



AMADOR COUNTY COMPREHENSIVE PREVENTION PLAN

*A Strategy to Leverage Federal Funding Through
the Family First Prevention Services Act*

2023–2027

PREPARED BY



COMPREHENSIVE PREVENTION PLAN OF AMADOR COUNTY

TITLE IV-E AGENCY INFORMATION

Submitting Authority	Amador County Department of Social Services
Contact Name	Anne Watts
Contact Email	awatts@amadorgov.org
Signature of CWS Representative	<i>Signature of Anne Watts, Director</i>
Signature of Authorized Probation Representative	<i>Signature of Mark Bonini, Chief Probation Officer</i>
Signature of Authorized Behavioral Health Representative	<i>Signature of Melissa Cranfill, Director</i>



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INTRODUCTION

Amador County's Commitment to Prevention

In 2018, federal enactment of the Family First Prevention Services Act (FFPSA) established a new and optional opportunity for county agencies to access federal Title IV-E funds to prevent the need for foster care, albeit with numerous restrictions. FFPSA allows public agencies to receive federal reimbursement for a limited set of federally approved, evidence-based prevention programs delivered to children and families who are considered to be at "imminent risk" of foster care involvement and classified as "candidates for foster care." The State of California has begun the process of opting into FFPSA for the purposes of accessing IV-E prevention funding, and guidance issued in March 2022 (ACL 22-23) by the California Department of Social Services (CDSS) established an opt-in process for counties, which Amador County has elected to pursue.

The Amador County Department of Social Services (DSS) strives to provide quality benefits and services to "promote personal responsibility, job readiness and self-sufficiency in order to strengthen families." Within DSS, Child Protective Services (CPS) intervenes in cases of abuse and neglect, with a goal to "keep the child in his/her home when it is safe, and when the child is at risk, to develop an alternative plan as quickly as possible." CPS offers family preservation and support services to try to keep families together whenever possible, and child welfare services are co-located with a range of other social services that families may need, including domestic violence counseling, substance abuse counseling, parenting education, mental health services, transportation, childcare, ancillary costs, and housing assistance.

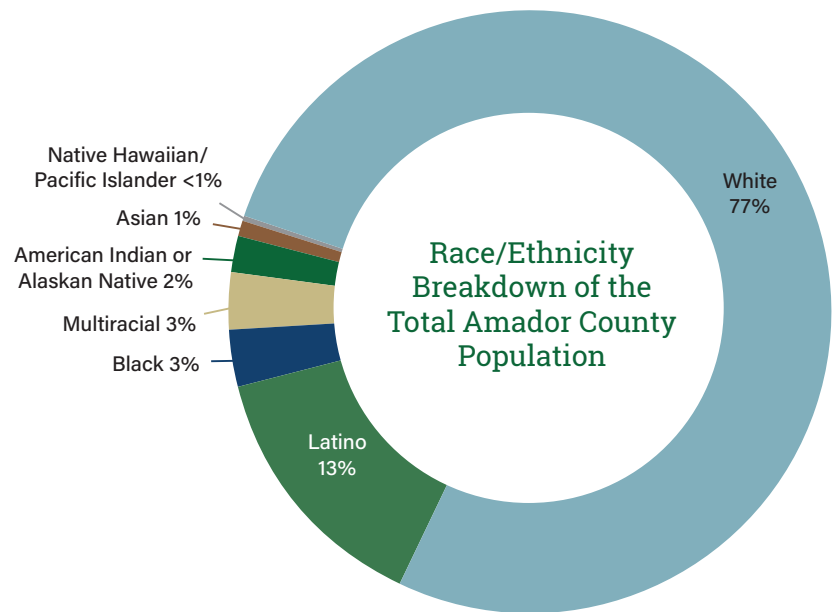
Amador County has a long history of developing and administering programs to prevent child maltreatment and the need for removing children into foster care. The County has been operating a County Children's Trust Fund (CCTF) and a local Child Abuse Prevention Council (CAPC) since 1995 to fund and coordinate child abuse and neglect prevention activities in the community. Amador County and its contracted community-based partners also offer a range of support services to strengthen families including mental health, substance abuse treatment and prevention, and home visiting and other parent skill development programs. The County has prioritized investments in evidence-based programs, and consequently possess significant capacity for these services despite its limited size.

- ✓ In developing this Comprehensive Prevention Plan (CPP), Amador County affirms its commitment to keeping children and families together and preventing the need for foster care whenever possible and pursuing opportunities to leverage federal Title IV-E and state Family First Prevention Services Block Grant funding, along with other resources, to expand the availability of prevention services within the County.

