot begin to occur until the workloads in CWS drops. This potential reallocation of funds may create a level of sustainability.

Once the State establishes a way for counties to participate, CWS families receiving CalWORKs benefits will continue to receive benefits for 6 month when their case moves from Family Maintenance to Family Reunification. This continuation of financial support will facilitate reunification in a more timely manner.

Program sustainability beyond this 3-year plan or California's 5-year plan may require a shift of some CWS staff positions to Prevention Social Workers. These staff would be assigned to five regions; Eureka, Northern, Southern, Eastern and Eel River. This shift is only in the early discussion stages.

The creation of a website, similar to 90by30s site, will be another tool for sustainability. The website will be independent of DHHS/CWS and Probation. The host of this site is yet to be determined. "Donate now" buttons will be on each page. CAPCC has been working with Associate Professor Jeff Todahl, University of Oregon, of 90by30 since 2020. This work has created a skeleton, or framework, of what the website will look like. Once developed, CAPCC and the FFPS Site partners will showcase the website, and the CPP, at service clubs, business organizations and Chamber of Commerce throughout the county to tap into business based financial support. The donations will not go to DHHS. The website host may also be the account holder. This work, to create the website, will begin in 2024.

In addition, each of the 20 sites would benefit from additional staff. Legislative change in the allocation of tax dollars for funding of FRCs, tribal social service departments and transitional age youth collaborations could be a solution.

The Probation Department will use the Family First Prevention Services Act state block grant to train probation staff and community providers in Parent Project facilitation. In addition, the block grant money will address barriers and support family's participation in Parent Project by waiving the cost of the educational materials, providing child-care, and meals for families. The Probation Department is excited to provide Parent Project to a wider audience by extending the reach of Parent Project and building additional community supports for families in rural areas.

Finally, a fiscal planning team composed of fiscal analysts from CWS, MHB, SSB, PHB, HCOE and Probation led by DHHS's Deputy Director of Finance, will purse braided funding and sustainability for a majority of the programs outlined in this plan.

FFPS SPENDING PLAN

PROBATION

Parent Project $26,165/year for 3 years	$78,496
*Staff training, workbooks, food, childcare, graduation supplies	

CWS

FFPSA EBP match $5000/year for 3 years	$15,000
NCCC on boarding development	$69,034
NCCC annual fee $2000X15 sites= $30,000/year X 3 years	$90,000
FFPS site advertising – $1000/yearX20X3 years	$60,000
*Brochures, flyers, posters	
FFPS site expansion of family friendly events $1000/yrX20X3 yrs.	$63,000
*Food, event supports, childcare, staff	
FFPS site primary/secondary services – not EBP $1000/yrX20X3 yrs.	$63,000
Parent Partners 20X$50/12 CSC=$12,000/yr. X 2 ½ yrs.	$30,000
EBP expansion* – NFP, SafeCare, Seeking Safety $15,000/yrX2 yrs.	$30,000
EBP – new – Triple P, Parents As Teachers $30,000/yr. X 2yrs	$60,000
MI Training to mastery - 2023 ½ of $33,000 3 cohorts of 20	$15,000
MI Training to mastery - 2024 & 2025 MINT certification + 2 cohort	$10,000
CWS staff conversion to Prevention staff- process & training	$25,000
Website development and maintenance	$25,000
TOTAL CWS	$555,034

*** Funds will be used for items "such as but not limited to"**

Sustainability is tenuous. An additional State Block Grant of comparable size for an additional 3 years would provide a buffer to build blended funding streams beyond what Humboldt currently has. It would also allow for development and refinement of a funding model using non-government dollars from the private sector. In addition, it would allow adequate time for the Community Pathway to reduce the number of families involved with CWS and the number of children and youth entering foster care. This reduction of CWS's caseload will create a savings that CWS can transfer to the Community Pathway.

FFPSA EBP match may be supported through MHSA, PSSF, CB-CAP and/or CAPIT

NCCC on boarding is a one-time cost

NCCC annual fee may be supported through MHSA, PSSF, CB-CAP or CAPIT.

FFPS site advertising may be supported through Website donations

FFPS site expansion of family friendly events may be supported through Website donations.

FFPS site primary/secondary service expansion may be supported through Website donations.

Parent Partners participation in the CSC has no identified sustainable funding source.

EBP expansion/staff training – NFP, SafeCare, Seeking Safety will be a one-time cost. EBP delivery will use the current sources of funding.

EBP – new – Triple P, Parents As Teachers may seek on going funding through grants. First 5 may bill private insurance and/or MediCal.

MI Training to mastery - 2023 is a one-time cost

MI Training to mastery - MINT certification will be a one-time cost of $3000. MI training 2026 forward will be negotiated annually and has no identified funding source.

CWS staff positions (currently funded but unfilled) conversion to Prevention staff will be a one-time cost.

Prevention staff training, beyond what will be provided by CDSS in Tier 1 and 2, will be incorporated into CWS's staff training and offered to all Community Pathway partners and secondary prevention partners. Title IVE training dollars will support 50% of this cost.

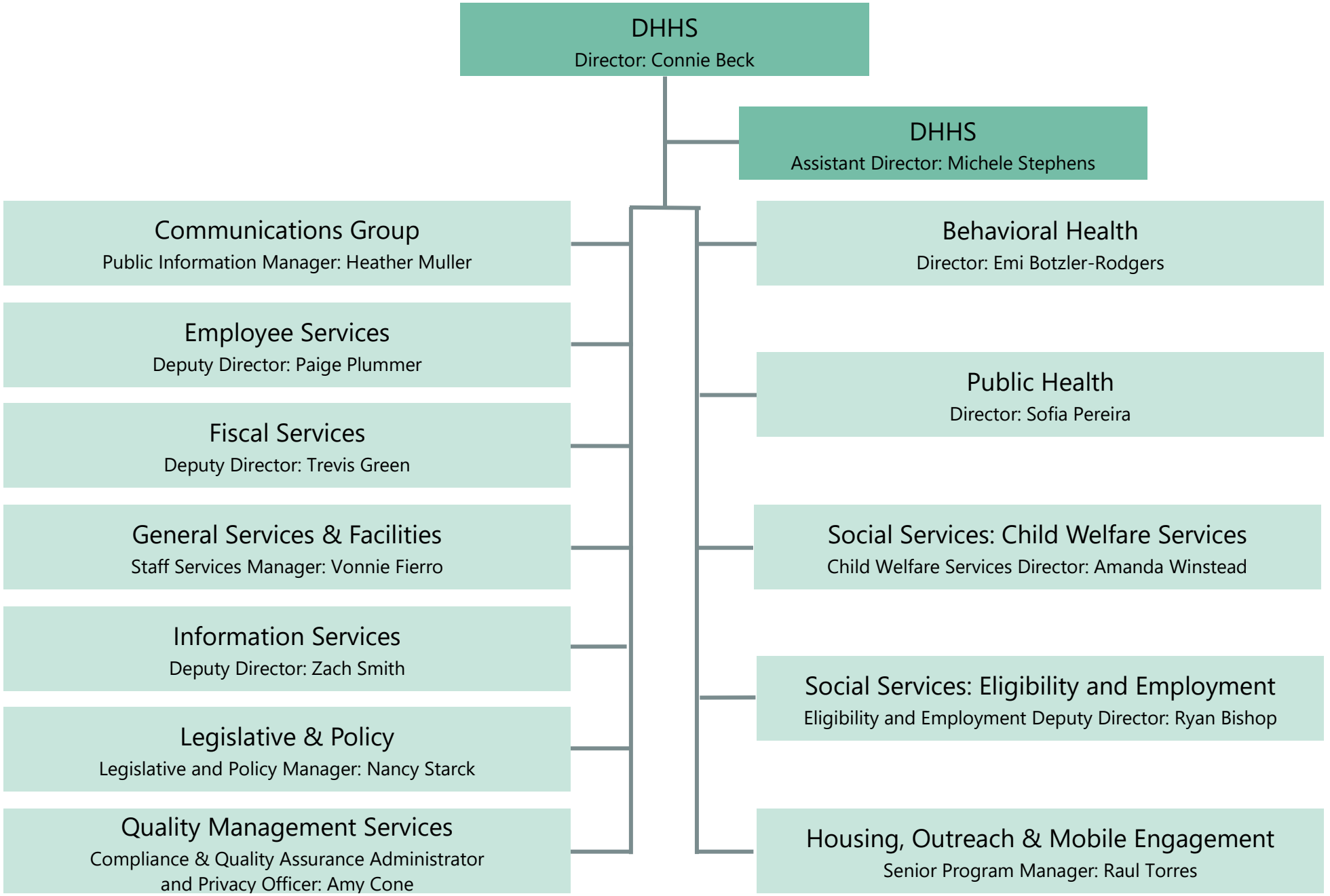
Website development will be a one-time cost. Website maintenance may be supported through Website donations

Probation is currently exploring way to sustain Parent Project.

APPENDICES

APPENDIX A	DHHS Organization Chart
APPENDIX B	Humboldt Practice Model
APPENDIX C	Capacity Assessment
APPENDIX D	Racial Equity Strategic Plan
APPENDIX E	New Program Implementation Guide
APPENDIX F	Cross System Collaborative Member List
APPENDIX G	Draft CSC Letter of Intent

DHHS ORGANIZATIONAL STRUCTURE



APPENDIX B Humboldt Practice Model

HUMBOLDT PRACTICE MODEL

The Humboldt Practice Model is a set of values, practices & tools to guide staff in engaging families, tribal communities & extended networks in a way that is responsive to culture & trauma. The practice model is a system-wide change to improve the experience & outcomes of children, families & our community over generations.

VALUES	PRACTICES	TOOLS
• The Power of Family • Safety • Healing • Community & Collaboration • Honesty, Transparency & Trust • Fairness & Equity • Empowerment • Accountability & Results • Integrated Service Delivery	• **Listens with Openness.** Asks global questions; asks about family strengths, beliefs & traditions; uses understandable language. • **Finds Connections.** Explores family relationships, natural supports & safety concerns. Actively seeks information about paternity, non-custodial parents, relatives & significant people & connects child to them; ensures family finding happens throughout the case. • **Nurtures Honest Dialogue.** Models respectful communication; is honest & is clear about what is requested of families. Works with the family & team to clearly identify safety issues & how to address. Facilitates communication & information-sharing among team members. Follows through; admits biases, missteps & mistakes. • **Brings Together the Family & Their People.** Establishes, continuously brings together & supports a child & family team. Facilitates team solutions & shared accountability among all team members; encourages learning from cultural leaders. • **Honors the Family & Their Culture.** Affirms the family's unique strengths, life experience & self-identified goals; honors culture, explores solutions & ensures needed support. Uses the family's cultural lens; engages the team around supporting the child. • **Lifts Up the Child's Voice.** Explores with children & youth their worries, wishes & where they feel safe & want to live. • **Encourages Advocacy & Self-Advocacy.** Encourages active family & youth voice in assessing, finding solutions, planning & decisions. Links family to advocates. • **Addresses Trauma.** Listens to the family's story; validates grief & loss; helps family explore history, impacts & who can help. Explores & connects with options to assist with healing & recovery. • **Customizes Visitation.** With family & team, assesses & arranges culturally appropriate visitation activities. • **Customizes Case Plans.** Creates shared agreement on culturally sensitive services to address safety, well-being & family needs; links family to & supports use of these services. Facilitates continuous dialogue with the family & team about how supports & services are working & makes adjustments as needed. • **Caregiver Respect & Resources.** Demonstrates respect to caregivers through candid conversations about rights, role & responsibilities; includes on the team & provides resource information. • **Teams Post-Permanency.** Emphasizes importance of the family's support team after CWS involvement; facilitates agreement on post-CWS team member commitments & roles.	• Safety Mapping • Harm & Danger Statements • Safety Goals • Family Meetings • Three Houses • Circles of Support • Wellness Wheel • Safety House • Scaling • Solution-Focused Interviewing • Appreciative Inquiry • Genograms • Behavior-Based Case Plans • Family-Focused Court Reports • Coaching

CORE ELEMENTS:

INQUIRY | ENGAGEMENT | SELF-ADVOCACY | ADVOCACY | TEAMING | SHARED COMMITMENT & ACCOUNTABILITY | WELL-BEING PARTNERSHIPS | RECOVERY, SAFETY & WELL-BEING

Rev. 10/30/14

APPENDIX C Capacity Assessment

Prevention Planning Capacity Assessment Tool

2. Contact Information

1. Contact Information for Title IV-E Agency Lead

First Name

Cynthia

Last Name

Sutcliffe

Title

Program Manager II

Agency/Organization Name

Department of Health & Human Services - Child Welfare Services

County or Title IV-E Tribe

Humboldt

Email Address

csutcliffe@co.humboldt.ca.us

Phone Number

707 298-7580

2. Cross-sector Partner Contact Information

First Name

Megan

Last Name

Gotcher

Title

Probation Division Director

Agency/Organization Name

Humboldt County Probation Department

Email Address

mgotcher@co.humboldt.ca.us

Phone Number

707 268-3350

3. Domain: Motivation for Change

3. Subdomain: Leadership Buy-In
Rate the following item: Leadership states change is needed and beneficial.

1 (Emerging)

Notes/Rationale: General readiness, but specifics would be helpful for motivation. some anxiousness about the roll out.

4. If you would like to upload any files related to this item, please click on the "Browse" button.

4. Domain: Motivation for Change

5. Subdomain: Stakeholder Buy-In
Rate the following item: Stakeholders state change is needed and beneficial.

2 (Established)

Notes/Rationale: Desperately needed!

6. If you would like to upload any files related to this item, please click on the "Browse" button.

5. Domain: Motivation for Change

7. Subdomain: Collective Commitment to Change
Rate the following item: There is shared resolve and commitment for change among Title IV-E agency leadership, other public agencies and community partners.

2 (Established)

Notes/Rationale: Good intentions but with such huge turnover in staffing the great ideas for change go by the wayside.

8. If you would like to upload any files related to this item, please click on the "Browse" button.

6. Domain: Provider Capacity and Capability

9. Subdomain: Information Sharing and Exchange
Rate the following item: Best practices for sharing information is established.

1 (Emerging)

Notes/Rationale: Too many groups are splintered off and sharing between groups is almost non existent or what there is can be confusing. Add to that the huge turnover in staffing and ideas around best practices are diluted at best.

10. If you would like to upload any files related to this item, please click on the "Browse" button.

7. Domain: Provider Capacity and Capability

11. Subdomain: Communication Strategy
Rate the following item: Title IV-E agencies, other public agencies and community partners have effective processes in place for communication about change and new initiatives.

1 (Emerging)

Notes/Rationale: once again, good intentions but turnover in staffing creates a disruption or lack of continuity in ideas for change for new initiatives.

12. If you would like to upload any files related to this item, please click on the "Browse" button.

8. Domain: Provider Capacity and Capability

13. Subdomain: Established Meeting Frequency
Rate the following item: Meetings (in person, virtual, telephonic) are regularly coordinated.

2 (Established)

Notes/Rationale: most likely if the county staff are taking the lead, then there is a commitment to regularly coordinated meetings.

14. If you would like to upload any files related to this item, please click on the "Browse" button.

9. Domain: Provider Capacity and Capability

15. Subdomain: Transparent Communication with Cross-Sector Partners
Rate the following item: Leaders practice reflective, supportive communication.

2 (Established)

Notes/Rationale: This is true for those participating in the prevention meetings--not sure how transparent things are across the entire system

16. If you would like to upload any files related to this item, please click on the "Browse" button.

10. Domain: Provider Capacity and Capability

17. Subdomain: Organizational Stability
Rate the following item: There is stability among agency leadership within Title IV-E agencies, public organizations and community partners, including agency directors, administrators, and program managers.

1 (Emerging)

Notes/Rationale: except for the huge turnover in staff and new staff who have no history or understanding of our community's issues.

18. If you would like to upload any files related to this item, please click on the "Browse" button.

11. Domain: Provider Capacity and Capability

19. Subdomain: Organizational Equity
Rate the following item: Organizational culture is inclusive and diverse.

1 (Emerging)

Notes/Rationale: Inclusive - yes; diverse - not so much. Efforts are underway.

20. If you would like to upload any files related to this item, please click on the "Browse" button.

12. Domain: Provider Capacity and Capability

21. Subdomain: Feedback Loop
Rate the following item: Title IV-E agency staff, other public agencies and community partners have opportunities for involvement in discussions and decisions.

1 (Emerging)

Notes/Rationale: Definitely opportunities for involvement and discussion--not sure about decision making.

22. If you would like to upload any files related to this item, please click on the "Browse" button.

13. Domain: Provider Capacity and Capability

23. Subdomain: Adaptability
Rate the following item: Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization.

2 (Established)

Notes/Rationale: But we need to be cautious of changing with every whim - new theory or model that is inconsistent with our community's truth, Housing First being a good example.

24. If you would like to upload any files related to this item, please click on the "Browse" button.

14. Domain: Provider Capacity and Capability

25. Subdomain: Shared Values
Rate the following item: Leadership within Title IV-E agencies, other public organizations and community partners have shared awareness and are committed to the vision and mission.

1 (Emerging)

Notes/Rationale: It helps to have a tri-apartide board with broad representation of culture, economic status and experience.

26. If you would like to upload any files related to this item, please click on the "Browse" button.

15. Domain: Provider Capacity and Capability

27. Subdomain: Cross-Sector Partner Investment
Rate the following item: Title IV-E agencies, other public organizations and community partners have committed adequate time and resources to the task of implementing a comprehensive prevention plan.

1 (Emerging)

Notes/Rationale: Unfortunately our prevention plans are often times based on what funding is available.

28. If you would like to upload any files related to this item, please click on the "Browse" button.

16. Domain: System Capacity and Capability

29. Subdomain: History of Cross-Sector Partnerships
Rate the following item: History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners.

2 (Established)

Notes/Rationale: Because our agencies are so diverse with a range or services from human to natural resources we have to be open and flexible.

30. If you would like to upload any files related to this item, please click on the "Browse" button.

17. Domain: System Capacity and Capability

31. Subdomain: Community Engagement Strategy
Rate the following item: Title IV-E agencies, other public organizations and community partners have structures and processes in place to engage tribes, youth, parents and caregivers, those with lived experience, and underserved populations in change initiatives.

1 (Emerging)

Notes/Rationale: most agencies try hard but are disappointed with the lack of success when often times it's a matter of those we are engaging have more life driven priorities which doesn't include carrying the 'they included me' flag.

32. If you would like to upload any files related to this item, please click on the "Browse" button.

18. Domain: System Capacity and Capability

33. Subdomain: Community Involvement
Rate the following item: Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.

2 (Established)

Notes/Rationale: lots of enthusiasm and hope from current, long standing staff members.

34. If you would like to upload any files related to this item, please click on the "Browse" button.

19. Domain: System Capacity and Capability

35. Subdomain: Needs Assessment
Rate the following item: A needs assessment has identified the gaps in services and evidence-based practices (EBP's) in the service array to be included in the comprehensive prevention plan (counties may leverage existing assessments or analyses on service array).

1 (Emerging)

Notes/Rationale:

20. Domain: System Capacity and Capability

37. Subdomain: Implementation Support for CQI
Rate the following item: Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.

1 (Emerging)

Notes/Rationale:

21. Domain: System Capacity and Capability

39. Subdomain: Data Collection
Rate the following item: Title IV-E agencies, other public organizations and community partners have data systems and processes in place to track and monitor the comprehensive prevention plan outputs and outcomes that inform decision-making.

1 (Emerging)

Notes/Rationale: What systems are in place are only used by one source, very little overlap, and with the exception of the HMIS process there.

40. If you would like to upload any files related to this item, please click on the "Browse" button.

22. Domain: System Capacity and Capability

41. Subdomain: Adequate Staffing
Rate the following item: Staffing levels support effective functioning and implementation of new programs and practices.

0 (Absent or Missing)

Notes/Rationale: Large workforce shortage. Applicants are few, especially those with experience or who want to commit to the work long-term.

42. If you would like to upload any files related to this item, please click on the "Browse" button.

23. Domain: System Capacity and Capability

43. Subdomain: Expertise in Data Analysis and Accessibility
Rate the following item: Title IV-E agencies, other public organizations and community partners have the internal expertise or ability to access external expertise to collect and analyze data.

1 (Emerging)

Notes/Rationale: Data systems are expensive and require time and staffing that is lacking at the moment.

44. If you would like to upload any files related to this item, please click on the "Browse" button.

24. Domain: System Capacity and Capability

45. Subdomain: Infrastructure
Rate the following item: Title IV-E agencies, other public organizations and community partners have appropriate resources (e.g. staff, facilities, materials, and technology) to develop a comprehensive prevention plan and begin implementation.

1 (Emerging)

Notes/Rationale:

25. Domain: Policy Supports

47. Subdomain: Relationship with Local Governance
Rate the following item: Leaders of the Title IV-E agencies, other public organizations and community partners have a positive working relationship with local (city/county) governance body (i.e. Board of Supervisors, City Council, etc.).

2 (Established)

Notes/Rationale: Board of Supervisors and City Council members are very responsive and supportive.

48. If you would like to upload any files related to this item, please click on the "Browse" button.

26. Domain: Policy Supports

49. Subdomain: Data Sharing Agreements
Rate the following item: There are data linkage and information sharing agreements among Title IV-E agencies, other public organizations and community partners.

1 (Emerging)

Notes/Rationale: Just starting with the implementation of NCCC. Otherwise, it has been on an as needed basis.

50. If you would like to upload any files related to this item, please click on the "Browse" button.

27. Domain: Policy Supports

51. Subdomain: Alignment with Current Initiatives
Rate the following item: The comprehensive child and family well-being prevention plan supports existing programs and initiatives and aligns with existing county practices.

1 (Emerging)

Notes/Rationale: The heart of this community of providers would love nothing more!

52. If you would like to upload any files related to this item, please click on the "Browse" button.

28. Summary of Findings and Areas to Address

53. Review and discuss the responses with representatives from Title IV-E agencies, other public organizations and community partners. Then summarize overall findings in the table below. Include:

Key strengths (selected from areas noted as "Established").

Key areas for improvement (selected from areas noted as "Emerging" and "Absent or missing") and major challenges or barriers that may affect readiness for implementation (e.g., leadership turnover, resource constraints, conflicting expectations, resistance to change).

Possible strategies that Title IV-E agencies, other public organizations and community partners can use to develop capacity or address the challenge/barrier and potential next steps.

Use this summary and responses to the questions below to support capacity building efforts.

	Strengths	Areas to Develop & Challenges	Possible Strategies & Next Steps
Motivation for Change	Stakeholder buy-in, Collective commitment to change	Leadership Buy-In	Presentations on FFPSA/CPP to the larger community as well as at the first Cross System Collaborative tentatively scheduled for late September 2022.
Provider Capacity and Capability	Established meeting frequency, Transparent Communication with Cross-Sector Partners, Adaptability	Information Sharing and Exchange, Communication Strategy, Organizational Stability, Organizational Equity, Feedback Loop, Shared Values, Cross-Sector Partner Investment	create a website that anyone can access - not a county government only site - that includes the legislation, the goals, the CPP, the partners, accomplishments
System Capacity and Capability/Infrastructure	History of Cross-Sector Partnerships, Community Involvement	Community Engagement Strategy, Needs Assessment, Implementation, Support for CQI, Data Collection, Adequate Staffing, Expertise in Data Analysis and Accessibility, Infrastructure	Within DHHS we have data collection and expertise in data analysis and management through the Quality Management Services Unit. CQI is handled within the Child Welfare Services branch. The final part of the needs assessment is being completed this month, June 2022 and will be incorporated into our CPP. The same for implementation. Community engagement will be explained in the presentations discussed under "motivation."
Policy Supports	Relationship with Local Governance	Data Sharing Agreements, Alignment with Current Initiatives	the website mentioned in "provider capacity" could include data. We have a CIE called North Coast Care Center, that is just getting up and running. Many of the CPP players will be a part of NCCC.

54. For areas marked "Absent or missing," what information or data might be helpful and how can the Title IV-E agencies, other public organizations and community partners gather information or data? How can CDSS provide guidance or assistance?

Staffing is the main issue which impacts available resources to administer these efforts. Not sure how CDSS can provide guidance on staffing this issue.

55. Which of the subdomain subcategory attributes *(e.g., culture & climate, information sharing, trust in leadership, mission and vision, partnership, existing system coalitions, community interaction, infrastructure, existing policies)* are completely established?

Mission and vision, partnership, existing system coalitions, community interaction, and infrastructure are established.

56. Which subdomains need further development? ***(e.g., Information Sharing & Exchange, Organizational Stability, Cross Sector Partner Investment, etc.)***

Information Sharing, community interaction, trust in leadership, culture and climate, organizational stability, feedback loop.

57. Prioritize the area(s) that require further technical assistance below.

Staffing, support for EBPs.

Humboldt County DHHS Racial Equity Strategic Plan
2021-2025

Purpose and Introduction:

The Racial Equity Strategic Plan was designed in partnership with the Racial Equity Steering Committee and Department of Health and Human Services (DHHS) leadership for use across the department. Over the years, DHHS has engaged in a variety of efforts to increase diversity and address racism throughout its branches (Child Welfare Services, Social Services, Public Health and Behavioral Health). Some areas of the agency are required by mandate to have diversity, equity and inclusion work built into their systems or plans. National discussion of racism following precipitating events (including the death of George Floyd) in the Summer of 2020 created a sense of urgency to prioritize the work of addressing systemic racism and inequity. DHHS leadership recognized that committed efforts are needed to finalize and implement a robust plan that achieves performance-based outcomes and ensures that DHHS actively participates in the work of becoming an anti-racist organization.

The Committee itself was formed in August 2020 under the guidance of DHHS Leadership to develop an equity plan with proposals and recommendations to reduce racial inequities across DHHS, resulting in the strategic plan that follows. The Committee includes staff from across DHHS and at multiple levels of the organization. The initial focus of the plan is internal, within DHHS, to build a foundation of knowledge and capacity amongst staff and leadership regarding racial equity. It is the goal of the Committee that this work will ultimately spread into developing stronger connections with the local community served by DHHS. *More information on the Racial Equity Steering Committee can be found within the Committee Charter.*

The Racial Equity Strategic Plan utilizes a data-driven model of performance management. Data is updated and reviewed at least semi-annually during the duration of the plan. See Section 5: “Goals, Objectives, and Implementation” for more information about data and performance management.

Population Served

Humboldt County DHHS serves a rural county roughly the size of Connecticut with a population of approximately 136,463 persons.

Racial Demographics based on Census Data

Racial Identification	Percent of Population
White	83.2%
White (not Hispanic or Latino)	73.8%
Hispanic/Latino	12.1%
American Indian/Alaska Native	6.4%
Two or more races	5.7%
Asian	2.9%
Black/African American	1.5%
Native Hawaiian/Pacific Islander	0.3%

Source: U.S. Census Bureau QuickFacts: United States

Existing Policies and Established Work

The Racial Equity Steering Committee acknowledges the many racial-equity efforts already ongoing in the DHHS branches, which include Administration, Behavioral Health, Child Welfare Services, Public Health and Social Services. It is likely, work done at the branch-level will continue to inform and coordinate with strategies identified within this plan. See Appendix B for a chart of these efforts in categories such as Policies, Materials, Capacity and Staffing, Training, and Other Branch-Specific work. This chart is intended to be updated annually.

Intention Statement

The long-term goal of the equity work in this Strategic Plan and throughout DHHS is to develop an organization that is anti-racist, or actively working to advance racial equity by dismantling systemic and structural racism within the agency and the community. The below Objectives, Measures, Targets, and Actions (OMTAs) act to achieve this goal.

Goals, Objectives, and Implementation

These OMTAs will be reviewed annually and adapted to reflect incoming data.

<table>
<tr><th colspan="2">High Level Goal 1: Develop a permanent Cultural and Racial Equity Team to facilitate Equity efforts across DHHS</th></tr>
<tr><td colspan="2">Objective 1.1: Hire a DHHS Racial Equity Program Manager</td></tr>
<tr><td>Measure: 1.1.1: Just Do It! (JDI)</td><td>Target: N/A</td></tr>
<tr><td colspan="2">Actions:
The program manager would take over ultimate responsibility for developing and implementing equity trainings, education, data and information gathering, and response efforts
Will be linked to DHHS Leadership
Will serve as a liaison between each branch’s equity teams
Will be the link between DHHS and county-wide racial and cultural equity efforts
Will serve on and partner with the DHHS Racial Equity Steering Committee</td></tr>
<tr><td colspan="2">Objective 1.2: Arrange or hire appropriate support staff that will be linked to Equity Program</td></tr>
<tr><td>Measure: 1.2.1: Just Do It! (JDI)</td><td>Target: N/A</td></tr>
<tr><td colspan="2">Actions:
In addition to the Racial Equity Manager, this team would support the overall development and implementation of equity trainings, education, data and information gathering and response efforts (outlined in Objective 1.1)
Would serve as a liaison between each branch’s equity teams</td></tr>
</table>

High Level Goal 2: Training & Coaching – All Staff	
Objective 2.1: Improve staff understanding of implicit bias	
Measure 2.1.1: Pre/Post Survey responses	Target:70% of staff report understanding/can explain implicit bias
Action: • Develop and implement "Implicit Bias" training • Post training onto NeoGov • Draft and distribute pre and post surveys for participants, track responses • Support and promote Harvard implicit association tests • Supervisors facilitate dialogue after tests, tying implicit bias to racial injustice and systemic racism (at the county, in community, in current events) • Prepare staff to engage in facilitated dialogues after participation in Implicit Association Tests	
Objective 2.2: Develop & Implement "Exploring Racial Equity: Common Terms" Training	
Measure 2.2.1: % Staff Completed Training Pre/Post Survey responses	Target: 100%
Action: • Develop/Distribute Training • "Common Language" focus • Develop questions to include throughout training – use Travis Moneypenny-Johnson as resource • *Requirement:* Completed in NeoGov within 30 days of hire • *Additional requirement*: Quarterly or bi-annual "in-person" reinforcement of online training • Program/Supervisor link on how to include onboarded staff into culture of equity (Onboarding checklist? Be thoughtful about questions)	
Objective 2.3: Develop/Implement "Getting Started" Training	
Measure 2.3.1: % Staff Completed Training	Target: 100%
Action: • Develop/Distribute Training in partnership with Stepping Stone Consulting • Topics covered: implicit bias, whiteness, four-dimensions of racism and building anti-racist practices into organizations • Evaluate potential train-the-trainer model to build internal capacity • Cohort model with coaching for supervisors to advance learning with staff participants	
Objective 2.4 Develop/Implement Training focusing on local Humboldt population (Current and historic)	
Measure 2.4.1: % Staff Completed Training	Target: 100%
Action: • Partner with local Indigenous/BIPOC groups/orgs/HAF/Two Feathers/HAPI (such as CWS cultural training) • Two Feathers YouTube series • Encourage / draft policy requiring managers to include topics in regular program/staff meetings (viewing and/or discussion) • Hold in-person, virtual meeting and webinar style training and coaching sessions	

- Identify one quality training to include and promote on NeoGov

Objective 2.5: Provide opportunities for Reflection on White Supremacy Culture	
Measure 2.5.1: % of Staff reviewing booklet on NeoGov	Target: 100%

Action:

- Develop "White Supremacy Culture Booklet" on NeoGov.
- Training to focus on basic understanding of subject matter and how it functions in the workplace
- A closing statement to be included stating: this is preparation for a future conversation with supervisor/program
- based on material from "Whiteness Within" training module (See "Resources" folder)

Measure 2.5.2: % of staff participating in dialogue on White Supremacy Culture	Target: 75%

Action:

- Implement policy for facilitating dialogue/reaction
  - Include language to address as part of onboarding checklist and during exit interviews
- Post policy on Intranet (Include language about supervisor expectations)
- Director to send email to All Staff: bring attention to policy
- Expectation that Mgrs./Sups discuss item in meeting/supervision session
- High level modeling shift (need to brainstorm around this idea)
- Implement a simple survey for supervisors to indicate if dialogue has occurred with staff (yes/no), when and request feedback.

High Level Goal 3: Coach, Support and Prepare Staff in Supervisory Roles

Objective 3.1: Support and prepare those in supervisory roles to take on a leading role in equity conversations	
Measure 3.1.1: # yes/no conversation forms submitted	Target: 10

Actions:

- Provide supervisory-specific series of trainings (i.e., initial round[s] of "Getting Started")
- Compile facilitation, coaching, tools, and information resources for supervisors
  - Design coaching cohort plan to follow training aimed to reinforce learning, support implementation with staff and create learning groups amongst supervisory leaders
- Develop "yes/no" form for facilitation of conversation along with talking points
- Develop policy and submission process for yes/no forms
  - Could include a "tickler" that is automated with survey/form link embedded to encourage response rate
- Develop ways to highlight what is going well; way for supervisors to highlight an equitable program, policy, incident, staff member, etc.

Objective 3.2: Identify Racial Literacy Training Options, specific for Supervisor roles	
Measure 3.2.1: % Supervisors completed training	Target: 75%

Action:

- Reach out to "literacy" training provider

- Work with County Human Resources (HR) and Employee Services (ES)
- Include Racial Literacy section in supervisor's handbook
- Include language in "Expectations of…" document

Objective 3.3: Develop Racial Equity Expectations, Code of Conduct, & Attending to Impact	
Measure 3.3.1: % Code of Conduct Signed by supervisory staff	Target: 100%

Actions:

- Review existing codes of conduct (CoC)
- Develop DHHS CoC
- Develop process for staff to read, sign, and review CoC annually at evaluations
- Develop vetting process at different levels of org with a BIPOC lens
- Involve HR/ES/Union as necessary
- Implement process/policy for reporting and handling reports/micro-aggressions
    - Link this policy/process to "portal" in development by Great Workplace DEI focus team
- Update supervisory and leader "Expectations" document to include racial equity

High Level Goal 4: Develop External and Internal Racial Equity Coaching Capacity

Objective 4.1: Increase Coaching capacity among DHHS Staff	
Measure 4.1.1: # Coaches & Cultural Coaches throughout DHHS	Target: Increase by 2 in each category

Actions:

- Collect baseline data:
    - How many cultural coaches/coaches are on staff currently?
    - What are the demographics?
    - Which/how many staff take on larger coaching roles, through branch or DHHS, who could be tapped for this work?
- Define desired coaching skills and expectations:
    - Explore what skill and desires coaches may have around branch/department coaching
    - Clarify what we are asking of coaches
    - Define nuance between Coaches and Cultural Coaches, all should be skilled in how racial equity applies to their work
    - Develop coaching partnerships: white/POC
- Create outline of what a coaching program would be:
    - What are the desired goals/outcomes?
    - How will coaches be utilized?
    - What happens if coaches are not being utilized?
- Train and prepare all Supervisors with these goals and expectations
- Develop equity training for current Coaches, along with on-going refresher training
- Build capacity around community demographics and workforce demographics (i.e., local indigenous or other minority groups represented in staff make-up)
- Develop compensation process for staff taking on coaching roles with consideration to cultural taxation
- Partner with outside coaches when necessary

- Develop process for alignment among internal and external Coaching efforts, including linkage to mentorship program (see Goal 5, Objective 5.4.1)
- Consider an additional metric that evaluates utilization of coaches for this objective. How can we measure that the coaches we have are being used?