Amador County Data Profile

Population¹

Total Population	38,325
Children Ages 0-17	5,650



Child Welfare Rates (per 1,000)²

	Amador	CA
Allegations	97.6	49.5
Substantiations	10.4	5.8
Entries to Foster Care	4.8	2.3

Unique Amador County Indicators

- » 7% of children under 18 were living below the poverty level.³
- » 23% of children in Amador County are exposed to two or more adverse experiences, one of the highest rates in the state.
- » In 2021, there were 141 domestic violence-related calls for assistance.⁴

1 State of California Department of Finance (n.d.). County and State Population Projections (2010–2060) by Age. Retrieved from <https://dof.ca.gov/Forecasting/Demographics/Projections/>

2 University of California at Berkeley California Child Welfare Indicators Project. CCWIP Reports JAN2022–DEC2022. Retrieved from <https://ccwip.berkeley.edu/childwelfare/reports/AllegationRates/MTSG/r/rts/s>

3 United States Census Bureau (2023). American Community Survey—S1701, 2021 ACS 5-Year Estimates. Retrieved from <https://data.census.gov/table?q=poverty+and+race&g=050XX00US06005&tid=ACSST5Y2021.S1701>

4 OpenJustice (n.d.). Domestic Violence-related calls for assistance. Retrieved from <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>

GOVERNANCE STRUCTURE

In 2018, the State of California passed Assembly Bill 2083 (AB 2083) which required counties to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. In 2021, Amador County established an interagency MOU defining the collaboratively shared design, delivery and management of services to children, youth, and families between the Amador County Department of Social Services (DSS), Amador County Behavioral Health Department (BHD), Amador County Probation Department (Probation), Amador County Office of Education (ACOE), Amador County Unified School District (ACUSD), Amador County Superior Court (Court), and Valley Mountain Regional Center.

✓ **The vision for the interagency MOU, which remains in effect through December 31, 2024, is:**

“All children, adults and families in Amador County will be self-sufficient in keeping themselves, their children and their families SAFE, HEALTHY, AT HOME, IN SCHOOL OR EMPLOYED, OUT OF TROUBLE AND ECONOMICALLY STABLE.”

The mission includes ensuring that “all public programs for children, youth and families will provide services in an integrated, comprehensive, culturally responsive, evidence-based/best practice manner, regardless of the agency door by which children and families enter.”

As suggested by CDSS in ACL 22-23, Amador County intends to use this interagency collaborative as the basis for ongoing cross-sector collaboration envisioned in the Comprehensive Prevention Plan (CPP). To ensure broad community representation in the County’s cross-sector collaboration work, Amador County has also invited a number of additional stakeholders to participate in the CPP development process, including First 5 Amador County, local Tribes, direct service providers and other community-based organizations, and individuals with lived experience.

This working group consisting of the original interagency collaborative partners and other invited stakeholders has been meeting monthly since October 2022. Workgroup members provided extensive feedback during the County’s focus groups, Capacity Assessment, selection of a data framework and indicators, and distribution of an evidence-based program survey, and have participated in all decision-making around the development of the CPP.

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

REQUIRED PARTNERS	SUGGESTED PARTNERS
<ul style="list-style-type: none"> » Child Abuse Prevention Council (CAPC) » Child Welfare Agency » Probation Department » Tribal Representation » Office of Education » Behavioral Health Department » Non-Profit/Community-Based Organizations » Family Resource Centers » Foster Family Agencies » Youth Leader (Lived Expertise) » Parent Leader (Lived Expertise) » Former Foster Youth » Foster Youth currently (18+THP) 	<ul style="list-style-type: none"> » System of Care partners » Private Organizations » Evidence-Based Program Provider/Purveyor » Program Evaluator » Faith-Based Institutions » First 5 » Public Health Department » Public Assistance Department » District Attorney's Office » Early Childhood Programs » Housing Department/Authority » Homeless programs » Local Regional Centers » Local Offices of Employment/Career Centers » Local Vocational Trainings Centers/Community Colleges » Others identified by the collaborative

One advantage of being a smaller county is that it often makes cross-sector collaboration easier. As noted in the 2020–2025 Amador County Self-Assessment (CSA):

“Amador County makes every effort to maintain quality communication and collaboration between agencies serving children and families. CalWORKs, Public Health, Alcohol and Drug Services, and Mental Health are all located in the same building as Child Protective Services. Referrals are easily made between agencies. Public Health, Alcohol and Drug Services, Mental Health, the school district, Juvenile Probation, and Child Protective Services are all/ represented on the County’s Multi-Disciplinary Team, which meets twice monthly.”