High Level Goal 5: Improve Hiring, Recruitment & Retention

Objective 5.1: Obtain baseline hiring and staff demographic data

Measure 5.1.1: Just Do It! (JDI)	Target: N/A

Actions:

- Data to identify:
  - Racial demographics of current staff
  - Demographics in leadership roles (Supervisors, managers, directors, HR/ES)
  - Total number of supervisory roles within dept (filled, total)
  - Demographics of clients
  - Retention rates by demographic/role
  - Promotion rates by demographic/role
  - Application to onboarding rates (those who advance from initial offer to actual hire)
  - Compare DHHS to County population as a whole and client demographics
- Partner with QMS/ES/HR to identify how we can obtain, or better track, above data

Objective 5.2: Improve hiring selection process

Measure 5.2.1: % Hiring interviews using equity questions	Target: 100% after one year of implementation

Actions:

- Form partnership with HR/ES to re-evaluate/restructure hiring and interview processes, including:
  - Develop a mandatory equity training for all potential hiring panels
    - Potential to make it recur (i.e., two to three hours every two years)
    - Included in supervisor training
  - Standard language which articulates the department's commitment to equity in job descriptions/listings
  - Other areas that have impact on equitable hiring practices:
    - Need for driver's license, college degree in all roles
    - Option to include resume in score for interview panel
  - Develop effective equity-based interview questions to be used consistently across departmental hiring process and related policy for how they should be utilized.
    - Such as, questions about experience/connections to communities served
    - Train hiring panels using these questions – how to recognize a quality answer
- May be tied to Workforce Development (WFD) Plan
- Think through a staggard timeline for implementation

Objective 5.3: Improve retention of BIPOC staff

Measure 5.3.1: # years BIPOC / all staff retained on average	Target: N/A: Assessment

Actions:

- Utilize retention date gathered in Objective 5.1
- Evaluate/document variances between white/BIPOC staff?
- Use exit interview and staff survey data
- Use these surveys to ask if affinity groups (6.2) is the format they want the support group to take

Objective 5.4: Evaluate value add from creation/reinvigoration of mentorship program	
Measure 5.4.1: Mentorship Program pre/post satisfaction survey answers	Target: At least an average of 7 on a 1-10 scale

Actions:

- Consider a targeted mentorship program with an equity lens (SS & PH materials already exist and can be adapted)
    - Is this objective better fulfilled through a coaching program (Goal 4)?
- Evaluate previous iterations of mentorship program and if this could be a method to support his goal.
    - Mentorship should be inclusive of all staff, not only BIPOC staff need mentorship.
- Establish a process so when an issue arises through mentorship programs or any other venue, it will be addressed, or understand if/why we are unable to address it but keep an eye on the issue for when it can be addressed (this idea needs more clarity)
    - Link to "portal" in development by DEI focus team

High Level Goal 6: Listen to, Understand, and Improve Experiences of BIPOC Staff within DHHS

Objective 6.1: Improve equity lens on DHHS forms and policies	
Measure 6.1.1: % forms and policies reviewed for equitable language	Target: 100% new/revised 20% existing

Actions:

- Establish committee and regular review process for forms and policies that includes BIPOC individuals.
- Align this process with regular routine reviews/update
- Explore and establish flexible framework that can be used across DHHS

Objective 6.2: Establish affinity group meeting program	
Measure 6.2.1: # Affinity group meetings	Target: 3

Actions:

- Proactive messaging about purpose and context – supporting opportunities for staff to participate in affinity groups allows staff to make connections and share experiences that leads to a workplace culture of racial equity
- Ensure this is a support network rather than workgroup
- Negotiate a space that is supported by leadership but separated from county facilitation (can be done on staff time, encouraged, a "work supported activity", but not recorded or monitored)
- Establish feedback loop from affinity groups to workgroup/leadership
- Establish process to use affinity group feedback as opportunity for listening and learning

Objective 6.3: Partner with ES/HR to Implement a Restorative Justice framework for incident resolution	
Measure 6.3.1: Number of race-based complaints among staff	Target: N/A
Measure 6.3.2: Number of times RJ system is used	Target: 1

Actions:

- Identify current process for handling and resolving reports through HR, ES and County Counsel.
    - Link to "portal" in development by DEI focus team
- Partner with ES to get disaggregated data about how many incidents occurred within a year
- Considerations when developing a RJ policy:
    - What happens when it goes to a supervisor? What happens when it goes right to ES/HR? What if the complaint is between staff and client or client and staff?
- Investigate and implement a decision tree that includes a Restorative Justice framework to define and guide appropriate levels of response.
- Build a Restorative Justice council/team (discuss the role here, implementation and/or mediation)
    - Coaches could play a significant role here
    - Use RJ team to develop RJ process
- Develop anonymous satisfaction survey (option to include name if wanted) after incident

Appendix A:

Timeline (Gantt Chart)

(Draft in Progress)

Appendix B

Ongoing Humboldt County DHHS Equity Work per Branch

Administration
Policies
- When policies are being discussed it has been stated in various admin group meetings that we will need to have a racial equity lens on for development. Waiting on other branches work to see if there is anything (like tools) that rise to a place that can be adopted throughout.
Materials
-
Capacity / Staffing
- Leadership in review for a position to lead racial equity efforts throughout DHHS - Administration has a member on the Racial Equity Steering Committee
Training
- Since 12/2017 Cultural Competency has been on the agenda with the DHHS Training Task Force. The ask in the beginning was around tribal relationships. o Excerpt from the mtg minutes: Training on Cultural Competency ▪ Focused on local tribes and how DHHS works with them system wide. - QMS staff during monthly QMS Leadership Meeting include a portion of the meeting to learn something new or share on topics around racial equity. This has been a common practice since October 2019. - UC Davis 4 part "Anti-Racist Practice Webinar Series" was uploaded to NEOGOV o Webinar #1: Foundational Anti-Racist Practice o Webinar#2: Disproportionality and Systemic Racism o Webinar #3: Implicit Bias and Microaggressions o Webinar#4: Allyship - QMS Workforce Development team has linked with the Equity Steering Committee to find trainings for DHHS staff. o NEOGOV has three trainings in its catalogue around “Diversity and Inclusion” ▪ In April 2021 the trainings were made available to all staff. No communication has gone out. • Courageous Conversations • Cultural Competence • Understanding and Preventing Microaggressions
Other / Branch Specific
-

Behavioral Health Branch
Policies
- Racial and Cultural Equity in Behavioral Health - Racial and Cultural Equity Document Review in Behavioral Health - Racial and Cultural Equity Budget Review in Behavioral Health - 100.106, section 1.4: “To encourage respect for the individual clients’ rights of self-determination, including such concepts as cultural and linguistic preference, timely

access to needed services, alternatives to treatment and providers, participation in healthcare decisions, and rights to make grievances and appeals” - Policy 100.108 Interpreters - Policy 100.305 Cultural Competence Committee - Policy 100.603 Selection of Interpreters - Policy 100.604 Access to Interpreters and Culturally and Linguistically Competent Providers - Policy 100.605 Obtaining Interpretation, Translation and Telephone Services for Clients with Physical Impairments or Limited English Proficiency - Policy 100.606 Speech to Speech Relay Service - Policy 100.607 Text Telephone (TTY) Use - Policy 100.608 Access to Interpreter Services – Language Line Use - Policy 100.617 Translation of Written Materials - Policy 704.876 Community Information and Education Plans
Materials
- BH Racial and Cultural Equity Policy, Procedure, and Form Review Tool - BH Budget Questionnaire - Cultural Competence Plan, required by the California Dept. of Health Care Services: Includes analysis of demographic data available from State and national resources to identify disparities; strategies to address disparities; report on progress
Capacity / Staffing
- Ethnic Services Manager (partial FTE) o Member of Cultural Competency, Equity, Social Justice Committee (CCESJC) of the California Behavioral Health Director’s Association (CBHDA), which meets monthly o Superior Region ESMs meet bi-monthly o Co-facilitator of Cultural Responsiveness Committee (CRC) o Member of DHHS Racial Equity Steering Committee - Administrative Analyst (partial FTE): note taker for CRC; attends Promotores meetings - CRC (see Branch specific below)
Training
- Behavioral Health Leadership participated in a multi-week training with the Humboldt Area Foundation to learn about equity, equitable language, local demographics and history, and strategies to address health and racial inequities. - Behavioral Health staff is required to complete one cultural training annually - Cultural Awareness training: new training in 2021; assigned to all staff in NeoGov - Relias E-Learning: 38 trainings relating to culture; in process of developing training plans for these options - Monthly BH Managers meeting focus on racial equity - Regular Deputy/Director meeting to frame and guide equity work
Other / Branch Specific
- Engagement with Humboldt Area Foundation to develop and implement an equity workplan addressing systemic and structural racism and behavioral branch culture in a sustainable, long-term manner. - Adaption of Humboldt Practice Model to be specific and relevant to BH - Alignment of BH Strategic Plan, Draft Framework and DHHS Equity Plan to create a crosswalk and to plan to move equity work forward formally and sustainably.

- Embedded questions related to equity and trauma in interview questions.
- Expanded recruitment distribution outside of traditional list, and deeper into community.
- Workforce demographic survey 2019
- Cultural Responsiveness Committee
    - Meets monthly
    - 10-12 regular attendees; distribution list of about 60 who have expressed interest
    - New staff orientation to CRC: until COVID was taking place monthly during BH Compliance training
    - New Cultural Awareness Training includes slides on the CRC
    - Identify and implement projects
        - Webpage on County website, recently updated to include resources
        - Links/Resources on DHHS Intranet
            - Trainings
            - Fact sheets
            - Links to trainings, other information
        - Changes to Client Information Form to better reflect race/ethnicity and sexual orientation/gender identity

Child Welfare Branch
Policies
- None Yet
Materials
-
Capacity / Staffing
-
Training
- Since approximately 2015, CWS Administration has been trained to the VISIONS, Inc, Working with and Across Differences (WWAD) Model. In 2021 all CWS staff are being trained to the model. Cultural and Practice coaches have been invited and encouraged to partake in the training as well. - Supplemental learning with staff's respective cohorts will continue after everyone completes the foundational training. - CWS has utilized Native American Cultural coaches and practice coaches since approx. 2012 - In 2018 CWS contracted with a Hmong cultural coach so staff could better serve Hmong families
Other / Branch Specific
- CWS Managers have a monthly meeting with supervisors where managers have been trying on facilitating WWAD activities to continue the work. - There is twice a monthly WWAD coaching with CWS administration and a contracted facilitator through Evident Change. - We have been tracking the disproportionately Native American youth that are in foster care.

Public Health Branch
Policies
- Cultural and Linguistic Competency Policy - Linguistically Appropriate Services Policy
Materials
- Equity Checklist: a checklist for a program or workgroup to complete when reviewing new policies, programs, grants, OMTAs and health efforts to make sure equity is being considered - A policy is being developed around the use of this Checklist - PH has piloted this Checklist with the COVID Vaccine team - In ClearPoint, the PH Performance Management system software, PH has developed a drop-down list to mark whether the OMTAs represented in the scorecard address an inequity or a disparity and whether the Equity Checklist has been completed
Capacity / Staffing
- PH is developing a Public Health Equity Advisory Team (PHEAT) to address Public Health Equity Reaccreditation needs, to coordinate with the DHHS Equity Workgroup, and to help implement the Equity plan throughout the branch. - PH is developing a position under Healthy Communities to take on COVID equity needs, with the goal that this position will also be a long-term general Equity role
Training
- Public Health Leadership participated in a multi-week training with the Humboldt Area Foundation to learn about equity, equitable language, local demographics and history, and strategies to address health and racial inequities. - Public Health staff is required to complete one training annually covering one of the eight Public Health Core Competencies. Several of these competencies could include an equity lens, including Cultural Competency, Communication, and Community Dimensions of Practice
Other / Branch Specific
- Public Health Accreditation / Reaccreditation efforts require some equity considerations including the development and use of the Equity Checklist mentioned above

Social Services Branch
Policies
- None Yet
Materials
- V-13-30 Checklist for Limited English Proficient Clients - P&P 10-109 Language Line Procedure - P&P 15-15 Interpreter/Translator List - GEN 1365 Notice of Language Services (required for Medi-Cal) - A-13-37 Request for Interpreter and I Speak Card (required for multiple programs) - Pub 13 Your Rights Under California Public Benefits Programs (required for all programs) - GEN 1179 Complaint of Discrimination (CDSS form)
Capacity / Staffing
-
Training
-

Other / Branch Specific
- Monthly SSB Supervisor Leadership meeting with racial equity as focus. Not all SSB supes in attendance though.

Appendix C:

Racial Demographics from U.S. Census Bureau

The below descriptions, and data presented in the "Racial Demographics based on Census Data" table found in the introduction of the Racial Equity Strategic Plan, are sourced directly from the US Census Bureau QuickFacts table for Humboldt County, CA. QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more. The totals provided in the population estimates are accurate as of July 1, 2021 (V2021): U.S. Census Bureau QuickFacts: United States

Race

Sources: U.S. Census Bureau, Population Estimates Program (PEP). Updated annually. Population and Housing Unit Estimates

U.S. Census Bureau, American Community Survey (ACS). Updated annually. American Community Survey

Data users should be aware of methodology differences that may exist between different data sources. Methodology for U.S. and Puerto Rico

About

The Race estimates of the population are produced for the United States, states, and counties by the Population Estimates Program and the race estimates of the population are produced for Puerto Rico, muncipios (county-equivalents for Puerto Rico), places, zona urbanas and comunidades (place-equivalents for Puerto Rico), and minor civil divisions by the American Community Survey.

The U.S. Census Bureau collects race data in accordance with guidelines provided by the U.S. Office of Management and Budget (OMB), and these data are based on self-identification. The racial categories included in the census questionnaire generally reflect a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories of the race item include racial and national origin or sociocultural groups. People may choose to report more than one race to indicate their racial mixture, such as "American Indian" and "White." People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

OMB requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report more than one race.

The concept of race is separate from the concept of Hispanic origin. Percentages for the various race categories add to 100 percent and should not be combined with the percent Hispanic.

The U.S. Census Bureau adheres to the U.S. Office of Management and Budget's (OMB) definition of ethnicity. There are two minimum categories for ethnicity: Hispanic or Latino and Not Hispanic or Latino.

OMB considers race and Hispanic origin to be two separate and distinct concepts. Hispanics and Latinos may be of any race. Thus, the percent Hispanic should not be added to percentages for racial categories.

Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States.

Definition

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

White alone, not Hispanic or Latino are individuals who responded "No, not Spanish/Hispanic/Latino" and who reported "White" as their only entry in the race question.

Black or African American. A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.

American Indian and Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.

Native Hawaiian and Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.

Two or more races. People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Two or More Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian," Native Hawaiian or Other Pacific Islander," or "Some Other Race"

Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This includes people who reported detailed Hispanic or Latino groups such as:

- Mexican
- Puerto Rican
- Cuban
- Dominican Republic

Central American (excludes Mexican)

- Costa Rican
- Guatemalan
- Honduran
- Nicaraguan
- Panamanian
- Salvadoran
- Other Central American

South American

- Argentinian
- Bolivian
- Chilean
- Colombian
- Ecuadorian
- Paraguayan
- Peruvian
- Uruguayan
- Venezuelan
- Other South American

Spaniard

- All other Hispanic or Latino

NEW PROGRAM IMPLEMENTATION GUIDE

10/13/2022

Implementing Evidence-Based Practices

The Quality Management Services Unit was created to support the collaborative use of Evidence-Based Practices. The following Implementation Guide was designed to support implementation planning. The planning process is completed by an intra- and inter-agency team, overseen by the Program Lead/Division Manager with assistance and support by the DHHS Compliance & Quality Assurance Administrator. This guide was first drafted in May 2006 and has been updated with changes to the agency over time.

Contents

NEW PROGRAM IMPLEMENTATION GUIDE

Implementation Guide/2022

INTRODUCTION

This Evidence-Based Practice (EBP) Implementation Guide provides guidance to facilitate selection and implementation of one of the many EBPs related to prevention and treatment that are publicly available today. Staff will learn how to (1) select the program that best matches the organization's needs and (2) carry out the steps necessary to implement the program chosen.