The children and families that are the intended beneficiaries of services under Amador County’s CPP interact with a range of child-serving systems including not just child welfare but also mental and behavioral health, public health, early care and education, K-12 education, postsecondary education, juvenile probation and criminal justice, and housing. These children and families can be involved with any combination of county agencies, tribal governments, direct service providers, and nonprofit organizations. For these reasons, Amador County has engaged numerous partners across systems to conceive and develop this CPP.

AMADOR CROSS-SECTOR COLLABORATIVE ROSTER

ORGANIZATION	NAME(S)
Amador County Department of Social Services	Anne Watts
Amador County Child Protective Services	Mikey Habbestad • Aditra Miller
Amador County Probation	James King • Mark Bonini
Amador County Behavioral Health	Melissa Cranfill
Amador County Public Health	Joanne Hasson
Amador County Unified School District	Regina Helmer • Sean Snider
Amador Tuolumne Community Action Agency	Pat Porto • Joe Bors
CAPC/First Five	Nina Machado
CAPC/First Five/Resilient Amador	Tracy Carlton
CASA	Fara Roberts
EA FFA	Tiffany McGee
Juvenile Dependency Judge (AB2083)	Judge Renee Day
Nexus Youth & Family Services	Tara Parker • Lori Halvorson
OCAP	Jagdish Majju
Operation Care	Tammie Crabtree • Ashley Carnicello
Sierra Child & Family FFA	Laural Gamp
Tribal TANF	Lisa Martin
Valley Mountain Regional Center	Libby Contreras • Josie Craig

Looking ahead, as Amador County advances from planning toward implementation of the CPP, cross-sector collaboration will remain a high priority. The interagency collaborative intends to continue its regular monthly meeting schedule to provide ongoing reporting, oversight, and guidance to the County related to the CPP. This ongoing communication and coordination will enable cross-sector partners to collectively develop and incorporate strategies for continuous improvement of the prevention plan into their programs and services.

The cross-sector collaborative also overlaps with—and intends to align and coordinate its efforts with—the Child Abuse Prevention Council (CAPC) of Amador County.

CHILD ABUSE PREVENTION COUNCIL

The Child Abuse Prevention Coordinating Council Act, passed by the California Legislature in the 1980s, required each county to facilitate the formation and funding of a child abuse prevention council (CAPC) to support child abuse intervention and prevention activities. The Welfare and Institutions Code, Section 18967, further stipulates that each county is authorized to establish a County Children's Trust Fund for the purpose of funding local child abuse prevention activities. The Amador Child Abuse Prevention Council was designated to carry out this function in 1995. This council has been established as an independent organization within the government. The Amador CAPC is a regional coalition comprising child abuse prevention councils from 14 counties. This collaborative alliance convenes nine times annually to engage in training, networking, and advocacy on the behalf of children and families.

The mission of the Amador CAPC is to collaborate with the community and public agencies to ensure that every child lives a healthy and safe life free from violence. The council provides free workshops and training in order to bring awareness of issues surrounding child abuse and neglect to the public and to provide information on how to prevent child abuse and neglect. Currently, the council's work includes:

- » Child Abuse and Neglect Mandated Reporter training
- » Medicine Disposal Bins / Keeping Drugs Out of the Hands of Children and Teens
- » Opioid Resource Tool Kit / Sierra-Sacramento Regional CAPC Coalition
- » Marijuana, Edibles, and Safe Storage Education
- » ACEs, Trauma-Informed Care, and Resiliency / Resilient Amador Coalition
- » Maternal Wellness and Postpartum Depression
- » The Period of PURPLE Crying Program / Knitting for a Cause
- » Are They Up to the Task (Shaken Baby Syndrome Program)



- » Safe Kids program for preventing unintentional injuries to children
- » 5 Protective Factors and Strengthening Families Approach / Community Project Mini-Grants

The CAPC is also working with other agencies, commissions, councils, and law enforcement to provide the community with opportunities, in addition to the periodic drop-off events hosted by the Amador County Sheriff's Office, to dispose of unneeded prescription medications. The abuse of such medications has been linked to numerous child welfare cases, both in CPS and Juvenile Probation.

The Amador County Board of Supervisors has also designated the Amador County CAPC to oversee the County's Children's Trust Fund (CCTF). The information on specific programs, services, and functions are discussed at every Child Abuse Prevention Council meeting. The CPS Program manager is a member of the Child Abuse Prevention Council and directly receives the necessary information at these meetings. The information regarding what the CCTF does is also posted on the Amador County CAPC website located at www.amadorcapc.org. A summary of this website information is provided above under the heading "Child Abuse Prevention Council (CAPC)."