Through system transformation DHHS is using a "3 BY 5" approach to program design which is comprised of:

Three Concurrent Service Strategies

- Universal: Prevention Services
- Selective: Early Intervention Services for at risk populations
- Indicated: Focused Treatment Interventions for high-risk populations

And

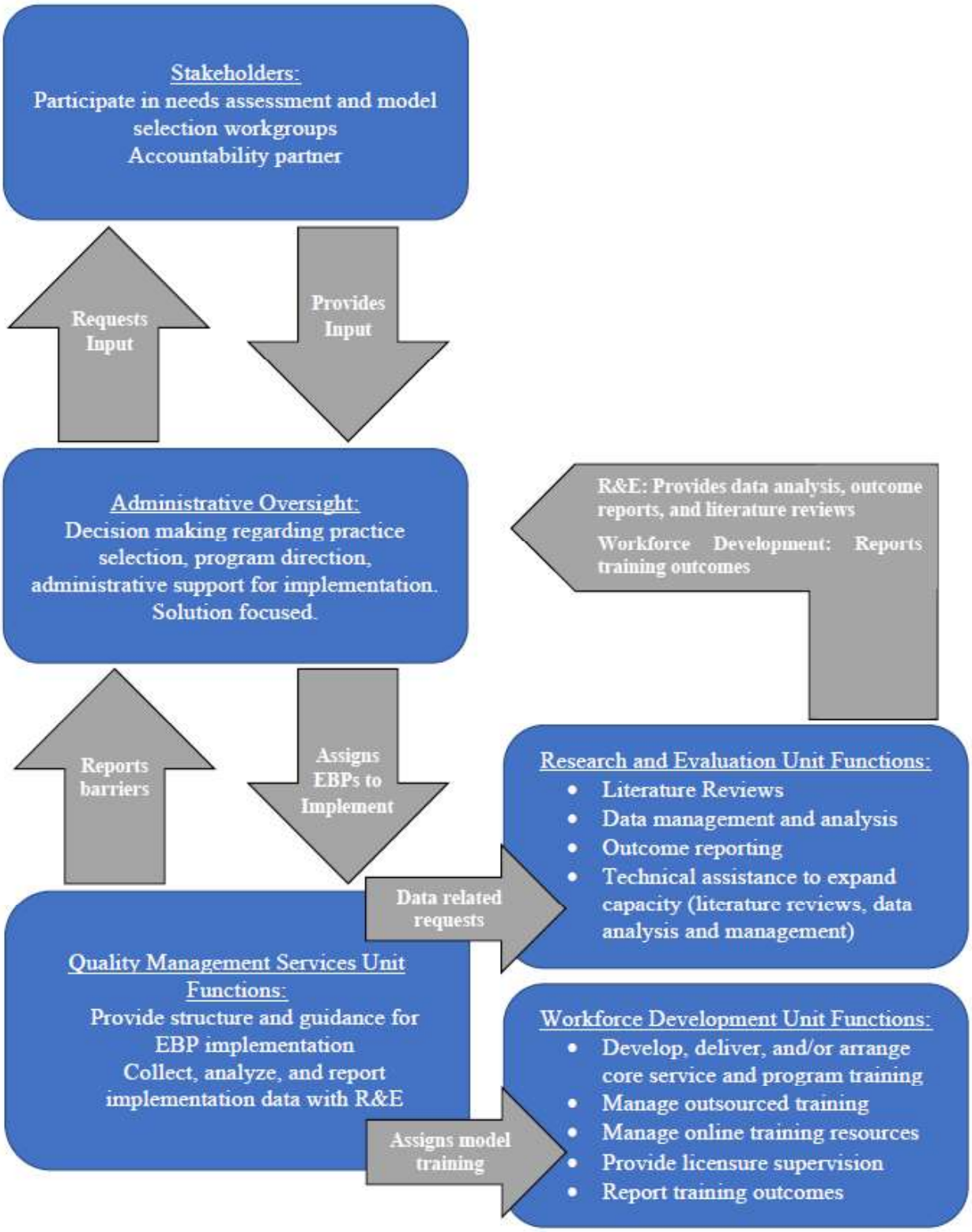
Five Target Populations

- Children, Youth and Families
- Transition Age Youth
- Adults
- Older Adults
- Community

The "Rapid Cycle" process on the next page has evolved in relation to the need to transport and launch EBP models and focus on outcome driven systems capacity as part of Humboldt County's service integration efforts. EBPs implemented or in-process of launch need a standard process to ensure they are supported and sustainable. As part of the efforts to develop cross-departmental services this guide has been developed to provide direction and support for staff and program.

This guide can be used beyond EBPs such as promising practices or other model implementation.

Humboldt County Rapid Cycle Change Matrix



BACKGROUND

Integrated Support Services

Quality Management Services was created to support collaborative use of EBPs.

Compliance and Quality Assurance: Support comprehensive planning support to establish and sustain EBPs with model adherence.

Research and Evaluation (R&E): Guide data and information gathering methodology, design/support fidelity and outcome measures, conduct program evaluation to establish and sustain EBPs.

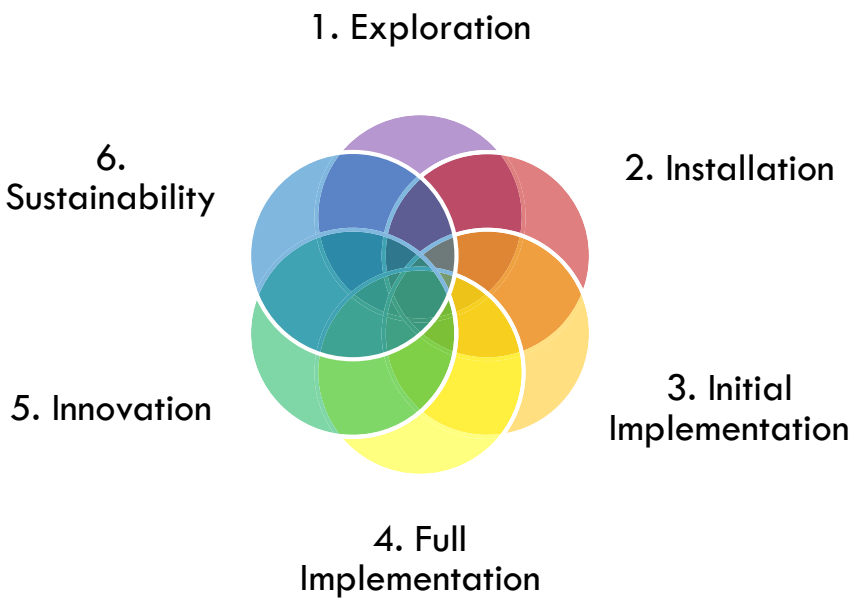
Workforce Development: Provide/contract for pre-launch EBP training and education to branches and stakeholders; provide or coordinate EBP post-launch or on-going training and education needs; develop training to better understand the complex needs of families, engaging for early intervention and supporting connections in the community; develop training to address client and cultural diversity; develop curriculum to promote clients, families and youth partnerships; and provide pre-licensure clinical supervision and work force development support.

INTRODUCTION TO THE STAGES OF IMPLEMENTATION

Implementation does not occur all at once. It is a process that takes two to four years to complete in any organization. It is a recursive process that includes steps focused on achieving benefits for children, families, provider organizations, human service systems, and communities. It appears that there are six functional stages of implementation:

1. Exploration
2. Installation
3. Initial implementation
4. Full implementation
5. Innovation
6. Sustainability

While described in linear fashion, the stages are not linear in practice because each impacts the others in complex ways. For example, sustainability factors are very much a part of exploration, and exploration directly affects sustainability. Or, an organization may regress from full implementation to initial implementation as a result of unusually high levels of staff turnover. The stages should be viewed as components of a tight circle with two-headed arrows from each component to all others.



IMPLEMENTATION PROCESS

Exploration

Need Statement Development

Under the direction or assistance of the identified Program Lead/Division Manager a need statement will be developed that will include the validation of the targeted population. The identified program staff or Research and Evaluation Unit (in collaboration with program staff) will conduct a needs assessment or gap analysis. Acquiring Research and Evaluation support will take submission of the DHHS 49 – IS&S/R&E Project Request Form submitted to the DHHS Compliance and Quality Assurance Administrator for approval with signature of DHHS-Administration. Ideally this will be a formal community-wide needs assessment performed before any request for proposals (RFP), however informal assessments can be used depending on time constraints. A formal needs assessment is a much more useful asset in the long-term by providing benefits over informal needs assessments such as:

- Creating a better foundation of data to establish the need for the program in the community, which in turn increases chances for funding
- Focuses the program on the most appropriate target population (those more at risk or receptive)
- Earlier community buy-in and support.

Informal needs assessments processes normally:

- Are based on the extensive experience of key staff who understand the community and the needs of the target population

- Rely heavily on existing data from local and national sources
- Are based on meaningful interactive collaborative dialog among community partners who are involved with the target population or who share a concern about the suspected need.

Assessing Resources and Capacity

Assessing the resources available to both implement and sustain the possible programs is the next step in the exploration of an appropriate EBP. These resources are material, capacity, financial, and readiness oriented. The materials and capacity that might be needed by a program that are currently available for use in such a program can take many forms, including housing for the program, current skill levels of likely program staff, and other equipment/supplies (paper, copiers, pens, etc.). These resources should be taken into account in order to counter the financial cost of the program, making the program more affordable and better able to meet the "Proper Fit." The Financial costs for staff, staff training, program materials, the program itself, and anything else needed that is not already available (current material and capacity resources) are different for every program. Assessing current financial resources available will readily allow for evaluating if a program may be too expensive to implement.

The last resource to evaluate is the readiness of the community to accept and support a program. The amount of commitment and buy in from the community, community partners, and the organization implementing the program are important in ensuring the longevity of the program, the initial approval process, the implementation process, and the fidelity of the program. Without proper support from the community as a whole, it becomes less likely that the program will survive the first few years of implementation or continue on with fidelity.

Proper Fit

The most important part of the process in the exploration of an appropriate EBP is to look at its fit. Assessing the needs and resources available creates a sort of guidelines in what EBP requirements can be accommodated, outlining which programs will "fit" within those guidelines. The following questions can help with the conversation around appropriate fit.

- Is the **program** appropriate for the population identified in the community needs assessment and community logic model? Has the program been implemented successfully with the same or a similar population? Are the population differences likely to compromise the results? If so, what adaptations can/will be made to account for these issues?
- Is the program delivered in a **setting** similar to the one planned by your community? In what ways is the context different? Are the differences likely to compromise the program's effectiveness? If so, what adaptations can/will be made to account for these issues?
- Is the program **culturally appropriate**? Did members of the culturally identified group participate in developing it? Were program materials adapted to the culturally identified group?
- Are program **materials** (e.g., manuals, procedures) available to guide implementation? Are training and technical assistance available to support implementation? Are monitoring or evaluation tools available to help track implementation quality?

- Is the program **culturally feasible**, given the values of the community? How does it fit with community values, including the values of diverse cultural groups? Can the program be altered/adapted to fit with community values without reducing its effectiveness?
- Is the program **politically feasible**, given the local power structure and priorities of the implementing organization? Can the program be adapted to be politically feasible?
- Does the program match the mission, vision, and culture of the implementing organization?
- Is the program **administratively feasible**, given the policies and procedures of the implementing organization? Can any issues that might keep the program from being feasible be altered/adapted to fit these policies and procedures?
- Is the program **technically feasible**, given staff capabilities, time commitments, and program resources? What adaptations to the program can allow it to work with any preventative technical limitations?
- Is the program **financially feasible**, given the estimated costs of implementation (including costs for purchase of implementation materials and specialized training or technical assistance)?
- How the proposed intervention or framework 'fits' with other existing initiatives and whether implementation and outcomes are likely to be enhanced or diminished as a result of interactions with other relevant interventions.
- How does it fit with the priorities of your state, community, or agency?
- How does it fit with current state, community, or regional organizational structures?

Thoughtful consideration and discussion of the above questions will be helpful in identifying the right program. With these questions in mind, the following steps will result in the selection of the EBP that has the best fit for the needs and resources identified.

1) Conduct a comprehensive literature review or a program search to compare several possible programs and identify which one best meets the proper fit parameters discussed above (if EBP is not known).
2) Identify key program components by contacting EBP program developer.
3) Use the Hexagon Tool in order to evaluate the EBPs to decide which of them have the best fit to your Needs and other determined factors
4) Develop the EBP Consideration Checklist that identifies and describes in brief key features that are unique to the program, those features that make the program work which include but are not limited to:
   a) Description of Program
   b) Program Fit
   c) Project Components
      i) Target population
      ii) Fiscal needs
      iii) Training
      iv) etc.
   d) Assumptions
   e) Proposed timelines
   f) Project deliverables

g) Desired outcomes

New Program Authorization Process

The following are the steps necessary to research, recommend, request and acquire approval to begin the implementation process of a Humboldt County DHHS EBP. A flow chart (see page 11) has been developed and included to help aid in the process of gaining approval.

> Prior to any work commencing a gray area may exist where a discussion among managers will occur with DHHS Administration. This discussion will answer the question of whether or not further research should occur in regards to a specific EBP for a given area or noted need. Sometimes a discussion and or decision may occur at DHHS Administrative meeting. The following flow chart includes a combined process of a pre-discussion and the approval discussion. A pre-discussion may be due to not having a specific EBP in mind but an identified need is known as previously noted. In this instance more research may be needed as well as looking at multiple EBPs to find the one that best fits the need identified for the target population. The following steps are aimed at a known need and proposed EBP to meet that need: DHHS Administration will approve identified Program Lead/Division Manager to champion the approval process forward.

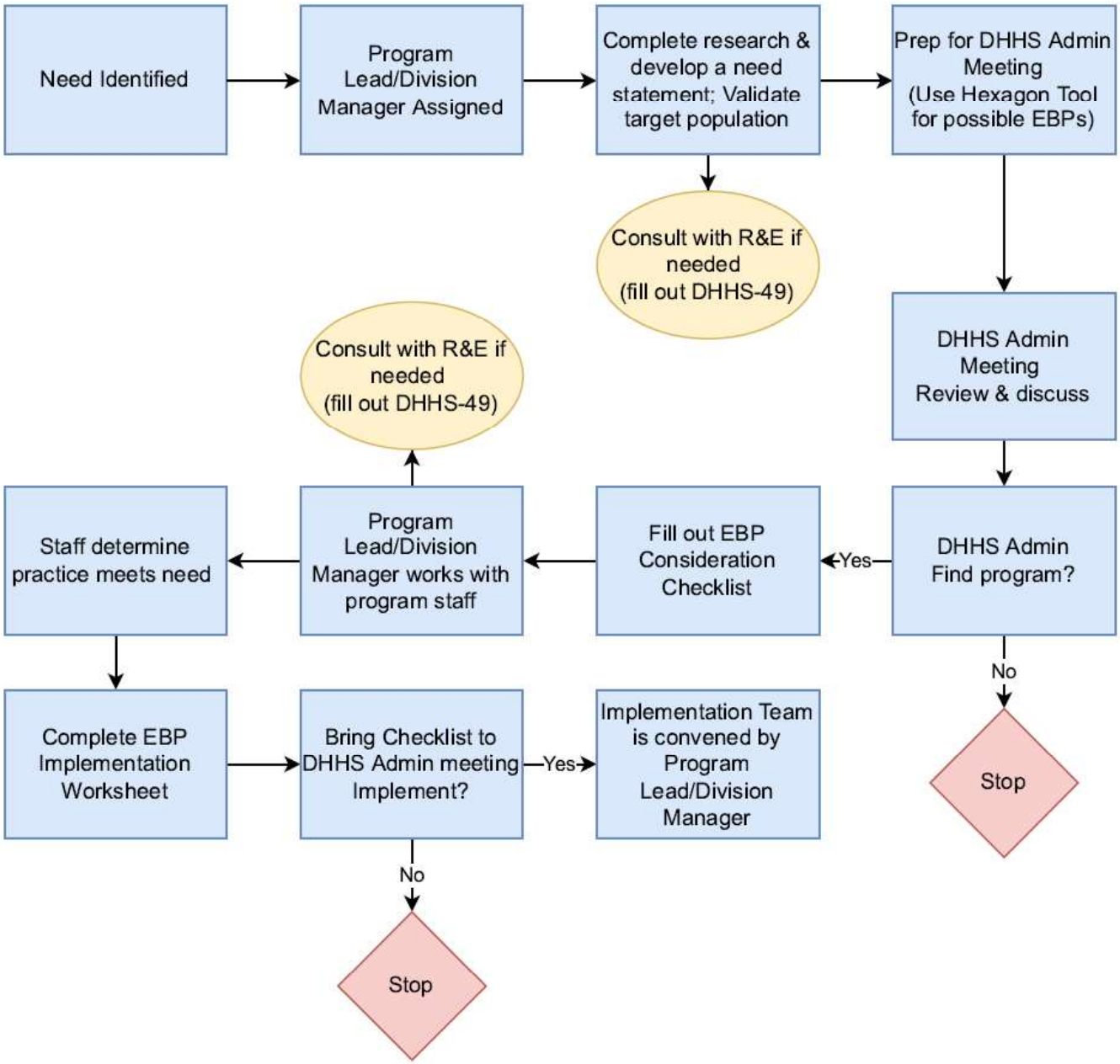
Seeking Approval

Program staff convenes inter-agency discussion regarding potential new program/practice with key Division Managers/Agency Partners regarding needed features of program, target population, and key program components.

1) Use the EBP Consideration Checklist (LINK) to guide the information needed for presenting recommendation.
2) Present recommendation(s) to inter-agency discussion group.
3) Discussion attendees' reviews recommendations for implementation, makes decision to implement, establishing priority timelines, and makes adjustments or asks for further clarification.
4) Discuss anticipated Implementation Team Membership.
5) Decision communicated to DHHS Compliance & Quality Assurance Administrator.
6) Compliance and Quality Assurance Administrator collaborates with assigned Program Lead/Division Manager to identify Implementation Team Membership not already noted by DHHS Administration.

Next Steps

1) Program Lead/Division Manager assigned collaborates with DHHS Compliance & Quality Assurance Administrator to convene implementation meeting start-up.
2) Implementation Team begins to meet regularly.
3) Implementation Team begins to fill out New Program Implementation Worksheet. The New Program Implementation Worksheet is designed to help the implementation process move forward so that pieces of the process are not forgotten and that discussions are not left off.


Need Identified
Program Lead/Division Manager Assigned
Complete research & develop a need statement; Validate target population
Prep for DHHS Admin Meeting (Use Hexagon Tool for possible EBPs)
Consult with R&E if needed (fill out DHHS-49)
DHHS Admin Meeting Review & discuss
Consult with R&E if needed (fill out DHHS-49)
Staff determine practice meets need
Program Lead/Division Manager works with program staff
Fill out EBP Consideration Checklist
Yes
DHHS Admin Find program?
No
Stop
Complete EBP Implementation Worksheet
Bring Checklist to DHHS Admin meeting Implement?
Yes
Implementation Team is convened by Program Lead/Division Manager
No
Stop

IMPLEMENTATION TEAM MEMBERS:

The **Implementation Team** is a core set of individuals charged with providing guidance through full implementation of the program or practice. The team shares responsibility for implementation planning and monitoring through activities such as: to review scope of practice, lead activity, coordinate process, monitor through implementation. More specifically the team helps ensure engagement of the stakeholders, creates readiness for implementation, certify fidelity to the program, monitors outcomes, aligns systems, removes barriers to implementation and imbed model into regular business practice.

Often, it can be important to have a team member assume the role of "Champion" of the project. This Champion is an individual who is driven on making the practice a reality, actively working within the community and organization to convince Stakeholders, Partners, Clinicians, and other related organizations to commit to the project. This Champion is important both in conceptualization and in sustaining the project by being a forerunner in gathering support fiscally, in support structures, and with material.

Team members potentially include but are not limited to:

- Program Lead/Division Manager
- DHHS Compliance & Quality Assurance Administrator
- Designated Referral Source Manager(s)
- Fiscal Manager
- Research and Evaluation Staff
- Information Systems Manager
- Training Coordinator
- Facilities and Equipment Staff
- Equity Manager
- Employee Services
- Community, family, youth, consumer partner
- Communications Group

IMPLEMENTATION TEAM ROLES AND RESPONSIBILITIES:

Program Lead/Division Manager:

- Assigned direct responsibility for practice/program
- Oversee implementation planning process
- Convenes Implementation Team
- Guides development and execution of implementation plans
- Develop program goals and objectives statement
- Identify program delivery standards for fidelity in partnership with Research and Evaluation staff if needed

- Establish outcome measures in partnership with Research and Evaluation staff if needed
- Develops milestones
- Develop implementation strategies
- Coordinate with referring Division/Agency source
- Oversees staffing selection process
- Participate in project budgeting
- Develop training plan with Training Coordinator and program input
- Develop clinical supervision plan if appropriate
- Identify facilities and equipment needs and related costs with fiscal partners
- Coordinate with DHHS Facilities and Purchasing to secure needed facility and equipment
- Coordinate with Information Systems regarding data system needs
- Responsible to monitor implementation with fidelity, fiscal integrity, quality assurance, client outcomes, review funding mix, eligibility, enrollment, in partnership with Implementation Team
- Keep Division Administration informed of status of implementation
- Reporting
- Contracts

DHHS Compliance & Quality Assurance Administrator:

- Supports development and execution of implementation plans
- Monitor implementation process
- Assess challenges in collaboration with assigned Program Lead/Division Manager
- Develop action plan to address challenges
- Provides transparent reporting to DHHS Assistant Director Programs, Division Directors and the Program Leadership Team
- Partner with Program Lead/Division Manager to identify quality assurance components
- Develop step-by-step procedures for regulatory compliance monitoring

Designated Referral Source Manager:

- Responsible to ensure that agency makes expected referrals
- Monitor referral process and provide regular reports to assigned Program Lead/Division Manager
- Designate agency staff to identify monitoring process
- Communicate regularly to assigned Program Lead/Division Manager all information related to identification of target population and referrals to program
- Data regarding referrals completed reported regularly to assigned Program Lead/Division Manager and referring Division/Agency Managers
- Partner with Research and Evaluation and Information Services for technical assistance in the design, format, and storage of collected referral data

Fiscal Manager:

- Participate or designate staff to participate on Implementation Team to provide sound fiscal planning
- Coordinate with assigned Program Lead/Division Manager to develop funding strategies based on target population
- Designate staff to identify monitoring process; develop tracking system
- Assist assigned Program Lead/Division Manager to identify how practice fits in to agency service system and budget structure
- Prepare budget for new EBP
- Review funding mix, eligibility, enrollment, assumption on funding mix
- Prepare budget including projected costs and revenues
- Evaluated existing EBP savings for reinvestment into new practices or expanding existing practices

Research and Evaluation Staff:

- Conduct needs assessment to specify service gaps identified by DHHS Administration and in collaboration with program experts, staff and program analysts at the division level
- Review and summarize literature on new practices
- Support the establishment of fidelity measures
- Assist in the identification of program outcome measures
- Research identified practices
- Develop step-by-step procedures for data input and monitoring

Information Systems Manager:

- Identify system needs with program input
- Map information systems flow of data, including fiscal and quality assurance information needs
- Assist in identifying and developing tools or other software for data input
- Assist with equipment needs regarding computers, networks, access, security, etc.

Training Coordinator:

- Research trainings based on identified needs with program input
- Develop and present trainings and/or assist in scheduling, logistics or set up of trainings
- Help guide the conversations regarding trainings and needs in a constructive way
- Review material to see if it meets the fidelity requirements for program
- Monitor resources to make sure that budget allows for training and how much
- Identify strategies to support staff training

Facilities and Equipment Staff:

- Identifies facilities needed for new programs
- Utilize DHHS Facilities process to secure equipment
- Partner with Fiscal to develop budget related to facilities
- Works with Implementation Team to identify and procure equipment
- Utilize DHHS purchasing process to secure
- Partner with fiscal to develop budget related to equipment
- Collaborate with Information Services and other identified to develop a plan for purchase, installation, facility move

Equity and Inclusion:

- Reviews structure, policies and process for appropriate equity and inclusion
- Collaborates with the team around appropriate coaching opportunities and approaches if appropriate
- Link with community to report on efforts to support practices in an equitable and inclusive way
- Report to DHHS Admin on data, progress, outcomes of equity work around EBPs
- Suggest EBPs that are aligned with DHHS Strategic Plan, DHHS Equity Strategic Plan and meets the needs of the communities served

Employee Services:

- Assist in hiring staff
- Collaborate with program to assess best fit of staff for program
- Consult regarding employment issues that can be resolved to not cause burden to program and implementation

Community, Family, Youth, Consumer Partner(s):

- Add personal experience and perception to implementation process
- Generate ideas
- Identify gaps and needs
- Provide insight into how practices and interested groups can learn
- Assist with providing information on how clients can best navigate and engage in practices
- Assist in conversations regarding cultural aspects of program implementation
- Remind team of cultural components to the model or practice
- Research options to add client and cultural diversity to a model or practice

Communications Group:

- Discuss public education and outreach opportunities related to practice

NEW PROGRAM IMPLEMENTATION WORKSHEET

Once the identified EBP is accepted by DHHS Administration and the Implementation Team Membership is approved it is time to begin work on the New Program Implementation Worksheet and move the EBP from an idea into a functional practice or model.

SYSTEMS INTERVENTION

Systems interventions are strategies for leaders and staff within an organization to work with external systems to ensure the availability of the financial, organizational, and human resources required to support the work of the practitioners. Alignment of these external systems to specifically support the work of practitioners is an important aspect of systems interventions. System interventions take on issues that impact the ability to provide effective services within organizations. System interventions are designed to help create a generally supportive context in which effective services can be provided, maintained, and improved over the years.

Target Population

1) Key responsibility: Program Lead/Division Manager
    a) Based on needs assessment and literature review, identifies description of eligible participants, including but not limited to:
        i) Age
        ii) Gender
        iii) Ethnicity
        iv) Diagnosis/Need for service
        v) Entrance/Exit Criteria
    b) Implementation Team partners with key referral source staff to identify eligible participants:
        i) Gathering data reports from key referral sources
        ii) Identify ethnicity and cultural components
    c) Implementation Team partners with key referral source designated staff to identify the referral process:
        i) Develop step-by-step referral procedure for referral source and new program
        ii) Develops referral training plan

Fiscal

1) Assigned Program Lead/Division Manager partners with Fiscal Team to identify how new program will be imbedded in typical budget and finance business flow
    a) Identify how new program fits into budget process
        i) Analysis of cost/benefit of options
        ii) Identify sustainability
    b) Identify funding streams associated with the target population:
        i) Target population will determine MediCal %, 163, Title IV-E
        ii) Target population, referral source data needed

2) Identify Staffing needs (i.e. PHN, BH Clinician, Social Worker, Case Manager, Eligibility Staff, Analyst, Support Staff)
3) Mapping integrated fiscal/new program functions
   a) Establish fiscal monitoring process

Staff Selection Process

Effective staffing requires consideration of several questions:

- Who is qualified to carry out the EBP?
- What are the best methods for recruiting and selecting practitioners who possess necessary qualifications?
- Beyond academic qualifications or experience factors, what essential skills are required?

In addition to prerequisite academic qualifications and experience factors, certain practitioner characteristics may be difficult to impart in training sessions, so they must be included in selection criteria. These include a broad knowledge of the practice field, basic professional skills, common sense, sense of social justice, sound ethics, a willingness to learn, a willingness to intervene, good judgment, and empathy. Some programs are purposefully designed to minimize the need for careful selection. Knowledge, skills, and abilities to carry out EBPs with benefits to consumers are key factors to also consider in staff selection. Implementation of effective programs on a useful scale requires:

- Specification of required skills and abilities within the pool of candidates,
- Methods for recruiting likely candidates that possess these skills and abilities,
- Protocols for interviewing candidates, and
- Criteria for selecting practitioners with those skills and abilities.

Even when implementation is occurring in an organization with a well-established staff group, the new way of work can be described and volunteers can be recruited and interviewed to select the first practitioners to make use of an EBP. The pre-post test scores for training provide an immediate source of selection outcome data, and performance assessment scores provide a more important but longer-term source of feedback on the usefulness of the selection process. Organizations make use of these data to continue to improve recruitment and selection methods.

Assigned Program Lead/Division Manager and designated review team for staffing:

- Develops description of ideal candidate for recruitment and selection purpose meeting fidelity requirements
- Collaborates with Employee Services regarding recruitment and hiring process
- Recruits potential staff from within divisions or initiates new hire process through Employee Services
- Identify inclusion of ethnicity and cultural components
- Orient potential staff to practice (help them identify if good fit for them)

- Reviews staff credentials, training and experience; determine if selection good match for practice

Clinical Supervision & Coaching

Staff Supervision and Coaching are essential because while most skills needed by successful practitioners can be assessed during selection and introduced in training, they are really learned on-the-job with the help of a coach. A coach can be trained by the program developer or have extensive experience implementing the program in a similar organizational environment and is used to provide immediate feedback and support to practitioners and staff. An effective coach provides "craft" information along with advice, encouragement, and opportunities to practice and use skills specific to the innovation (e.g. engagement, treatment, clinical judgment). Ongoing consistent coaching for line staff and practitioners is critical to implementation success. Coaching minimizes resistance, increases positive perceptions of the program and implementation, and enhances skills development. Coaching also helps manage expectations and normalizes the implementation.

The full and effective use of human service innovations requires behavior change at the practitioner, supervisory, and administrative support levels. Training and coaching are the principal implementation methods in which behavior change is brought about for carefully selected staff in the beginning stages of implementation and throughout the life of EBPs and other innovations. Organizations make use of data to continue to improve coaching methods.

Training

Staff training is important because EBPs and other innovations represent new ways of providing treatment and support. Innovation-based training helps practitioners (and others) in an organization learn when, where, how, and with whom to use (and not to use) new approaches and new skills. Staff training is an efficient way to:

- Provide knowledge related to the history, theory, philosophy, and values of the program,
- Introduce the components and rationales of key practices, and
- Provide opportunities to practice new skills to criterion and receive feedback in a safe and supportive training environment.

Implementation best practices and science indicate that good training includes ample opportunities for demonstrations of EBP-related skills, behavior rehearsal to criterion, and pre-post tests of knowledge and skill. The results of post-tests of training are "fed-forward" to the coach for each newly trained practitioner. In this way the coach will know areas of strength and areas that need improvement on which to focus early in the coaching relationship. Organizations make use of these data to continue to improve training methods. This is not the only way to indicate good training but is used here as an example.

Program Lead/Division Manager in consultation with the Workforce Development Unit will:

- Develops practice specific training and clinical supervision plan

- Determine whether training clinical supervision will be internal or external to new program
- Identifies training and clinical supervision costs and develops training budget
- Develops didactic and mentoring or coaching components
- Identifies who will provide the training and clinical supervision
- Develops schedule of training and clinical supervision
- Develops a plan regarding client and cultural diversity

Research and Evaluation Unit in collaboration with Workforce Development Unit will consult in developing evaluation of training and supervision activities as a component of fidelity evaluation.

Fidelity and Outcome Evaluation

Staff Performance Assessment is designed to assess the use and outcomes of the skills that are reflected in the selection criteria, taught in training, and reinforced and expanded in coaching processes. Assessments of practitioner performance (sometimes called measures of fidelity) also provide feedback useful to key implementation staff (interviewers, trainers, coaches, program managers) regarding the progress of implementation efforts and the usefulness of selection, training, and coaching methods. For example, organizations consistently monitor current performance assessments in search of common strengths and areas that need improvement to make adjustments in how selection, training, and coaching are conducted to help strengthen skills related to that area. The organization remains accountable for assuring that current and future practitioners will achieve high levels of effective performance when working with children, families, and others. Organizations make use of data to continue to improve Performance Assessment methods.

1) During the implementation process, Research and Evaluation Unit, as a member of the Implementation Team and with program assisted input, will develop the program process monitoring (fidelity) and outcome evaluation components unless already built into the selected model.
    a) Program Monitoring—Measuring Fidelity
        i) Research & review tools already in existence
        ii) Maps fidelity process including:
            (1) Frequency of review
            (2) Proficiency requirements
            (3) Fidelity instruments (use of staff checklist, video review, staff interviews, program delivery observations, etc.)
            (4) Verification of maintenance of fidelity based on predetermined data
            (5) Develops step-by-step data collection procedure
                (a) Include DHHS Information Systems in this step if needed (especially if new system needs to be designed).
        iii) Develops reporting structure from key referral source to assigned Program Lead Division Manager and Compliance and Quality Assurance Administrator.
    b) Measuring Program Outcomes

i) Develop outcome and evaluation protocols
   (1) Consider utilization of practice specific tools identified (clusters i.e. IY/PCIT, same tools can be used)
   (2) Build infrastructure for pre/post tests
ii) Determine comparison standards for program outcome analysis

c) Inclusion of client and cultural diversity component

Decision Supported Data Systems

Decision Supported Data Systems are sources of information used to help staff members make good decisions internal to an organization. Organizations make use of a variety of measures to:

- Assess key aspects of the overall performance of the organization,
- Provide data to support decision making, and
- Assure continuing implementation of the EBP and benefits to children and families over time.

At a minimum, all modern organizations have a financial data collection and reporting system that is regularly monitored internally and externally (e.g. through employment of professional financial managers and clerks in the organization, careful attention from the governing board, and annual audits by external experts). Many organizations also have data collection and reporting systems for their treatment and management processes and outcomes.

Decision supported data systems are an important part of continuous quality improvement for interventions, implementation supports, and organization functioning (e.g. used as the "study" part of the never-ending plan-do-study-act cycle). Organizations establish and evolve their data systems so information is immediately accessible and useful to practitioners, trainers, coaches, and managers for short-term and long-term planning and improvement at clinical and organizational levels. If the feedback loops (staff performance evaluations and decision support data systems) indicate needed changes, then the organization adjusts aspects of the system to improve effectiveness and efficiency.

PROGRAM SUSTAINABILITY: MAINTAINING PROGRAM SUCCESS

Sustainability is only possible when full implementation has been achieved. Programs are not frozen in time and must adapt continually to changes in the community, funding streams, and organizational priorities. Organizational culture, leadership, and staff need to be nurtured and maintained. The involvement of high-level administrators in a continuous feedback loop with the Implementation Team, providers, and recipients is critical. At this stage, an organization should institutionalize a quality assurance mechanism to evaluate use of data. This will facilitate assessing the effectiveness and quality of the program.

Most importantly, sustainability can and should be planned for early in the implementation process and examined at each stage.

Best Practices

The following are best practices for the Program Sustainability Stage:

1) Ensure continued funding for the program and the supporting infrastructure is built into organization's budget.
2) Ensure fidelity to core program components.
3) Develop and implement plans for quality improvement, including regular review of process and outcome measures and using results to improve the program.
4) Evaluate data systems that support decision-making regarding the implementation of your program's outcomes.
5) Develop new community partnerships while maintaining existing relationships.
6) Share positive results with staff, community and others to maintain buy-in and support.

Celebrate success with program recipients, staff, and community.

Potential Challenges

The following are potential challenges during the Program Sustainability Stage:

- Obstacles and challenges to ongoing success can be many and varied. The best approach is to continue to monitor results and be alert to changes that might affect your program.
- Changes that might occur include:
    - Funding levels or sources of funding
    - Staff turnover
    - Organizational priorities
    - Organizational leadership

ACRONYM LIST / DEFINITIONS

AA:	Administrative Analyst
DHHS:	Department of Health and Human Services
EBP:	Evidence Based Practice
IY:	Incredible Years
BH:	Behavioral Health
PCIT:	Parent-Child Interaction Therapy
PHN:	Public Health Nurse
R&E:	Research and Evaluation

APPENDIX F Cross System Collaborative Member List

MINUTES

Family First Prevention Services Act

Cross System Collaborative

Date | time [Date | time] | *Meeting called by* DHHS Administration

ATTENDEES:

✓	Name and Site	Email
☐	Adam Netanel, Fortuna Family Resource Center	fortuna@hnfrc.org
☐	Alisha Babel, CalWORKs	ABabel@co.humboldt.ca.us
☐	Amanda Winstead, CWS Division Director	awinstead@co.humboldt.ca.us
☐	Amy Terrones, Southern Humboldt Family Resource Center	aterrones@shchd.org
☐	Angela Sundberg, Trinidad Rancheria	Asundberg@trinidadrancheria.com
☐	Angela Winogradov, SafeCare, Dental	awinogradov@co.humboldt.ca.us
☐	Ashley Gephart, Live Well Humboldt	agephart@co.humboldt.ca.us
☐	Bambi Ward-Roller, Parent Partner – C&FS/CWS/DHHS	Bward-roller@cohumboldt.ca.us
☐	Beth Burks, Humboldt County Association of Governments	beth.burks@hcaog.net
☐	Beth Heavilin, HCOE 0-8 Mental Health Collaborative	bheavilin@HCOE.org
☐	Calla Peltier-Olson, HCTAYC	cpeltier-olson@co.humboldt.ca.us
☐	Carolyn Perkins, Assistant Professor, College of the Redwoods	Carolyn-Perkins@Redwoods.edu
☐	Cassi Le-Hue, South Bay Union School District Family Resource	clehue@southbayusd.org
☐	Charlie Perez, Parent Project – Arcata Police Department	cperez@arcatapd.org
☐	Cherie VonSavoye, CWS Deputy Director	cvonsavoye@co.humboldt.ca.us
☐	Chris Hartley, California Center for Excellence in Education	chartley@ccee-ca.org
☐	Cindy Sutcliffe, Program Manager II	csutcliffe@co.humboldt.ca.us
☐	Connie Beck, DHHS Director	CBeck@co.humboldt.ca.us
☐	Connie Stewart, CalJOBs at HSU	Ces54@humboldt.edu
☐	Connie Sundberg, Changing Tides	Sundberg@changingtidesfs.org
☐	Cori Jara, McKinleyville Family Resource Center	cjara@mckfrc.org
☐	Danielle Holway, Bridgeville Community Center	danielleh.bcc@gmail.com
☐	Dawn Arledge, California Center for Rural Policy (CCRP)	Dawn.Arledge@Humboldt.edu
☐	Eddie Morgan, Tri-County Independent Living	eddie@tilinet.org
☐	Emi Botzler-Rodgers, Director of Mental Health	ebotzler-rodgers@co.humboldt.ca.us
☐	Emily Herman, Mattole Valley Resource Center	emilymvrc@gmail.com
☐	Esther Hutton, Manila Community Resource Center	esthermcrc@gmail.com

☐	Gillian Townsend, SARB - HCOE	GTownsend@hcoe.org
☐	Heidi Benzonelli, Jefferson Community Center	thejeffersoncenterandpark@gmail.com
☐	Ivy Breen, Deputy Branch Director, CWS	ibreen@co.humboldt.ca.us
☐	Jan Bramlett, CAPCC	JanBramlett@outlook.org
☐	Jeanne Gordon, CASA	jeanne@humboldtcasa.org
☐	Jeffrey McKay, Cal Poly Humboldt	Jeffrey.McKay@humboldt.edu
☐	Jen Dyke, TRIO – Upward Bound Cal Poly Humboldt	Jen.dyke@humboldt.edu
☐	Jen Mcguire, Cal Poly Humboldt	Jjm64@humboldt.edu
☐	Jeremy Nilsen, Deputy Branch Director, Behavioral Health	jnilsen@co.humboldt.ca.us
☐	Jessica Osborne-Stafsnes, NCHIIN – North Coast Care Connect	josborne@humboldtipa.com
☐	Joyce Hinrichs, Judicial Officer, Humboldt Superior Court	jhinrichs@humboldtcourt.ca.gov
☐	Judi Anderson, HCOE – Child Care Planning Council	jandersen@HCOE.org
☐	Karen Diers, Willow Creek Community Resource Center	karen.diers@stjoe.org
☐	Karen Elliott, Redwood Coast Regional Center, Incredible Years	kelliott@redwoodcoastrc.org
☐	Karen Kyle, Hupa Family Resource Center	hupafrc@hoopatanf.com
☐	Katy Keyser, Director Upward Bound College of the Redwoods	Katy-keyser@redwoods.edu
☐	Keri Lockard, Marshall Family Resource Center	lockardk@eurekacityschools.org
☐	Kerry Venegas, Changing Tides	kvenegas@changingtidesfs.org
☐	Keven Harder, California Parks & Recreation	Keven.harder@parks.ca.gov
☐	Kip Allen, Staff Services Analyst, II	gallen2@co.humboldt.ca.us
☐	Lara Weis, Deputy Branch Direct, Public Health	lweiss@co.humboldt.ca.us
☐	Laura Svoboda, California Trial Families Coalition	Laura.svoboda@caltribalfamilies.org
☐	Laurel Johnson, DHHS Housing	LJohnson@co.humboldt.ca.us
☐	Leah Lamattina, HCOE	LLamattina@hcoe.org
☐	Lisa Hall, Coast Central Credit Union, Manager	LHall@coastccu.org
☐	Lois Casacca, SSB Secretary	lcasacca2@co.humboldt.ca.us
☐	Lorey Keele, RCAA	lkeele@rcaa.org
☐	Madison Flynn, North Coast Indian Development Council	mflynn@ncidc.org
☐	Marcelina Meja de Castillo, Loleta Community Resource Center	Marcelina.MejiadeCastillo@stjoe.org
☐	Marian Strong, Live Well Humboldt	mstrong@co.humboldt.ca.us
☐	Mary Ann Hansen, First 5	MHansen@co.humboldt.ca.us
☐	Megan Blanchard, Director of Public Health Nursing	mblanchard@co.humboldt.ca.us
☐	Megan Gotcher, Probation Division Director	mgotcher@co.humboldt.ca.us
☐	Melissa Furbee, Employment Training Department	mfurbee@co.humboldt.ca.us
☐	Melissa Smith, Parent Partner – C&FS/CWS/DHHS	Msmith5@co.humboldt.ca.us
☐	Michele Stephens, DHHS Assistant Director	mstephens@co.humboldt.ca.us
☐	Mike Bishop, Redwood Coast Energy Authority	mbishop@redwoodenergy.org
☐	Molly Homen, Interim Blue Lake Community Resource Center	Molly.Homen@stjoe.org
☐	Monique Upshaw-Smith, CalFresh	MUpshaw-Smith@co.humboldt.ca.us

☐	Nicole Vance, Bear River Band of Rohnerville Rancheria	nicolevance@brb-nsn.gov
☐	Peter Stoll, HCOE Prevention & Intervention	pstoll@hcoe.org
☐	Raul Torres, Bringing Families Home - DHHS	RTorres@co.humboldt.ca.us
☐	Rob England, United Indian Health Services UIHS	rob.england@uihs.org
☐	Robert Pitts, Jr., Wiyot Tribe	rpitts@wiyot.us
☐	Robert Ward, Housing & Assistance Coordinator - DHHS	rward@co.humboldt.ca.us
☐	Ronda Evans, Community Schools Director	evansronda@eurekacityschools.org
☐	Rose Francia, Director TRIO – Talent Search	Rose.Francia@humboldt.edu
☐	Ryan Bishop, Deputy Branch Director, Social Services	rbishop@co.humboldt.ca.us
☐	Ryann Peterson, Carlotta Community Center	carlottacc@hnfrc.org
☐	Sarah Reback, Rio Dell Community Center	Sarah.Reback@Providence.org
☐	Shaun Brenneman, Chief Probation Officer	sbrenneman@co.humboldt.ca.us
☐	Sofia Pereira, Public Health Branch Director	spereira2@co.humboldt.ca.us
☐	Soledad Torres, Paso a Paso	Soledad.torres@stjoe.org
☐	Stacey Eads, District Attorney Elect	sjeads@co.humboldt.ca.us
☐	Steven Pera, Jefferson Community Center	thejeffersoncenterandpark@gmail.com
☐	Susan Seaman, Arcata Economic Development Corporation AEDC / Child Care Industry	susans@aedc1.org
☐	Taffy Stockton, Humboldt Network of Family Resource Center	hnfrccoordinator@hnfrc.org
☐	Vesta Wunner, Supervisor, SUD – Seeking Safety	vwurrner@co.humboldt.ca.us
☐	Violet Orozco, Arcata Family Resource Center	vorozco@arcatasd.org
☐	Jorey McComas, Community Schools System Alignment Specialist	jmccomas@nohum.k12.ca.us
☐	Dianna Heimstadt, California Tribal Families Coalition	dianna.heimstadt@caltribalfamilies.org
☐	J. Fawn Canez, Yurok Tribe	jcanez@yuroktribe.nsn.us
☐	Pamela Fishtrom, Staff Services Analyst II	pfishtrom@co.humboldt.ca.us

APPENDIX G Draft CSC Letter of Intent

Family First Prevention Services Act
Cross System Collaborative

LETTER OF AGREEMENT

To: Family First Prevention Services Program/Department of Health & Human Services

Our agency, organization or business participates as a member of the **Family First Prevention Services Act – Cross System Collaborative (CSC)**

As part of an ongoing collaboration to support families Child, Family or Community Well-Being Indicators, otherwise known as the social determinants of health, and to keep families out of Child Welfare and children and youth out of Foster Care we agree to engage in the following activities:

- Attend a regularly scheduled monthly Zoom meeting during 2023
- Provide input regarding priorities and agenda items
- Collaborate with other CSC participants to create solutions in the implementation of the Comprehensive Prevention Plan

Agency _____

Agency Representative _____

Date _____

Please return to Family First Prevention Services,

Attention Cindy Sutcliffe csutcliffe@co.humboldt.ca.us

The Plaza 2440 Sixth Street, Eureka, CA 95501

Humboldt County

Child Welfare Services

Continuous Quality Improvement (CQI)

Program Manual

February 2020

Table of Contents

Department of Health and Human Services (DHHS) Mission, Vision and Operating Principles

Our Mission:

To reduce poverty and connect people and communities to opportunities for health and wellness.

Our Vision:

People helping people live better lives.

Operational Principles:

Our integrated programs for children, families and adults deliver coordinated, efficient services.

These services focus on client and community strengths and emphasize prevention, resiliency, recovery and hope.

We collaborate with clients in their recovery and tailor our services to fit the values and needs they identify.

Our programs are evidence-based and outcome-driven to ensure quality and accountability.

We value and nurture our partnerships with community stakeholders.

Overview and Background

The Humboldt County Department of Health and Human Services (DHHS) is an integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB315 Berg). The former Departments and divisions that are now integrated under DHHS include Child Welfare Services, Behavioral Health, Public Health, Social Services Adults and Income Maintenance, Adult Protective Services, In-Home Supportive Services, Employment Training, Veterans Services, and Public Guardian. Through its integration that began in 2000, Humboldt County DHHS engaged in numerous key strategies. Key strategies of the early integration years included, but were not limited to: focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency; developing integrated, co-located and decentralized community based services concurrently; establishing stakeholder inclusion structures and processes that advise the Department in terms of policy and programming; as well as improved community health. Those strategies continue, and in 2018, DHHS developed a strategic plan that outlined the following key strategies: use of the Department's operating principles to guide decision-making; promoting equitable opportunities for health and wellness in communities through prevention and early intervention; providing accessible, culturally responsive services to all regions of the county; and increasing job satisfaction and connection to the mission.

As an integrated agency, Child Welfare Services (CWS) partners closely with other DHHS departments and divisions, as well as Tribes and community partners, to deliver coordinated, efficient services that are outcome-driven to ensure quality and accountability.

Humboldt County Child Welfare Services (CWS) is committed to designing, implementing, and sustaining a comprehensive, complex, and multifaceted continuous quality improvement (CQI) system that works to improve the lives of the children, youth, and families served, and supports a high functional climate that promotes best practice within a positive, learning environment. The overarching goal of the CWS CQI Program is to carry out, and continuously build and enhance, an effective quality improvement system using qualitative and quantitative data that monitors and fosters compliance to local, state and federal regulations, and facilitates data-driven decision-making to improve service delivery and outcomes.

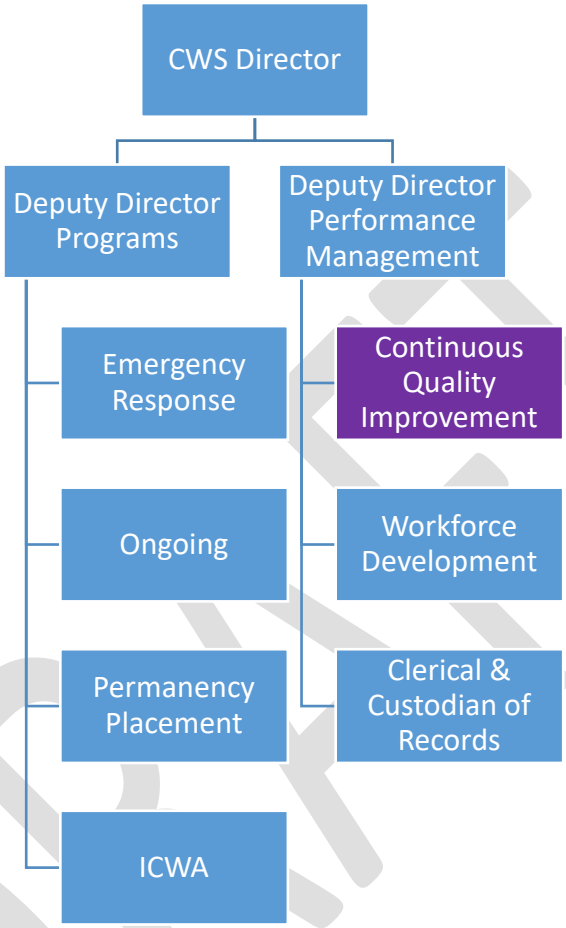
Over the years, Humboldt County CWS has implemented several quality assurance and quality improvement activities that have informed compliance, service needs, quality of service, service participation, and client outcomes, yet these activities were not supported through a coordinated, dedicated and centralized program. In 2021, Humboldt County CWS implemented a dedicated CQI Program. This dedicated CQI Program provides the infrastructure for a formal circular feedback loop, leveraging data to drive system change and facilitate improvements. The CQI Program acts as the central office to coordinate robust data analysis and program evaluation using various qualitative and quantitative sources, including administrative data, qualitative case reviews, feedback from tribes, community stakeholders, CWS Office of Ombudsperson, Child and Family Services Review (CFSR) Case Reviews, CWS staff and ongoing program compliance and evaluative reports. In return, the CQI Program disseminates information to CWS management, administration and staff of its findings and assists in root cause analysis and the development of custom action plans to improve practice, service delivery and outcomes. The CQI Program also works closely with Workforce Development and core programs to coordinate the implementation of continuous quality improvement activities rooted in data findings.

In 2017, Humboldt County CWS identified "Quality Assurance" as one of three main goals for their 2017-2022 System Improvement Plan (SIP). The specific strategy identified to meet this goal was to plan, develop, and implement CWS CQI structure, purpose, process and participants. In an effort to provide capacity for the design and implementation of centralized and organized CQI activities, a new Deputy Director position was added to CWS in 2018 and a new Staff Services Analyst III position was added in 2019. To further support the implementation of a formal program, a new Program Manager position was added in 2020.

This CQI plan describes the components and function of the Humboldt County CWS CQI Program.

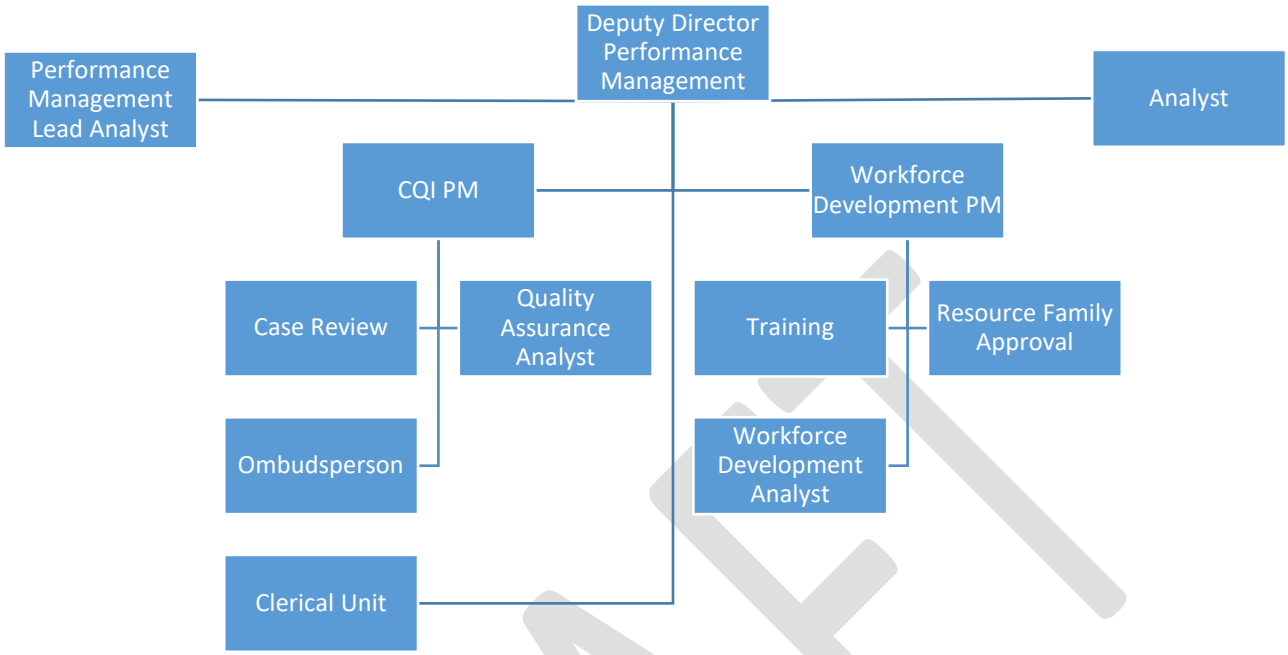
Organizational Structure of Humboldt County Child Welfare Services (CWS)

Below is the organizational structure for the main program areas of Humboldt County CWS and where the CQI Program fits within the structure.



Organizational Structure of Performance Management

Below is the organizational structure the programs, units and staff under CWS Performance Management.



CQI Program Start-Up Activities

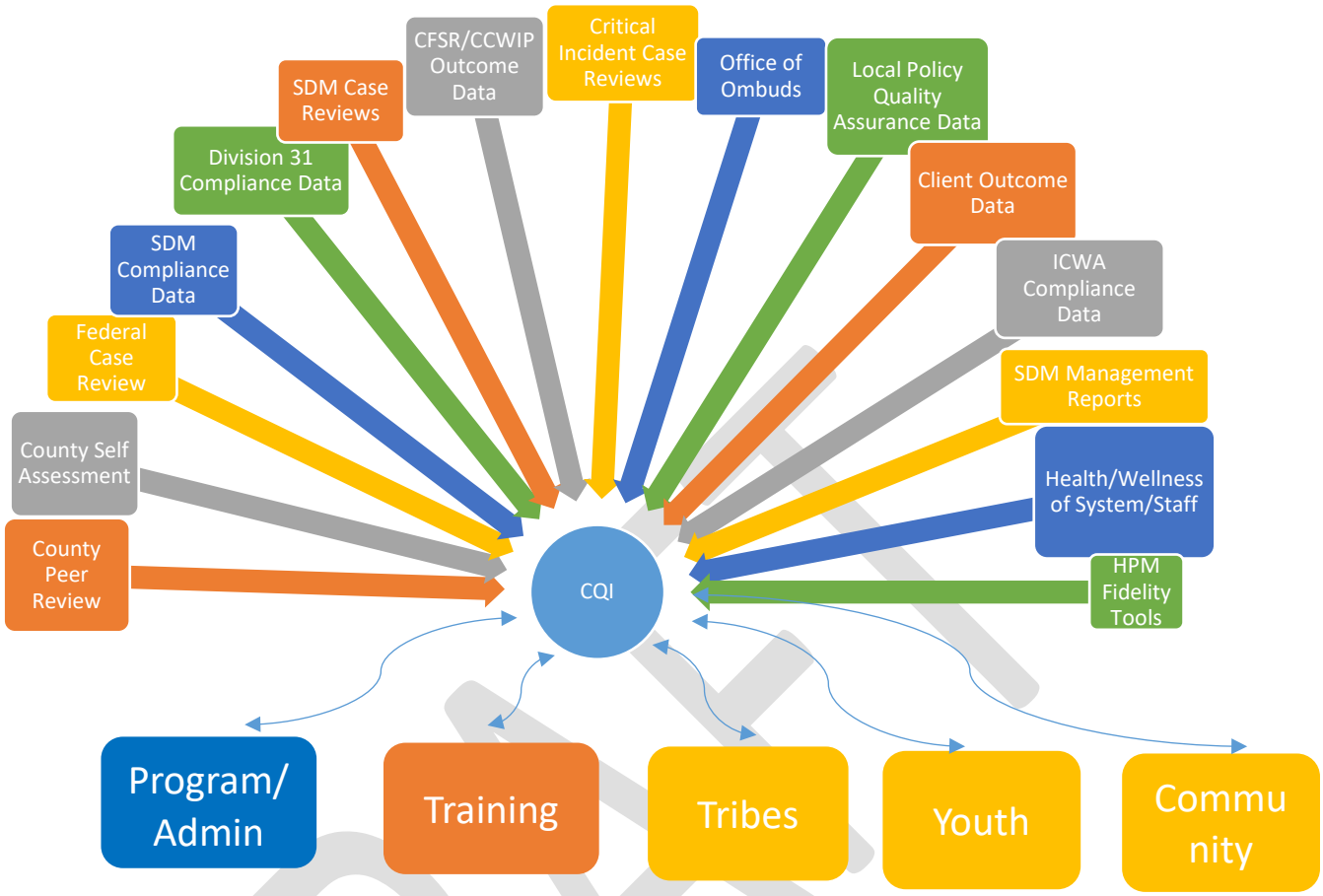
In the initial implementation year of the launch of the CQI Program (2021), CWS identified the specific activities related to the start-up of the CQI Program. This includes the following activities:

1. Development of a Humboldt County CWS CQI Manual
2. Identification of the staffing needs for the CQI Program
3. Development of the first annual KPI Plan

CQI Dynamic Structure

Humboldt County CWS CQI will leverage meaningful qualitative and quantitative data from an array of sources to understand operations, compliance and the quality of services and then work to identify the root causes of problems or contributing factors to deficiencies by developing interventions to reduce or eliminate those causes. The CWS CQI Program will further build upon identified strengths, and take action to improve processes with a continuous feedback loop to make and maintain positive changes in policy and case practice.

The below diagram presents the dynamic structure of the array of qualitative and quantitative sources that will inform the Humboldt County CWS CQI Program and the feedback loops.



Staffing Roles and Responsibilities

The Humboldt County CWS CQI Program includes dedicated staff who work in partnership with staff across all functions and programs of CWS to carry out CQI activities. It should be noted that CQI responsibilities and activities are not solely limited to staff in the CQI Program. It is a guiding principle that all programs across DHHS are outcome-driven to ensure quality and accountability, and that all programs within CWS are managed by their program specific data.

Below is a description of the roles and responsibilities for the dedicated staff of the CWS CQI Program.

1. CQI Deputy Director (0.5 Full Time Equivalent (FTE))
    a. The primary role of the Deputy Director over the CWS CQI Program is to plan, develop, organize, and direct the implementation of goals, objectives, policies, procedures and work standards that make up an effective CQI Program and to provide cross program connection to make and sustain positive change. This includes oversight of the tracking, reporting, review and implementation of improvements required across the CWS system. Supervision of the CQI Program Manager.
    b. This position is under the direction of the Child Welfare Services Director.
2. CQI Program Manager (1.0 FTE)
    a. The primary role of the Program Manager over the CWS CQI Program is to plan, develop, organize and manage implementation of goals, objectives, policies, procedures and work standards that make up an effective CQI Program and to provide cross program connection to make and sustain positive change at the direction of CQI Deputy Director. This includes ongoing review of

processes and programs' data to locate opportunities for efficiency and to improve outcomes for children and families.

3. CQI Lead Analyst (1.0 FTE)
    a. The primary role of the CQI Lead Analyst is to organizes, trains, and provides guidance to CWS Analysts as well as data collection, aggregation, and presentation.
    b. This position is under the direction of the CQI Deputy Director.
4. Federal Case Review Supervisor (1.0 FTE)
    a. The primary role of the Federal Case Review Supervisor is to supervise and train the Federal Case Review Team, perform CQI case reviews, provide quality assurance oversight for Federal Case Reviews.
    b. This position is under the direction of the CQI Program Manager.
5. Federal Case Reviewers (3 at 1.0 FTE)
    a. The primary role of Federal Case Reviewers is to review cases designated by California Department of Social Services (CDSS).
    b. These positions are under the direction of the Federal Case Review Supervisor.
6. CQI Analyst (1 at 1.0 FTE)
    a. This primary role of the CQI Analyst is to collect, aggregate, and present CQI, Federal Case Review and Ombuds data. Assist with the planning, organizing and facilitation of meetings and projects related to System Improvement Plan and other CQI projects. Provides backup for Federal Case Review Quality Assurance.
    b. This position is under the direction of the CQI Program Manager.
7. Ombudsperson (1.0 FTE)
    a. The primary role of the Ombudsperson is to monitor, investigate and respond to complaints related to the provision of services of CWS staff.
    b. This position is under the direction of the CQI Program Manager.

While a dedicated CQI team exists within CWS, it is vital and acknowledged that all staff play a role in Continuous Quality Improvement.

8. Non-Dedicated or Other Staff
    a. Director
        i. Data driven decision making
        ii. Provide strategic vision
    b. Deputy Director
        i. Data driven decision making
        ii. Support CWS strategic vision
    c. Program Managers
        i. Data driven decision making
        ii. Manage KPI and other outcome improvement projects.
        iii. Manage CWS strategic vision
    d. Staff Services Analysts
        i. Prepare and present data to stakeholders
        ii. Assist with data monitoring
    e. Social Worker Supervisors
        i. Data driven decision making
        ii. Assist with data monitoring

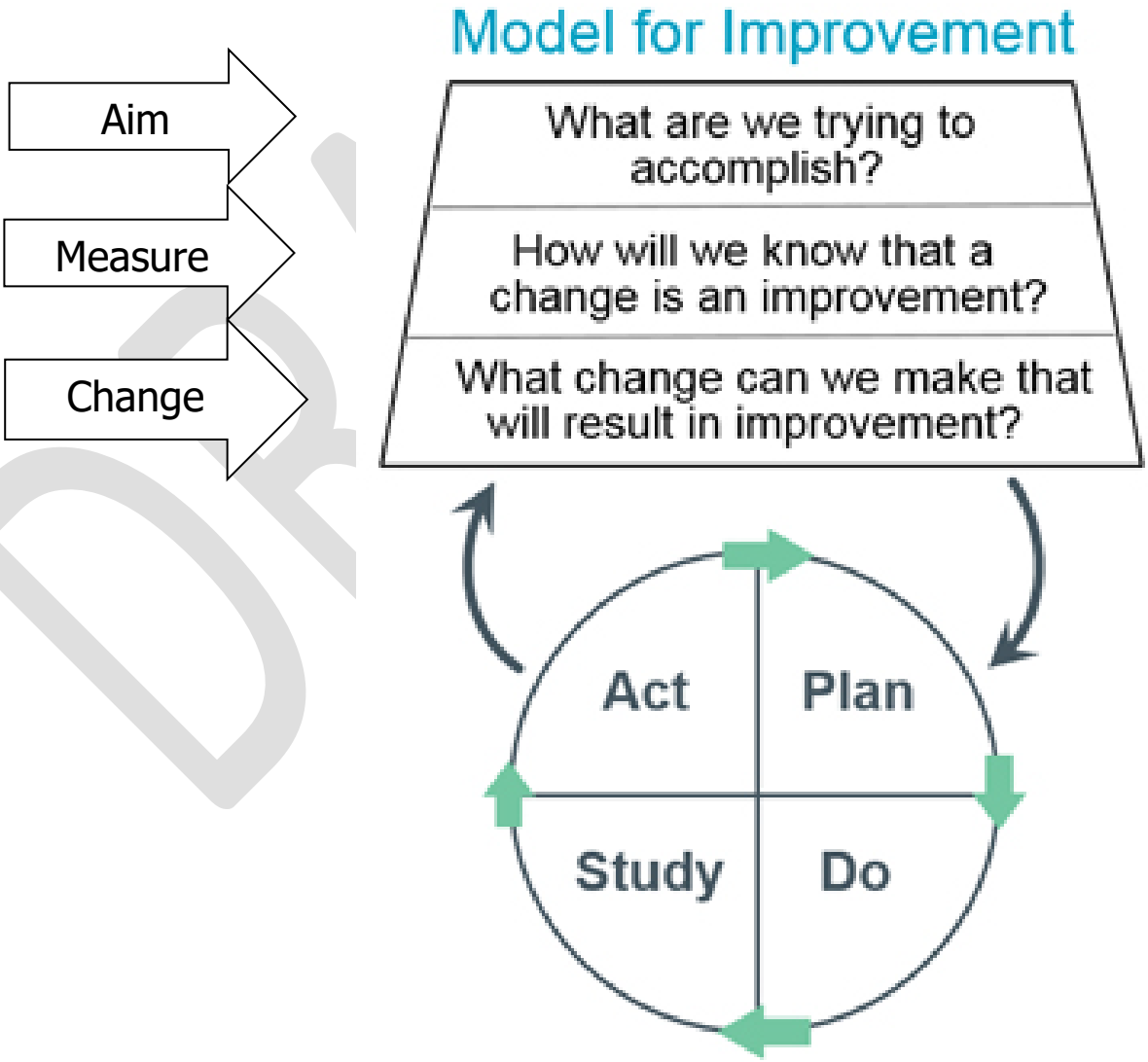
iii. Assure continuity and integrity of services

f. Social Workers
   i. Data driven decision making
   ii. Monitor caseload data

g. Clerical
   i. Data integrity
   ii. Data sharing

CQI Approaches, Values and Operating Principles

The Humboldt County CWS CQI Program utilizes the Model for Improvement (MFI) framework for executing quality improvement. The CQI Program may also utilize effort/impact matrix tools to determine the most appropriate strategy in line with the resources and conditions.



The MFI framework includes a five-step model for improvement.

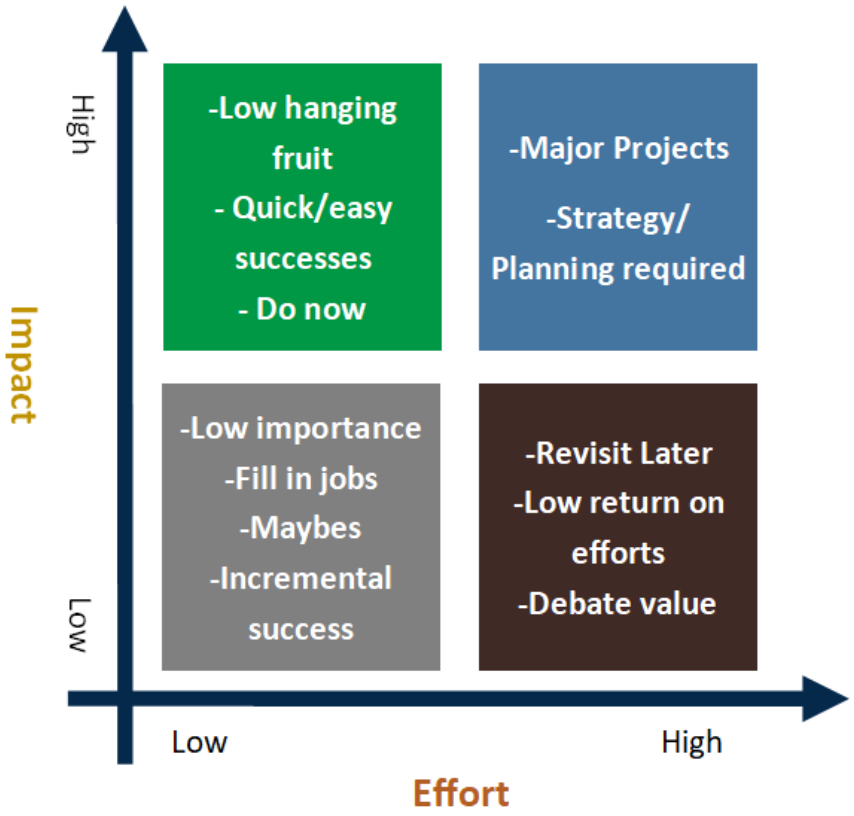
1. Aim Statement – An aim statement establishes what is trying to be accomplished. The aim statement clearly states a purpose or direction and provides a communication tool to ensure everyone is on the same page. Aim statements are ideally created with a team of involved stakeholders. Aim statements should have SMART characteristics, meeting the below criteria:
    a. Specific
    b. Measurable
    c. Achievable
    d. Relevant
    e. Time-bound
2. Establish Measures – Specific measures are then established that directly relate to the aim, using reliable data sources that can answer whether the desired change was accomplished. Measures are clearly defined, including definitions and data sources for the below elements:
    a. Denominator - total eligible population count, or number of identified steps that make up a strategy.
    b. Numerator - number within the population that is compliant with the goal, or the number of steps completed to date.
    c. Exclusion(s) – factors or populations that should not be included in the denominator or numerator.
    d. Rate (%) – the result of the numerator divided by the denominator and converted to a percentage.
3. Identify changes and/or determine your strategies – MFI participants identify specific strategies to deploy that are proven to support achievement of the identified goal.
    a. Focus groups – focus groups with key stakeholders may be held to identify potential strategies to improve process/practice.
    b. Research – staff may research existing evidence-based and evidence-supported practices that are proven effective in the desired change.
    c. Effort/impact matrix – staff may use an effort/impact matrix to identify the appropriate strategy in line with resources and environment.
4. Test the Changes (Plan, Do, Study, Act – PDSA)
    a. Plan – plan the test, including a plan for collecting data
    b. Do – do the change and observe outcomes
    c. Study – study the data and analyze the results
    d. Act – act on the learnings to develop the next test (adapt, adopt, abandon)
5. Implement the Changes – build capacity for sustained positive change.

In addition to the MFI framework, Humboldt County CWS CQI Program uses the following:

1. Effort/Impact Matrix Tools:
    a. An impact/effort matrix is a decision-making tool that assists Child Welfare in managing and prioritizing strategies.
    b. Each potential idea, strategy or project is assessed based on the level of effort required and the potential impact or benefits they will have**.**
    c. The result is a visual representation of where best to assign time and resources. Activities fall into one of four categories:

        1. Low-Hanging Fruit – Give the best return based on the effort.
        2. Major projects – Provide long term returns but may be more complex to execute.

3. Incremental Successes – Don't require a lot of effort but neither do they offer many benefits.
4. Debate Value – Time-consuming activities with low impact that should be avoided.



2. Inclusion of Stakeholders in the CQI Process (Stakeholders include any individual, agency, or government, or part thereof, that is impacted by the area under review).
    a. Tap into the collective wisdom from those doing the work.
    b. Identifying hurdles, challenges and opportunities.
    c. Increasing engagement towards/in change.
    d. Identifying strategies and measuring sustainability of efforts.

Root Cause Analysis

A root cause analysis (RCA) is the process by which we identify the cause/s or source/s leading to an outcome or event, positive or negative. Although short-term addressing of causal symptoms is sometimes necessary, RCA is a high-effort activity that yields a high-return over a long period of time. RCA is appropriate for a recurring outcome or event that is an excessive drain on resources and/or has an inordinate impact on children/family outcomes.

Step 1: Assemble the team. **Note: It is important to have people, at the table, who are doing the work. I.E. supervisors and line staff.

Step 2: Define the problem -Problem statement which includes symptoms of the problem, what is the gap between where you are now and where you want to be, identify patterns or when the problem began.

Step 3: Analyze the Problem and Determine the Root Causes. Use tools such as Fishbone, 5 whys, Brainstorming, Drill down.

a. Utilize "The 5 Whys".
b. Analyze the changes leading up to the event in focus. This is a good method to use when there could be multiple causal factors.
    i. List all potential causes. Look and positive and negative changes that occurred leading up to the event.
    ii. Categorize each change by how much influence we had on it. i.e. internal or external factor.
    iii. **Look at each change and decide whether it is:
        1. An unrelated factor.
        2. A correlated factor.
        3. A contributing factor.
        4. A likely root cause.
    iv. Ask "How can we replicate or remedy the root cause?"

Step 4: Test things identified as root cause and see if the problem is replicable or fixed

CQI Meeting Structure

The CWS CQI Program will schedule, organize and facilitate a series of meetings throughout the year that are dedicated to reviewing, sharing and discussing agency goals. CQI seeks to engage

1. CQI Committees/Meetings Guidelines
    a. Identify
        i. Members/Attendees
        ii. Purpose/Action Items
        iii. Reports Reviewed/Data Focus
        iv. Meeting Frequency
        v. Tools and Templates used
    b. Distribute documentation and foundational information prior to gathering.
    c. Host Meeting
        i. Identify [non-primary participant] facilitator
        ii. Note taker
        iii. Time watcher [if needed]
2. CQI Dedicated Meetings
    a. Annual CQI Retreat setting KPIs for coming year
3. Program Specific Meetings
4. Community Meetings
5. Tribal Government Meetings
6. All Staff Meeting
        i. Either dedicated All Staff meeting or CQI on agenda of all All Staff meetings

Key Performance Indicators (KPIs)

Each program within CWS uses a wide array of data to monitor and foster compliance to local, state and federal regulations, and executes data-driven decision-making to improve service delivery and outcomes for the clients served within their program.

Each year, a select set of performance measures are identified by program and CWS Administration as "Key Performance Indicators". These KPIs reflect specific targeted areas within each program to which focused attention and oversight will be conducted by CWS Administration based on a single strategic goal. The selection of the annual KPIs are program driven and the measures selected align with the Department's Child Welfare Services' vision, mission, and operational principles.

These KPIs will be flagged and consolidated into KPI specific dashboards that will be updated at quarterly. KPI dashboards will be reviewed by CWS Administration, CQI program staff and CWS staff quarterly.

Key Performance Indicators (KPI) are measurable, clear gauges that report progress against a desired benchmark. The goal of each KPI is to inspire action to obtain a desired outcome. A good KPI will include the following:

1. **Targeted/Key desired outcome.** How will it affect clients? I.E. Improve safety of youth receiving CWS by assessing for safety with the child alone monthly and clearly documenting this conversation in CMS.
2. **Measurement:** Identify how the KPI is measured. (At this place, redefining or clarifying the outcome/goal may be required until it is clear how the KPI will be measured. Will it be quantitative data or qualitative data?)
3. **Influence:** Identify the realistic action taken to improve the KPI. Impact to staff.
4. **Timeframe:** Identify the timeframe.
5. **Empowered employees** that take ownership of the data, can focus on the KPI and understand they have the power to improve KPI.

Identification of a Key Performance Indicator should include an initial review of current data, including Federal Case Review data and Ombuds Office data. If no data exists, initial discussion around how data can be collected is necessary prior to formalizing a KPI. Programs will work with CQI and Analysts to identify data collection tools and analyzation. CQI will work with Programs to identify overlap of KPI between Programs. When overlaps exist, CQI will work with Program to strategize either other KPI or collaboration among Programs on the KPI.

Strategic Goal identified by CWS Administration.

CWS Administration reserves the right to identify specific areas out of focus for program KPIs such as Safety, Permanency and Wellbeing.

The intended audience for KPI data is CWS Administration, Management and Analysts.

CQI Tools and Templates

The Humboldt County CWS CQI Program utilizes standardized tools, templates and processes for carrying out CQI activities. Below is a description of the tools, templates and standardized processes:

1. All CWS CQI prepared reports include a brief description of the purpose of the report at the top to prompt regular and routine data-driven decision making based on the data presented.
2. CWS CQI maintains a Quality Improvement Project (QIP) Tracking Log that logs all projects initiated as a direct result of data findings. The Tracking Log includes the assigned project number, general information on the improvement project and the status of the project.
3. CQI Annual Plan (CQI Program's KPIs for the year)
4. Form notification that QIP Needed
5. CQI Report Database
6. QIP Tracking Database (see QI55)
7. Quality Improvement Project Template
8. Quality Improvement Project Monitoring Dashboards

CQI Program's Function/Activities

1. Describe phases of established QIPs
2. Conduct intervention and strategy studies to test validity, accuracy and effectiveness
3. Facilitate routine data exploration and action planning with the program
4. Assist program with root cause analysis and identifying CQI strategies
5. Conducting data quality activities around data entered into case management systems
6. Centralized clearinghouse of all data/Consolidate data/outcome resources, including
    a. CFSR Outcome Monitoring
    b. SDM Compliance Monitoring
    c. Division 31 Compliance Monitoring
    d. Local Policy Compliance Monitoring for critical performance areas
7. Coordinate SDM Case Reviews (consolidating data from supervisor/PM SDM case review data)
8. Conduct Critical Incident Case Reviews (Child Fatalities)
    e. SSIT
    f. QA Summary Report (possibly modeled after Ombuds closing report)
9. Develop format/structure/templates for CWS information requests
    g. Case summary report
    h. Claim for damages
10. Conduct Federal Case Reviews
    i. 70 Case Reviews per year
    j. Developing quality improvement strategies based on data findings
    k. Release Quarterly Federal Case Review Report
11. Investigate Ombuds Complaints
    l. Release Quarterly Ombuds Report
12. Facilitate the California Child and Family Services Review (C-CFSR) process
    i. In 2001, Congress gave authority to the U.S. Department of Health and Human Services to review state child and family service programs. This allowed the Federal Children's Bureau since 2002 to conduct Child and Family Service Reviews (CFSR) in states nationwide in order to hold states and counties accountable to established outcome measures and achieve conformity according to requirements in Titles IV-B and IV-E of the Social Security Act. In response, the California Legislature passed the Child Welfare System Improvement and Accountability Act (Assembly Bill 636, Chapter 678, Statutes of 2001). The law's intent is to improve outcomes for

children/families served by the child welfare and Probation systems. Oversight of this review system was given to the California Department of Social Services (CDSS), Office of Outcomes and Accountability (OAA). The statewide accountability and quality assurance system, which went into effect January 1, 2004, is based upon the principle of ongoing quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes.

ii. California's quality assurance system, known as the California-Child and Family Services Review (C-CFSR), is patterned after the federal CFSR. The CFSR is an outcomes-based review system that intends to facilitate counties in continuously improving programs, services, and outcomes in the areas of safety, well-being and permanency for CWS involved children and families. The C-CFSR is conducted by counties over a five-year cycle, which encompasses the County Self-Assessment (CSA) and Peer Review, which guide the subsequent five-year System Improvement Plan (SIP) and annual SIP progress updates.

iii. CDSS provides a timeline for all components of the CFSR cycle for each county, including the CSA and Peer Review, the SIP and the annual SIP Progress Updates. Below is a description of each component:

1. The SIP is acn operational agreement between the county's CWS and Probation agencies and the California Department of Social Services (CDSS), outlining how the county will improve targeted areas in their continuum of care for children and families. Humboldt County DHHS and Probation Department are responsible for the development of the strategic five-year SIP, with technical assistance from CDSS. The SIP, however, is not intended to be the county's comprehensive child welfare and probation plan. It is designed to focus on specific CFSR outcome measures and/or local systemic factors selected for improvement so as to have certain positive impacts on at-risk children and families. Each Humboldt County SIP is developed from the culmination of various feedback sources. The CSA, as well as feedback from community stakeholders and peer reviewers, are used to inform, prioritize and guide the five-year strategic SIP. County information and data measures are analyzed, outcome comparisons to state and national standards are reviewed, and county performance trends are assessed for areas to improve for positive impacts on children/family outcomes.
2. The CSA process involves a community stakeholder convening, including Tribal representatives, several focus groups (care providers, transition age youth, and CWS/Probation supervisors and social workers/probation officers), and a Peer Review involving participation of representatives from nine peer counties. The peer county participants review CWS cases and interview social workers assigned to the cases with the purpose to gather findings, recommendations, and identify the peer counties' best practices. Each CSA report describes Humboldt County's characteristics, infrastructure and systems, resources, initiatives, goals and strategies, programs and practices, and continuum of services countywide. It furthermore delineates the county's performance and progress made since the previous five-year SIP. It also summarizes community and stakeholder feedback on system strengths, challenges and needs, in addition to recommendations for improving outcomes for at-risk children/families in the areas of safety, wellness, and permanency.
3. All counties are state mandated to conduct a Peer Review every five years, as part of the CSA process, which comprises the initial phase of the C-CFSR. Both the Peer Review and CSA are integral to a complete review of county practices, which inform the county's

SIP. The county's Peer Review is constructed around a single Federal Performance Outcome Measure selected by the county in consultation with CDSS to be the focus of the county's Peer Review improvement efforts.

4. The Peer Review is facilitated by consultants from the Northern Training Academy, Center for Human Services, University of California, Davis, and the California Department of Social Services (CDSS). The Peer Review process typically begins with an invitation from Humboldt County DHHS Children & Family Services and Probation Department to all Peer Review stakeholders to attend an orientation to the Peer Review. The peer review is a structured conversation between peers, social workers and Probation officers using questions focused on building capacity and making improvements in both agencies. The overview in the orientation consists of demographic information about Humboldt County and also CWS and Probation specific data about the children in their care, staffing, and programs. The peers, consisting of social workers and Probation officers from other counties are invited to participate in Humboldt County's Peer Review process as peer team reviewers. The peer counties that are selected show strength in the specific measure selected. In collaboration with CDSS, a set of randomly selected child welfare and Probation cases are identified for review by the peer reviewers. The number of cases are based on the relative number of children under placement order from both departments. For Humboldt County, a proportional adjustment to the sample has been made in previous years to reflect the over-representation of Native American children/youth in care in Humboldt. After the orientation for stakeholders, the peers begin a training on interview techniques relevant to the process. Three peer teams, each consisting of two social workers and one Probation officer, interviewed a total of nine social workers and three Probation officers. Interviews are then conducted followed by a debrief after each interview. The interviewees are instructed to provide a summary of their case history and are given a copy of the interview tool questionnaire (developed by UC Davis) in preparation for the interview. A cumulative debrief is provided to Humboldt County CWS and Probation leadership, management, and interested staff for the purpose of discussing strengths and challenges from each case relating to system issues, such as training, system/policy issues, family engagement, maintaining connections, assessment, documentation, resources, services, placement matching, and reunification. The findings are organized as themes to indicate information obtained from more than one case. Recommendations obtained from staff during the case reviews about training, resources, and policies and procedures are discussed and organized for presentation. Peers are also asked to present one or more promising practices from their counties.

iv. SIP Progress Reports
v. The CWS CQI Program is responsible for the development and implementation of the county's CFSR process.

Compliance/Audits

a. Point of Contact/Project Managers for:
   vi. External Audits
   vii. Corrective Action Plans

viii. Attorney General Stipulated Judgment

b. CDSS ACL and ACIN P&P and Tracking Log
c. CWS/CMS System Change Tracking Log

CQI Policies and Procedures (P&Ps)

a. Policy and Procedure Development P&P
b. Data Suppression P&P

CQI Communication Plan

a. CQI strives to promote and shepherd agency culture by:
    ix. Promoting positive culture and agency values in meetings.
    x. Using words and actions that are a reflection of agency values.
b. CQI Champions
c. All staff are encouraged to identify areas of concern and bring CQI in to the discussion as an asset.

CQI will seek to collaborate with stakeholders in facilitating discussion and development of a plan for resolution.

Humboldt Community Resource List

October 2022 (13th edition)

Providence St. Joseph Hospital

Humboldt County Department of Health & Human Services

- DHHS and Providence St Joseph's do not endorse listed services and cannot guarantee accuracy.
- Semi-annual updates issued April and October. Send corrections and updates to HCRL@co.humboldt.ca.us
- The North Coast Resource Hub, a detailed tool for service providers working with clients with complex needs, is available at http://resourcehub.nchiin.org/
- **The newest edition of the Humboldt Community Resource List is always available at https://humboldtgov.org/DocumentCenter/View/54880/**

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES

County of Humboldt

Instructions: These assurances must be submitted by local child welfare services (CWS) and probation agencies that opt into the FFPS Program and are a required component of the local comprehensive prevention plan (CPP). These assurances will remain in effect unless changed by the submission of updated assurances and an updated CPP. Any changes to the local CPP must include resubmission of these assurances.

Title IV-E Prevention Program Reporting Assurance

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California Welfare and Institutions Code (WIC) section 16587(d)(9), Child Welfare Services/Humboldt County Probation, (Name(s) of participating child welfare services and/or probation agency) is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring Assurance

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the Child Welfare Services/Humboldt County Probation (Name(s) of participating child welfare services and/or probation agency) assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. County Title IV-E agencies that contract with community-based organizations, assure how safety will be monitored and the oversight of periodic risk assessments conducted by the community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

Workforce Development and Training Assurance

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the Child Welfare Services/Humboldt County Probation (Name(s) of participating child welfare services and/or probation agency) assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community based and Title IV-E pathways.

Trauma-Informed Service Delivery Assurance

The Child Welfare Services/Humboldt County Probation (Name of participating child welfare services and/or probation agency) assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child is provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement Assurance

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), the Child Welfare Services/Humboldt County Probation (Name of participating child welfare services and/or probation agency) assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, evaluation and coordination to determine the effectiveness of a service provided under the FFPS program.

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the Child Welfare Services/Humboldt County Probation (Name of participating child welfare services and/or probation agency) assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color,

as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

Assurance of Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the Child Welfare Services/Humboldt County Probation (Name of participating child welfare services and/or probation agency) assures the establishment of a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Assurances Signatures

Signature: These assurances must be signed by the official with authority to sign the CPP and submitted to the CDSS for approval.

Amanda Winstead Digitally signed by Amanda Winstead
Date: 2023.04.07 15:41:21 -07'00'

(Date) (Signature of Authorized CWS Representative)

Shaun Brenneman Digitally signed by Shaun Brenneman
Date: 2023.04.04 14:56:12 -07'00'

(Date) (Signature of Authorized Probation Representative)