The alignment and coordination efforts of the cross-sector collaborative are consistent with numerous other interagency and cross-sector forums for collaboration in Amador County. These include:

► **Child Welfare and Probation Collaboration**

Amador County Child Protective Services and Juvenile Probation work closely in a variety of settings. For example, the CPS Program Manager and the Chief Probation Officer both sit on the Juvenile Justice and Delinquency Prevention Commission and participate in the Domestic Violence Council. Both agencies are also members of the County's Multi-Disciplinary Team (MDT) which also includes representatives from the Amador County Unified School District and Amador County Behavioral Health. Each presents a family to the team and offers the other suggestions and support. In addition, the County's Multi-Disciplinary Team reviews Interagency Placement Committee (IPC) Recommendations for all Short Term Residential Placements (STRP). As a result of the team's collaboration there are times when a CPS social worker and a probation officer meet with family members together when there are both CPS and Juvenile Probation issues. Social workers and probation officers communicate directly when they have overlapping cases, sharing critical information as permitted by law. AB 2083 requires county-level and state-level Memorandums of Understanding between agencies directly responsible for the most traumatized children in foster care in order to better provide placement and services.

The County's MDT meets twice a month. Several agencies are represented including Child Protective Services, Juvenile Probation, Mental Health, Alcohol and Drug Services, Public Health, Nexus Youth & Family Services, Sierra Child and Family Services, the Amador-Tuolumne Community Action Agency, and the Amador County Unified School District. Additional agencies, such as Valley Mountain Regional Center and Operation Care (domestic violence services) and individuals, including family members and foster parents, are invited on a case

by case basis. Each agency has the opportunity to present families identified as at risk. The team works to identify strengths and needs and to remove barriers. At these meetings, strategies are identified and assigned to specific agencies. These are documented for follow-up at the next meeting in order to ensure accountability.

► **Collaboration with Behavioral Health**

Amador County Behavioral Health has adopted a team approach when delivering therapeutic services to children. During these team meetings, mental health professionals, youth, parents, foster parents, social workers/probation officers, and other key participants work together to identify needs, to stabilize placements, and to assist families through the transition to lower levels of care and permanent returns home. Child Protective Services, Mental Health, and Sierra Child and Family Services have collaborated to meet the requirements of the *Katie A.* lawsuit.

► **Other Collaborations**

Positive and supportive youth activities have expanded significantly in Amador County, particularly through the work of the Amador-Tuolumne Community Action Agency, Nexus Youth & Family Services, Operation Care, and the Amador County Recreation Agency. Efforts are being made to keep service agencies informed of these opportunities in order to link at-risk youth, their parents, and their foster parents with positive opportunities and mentors. Presentations have been made to the Multi-Disciplinary Team to keep members informed of the activities. When the team identifies a youth at risk of entry into foster care, a placement change, or reentry into foster care, a referral to one of these agencies is considered. Also, the Amador County Juvenile Justice and Delinquency Prevention Commission has created a guide to activities for youth. This tool is used by the Court to link at-risk youth with constructive opportunities in the community.

The Amador County Child Abuse Prevention Council (CAPC) and First 5 Amador take an active role in

prevention services, education in the community, and advocacy for improved practices. They remain active in many collaborative efforts. CAPC and First 5 Amador are represented on several other committees including the Community Partners Meeting, Children and Families Program Committee, and the Domestic Violence Council. The County interacts with both of these agencies by participating in meetings and providing data regarding child abuse and neglect in the community to assist with the targeting of resources. Additional prevention efforts are made by ATCAA, the Domestic Violence Council, the Juvenile Justice and Delinquency Prevention Commission, and others.

Workshops for parents have been held in the community through the collaboration between First 5 Amador, Behavioral Health, the Foster-Kinship Care Education program, and the Child Care Planning Council. This has required these agencies to determine community needs and to pull fiscal resources to fund the events.

The Juvenile Justice and Delinquency Prevention Commission includes Child Protective Services, Probation, junior high and high school principals, the Amador County Recreation Agency, various community agencies, community members, and the Court. The local Foster Family Agencies have given a presentation to the Commission regarding placement challenges and foster parent recruitment.

Mental Health Services Act (MHSA) funding is being used and blended with other funding streams to provide support to children and families through Nexus, First 5 Amador, The Resource Connection, the National Alliance on Mental Illness, and the Sierra Wind Wellness Recovery Center.





TRIBAL CONSULTATION & COLLABORATION

Amador County values its historical partnership with its three federally recognized Tribes: the Jackson Band of Miwuk Indians, Lone Band of Miwuk Indians of California, and the Buena Vista Rancheria of Me-Wuk Indians of California. .

While few youth in Amador County meet the criteria for Indian Child Welfare Act (ICWA) classification in any given year, the County has established protocols for coordinating with Tribal partners. The 2020-2025 Amador County Self-Assessment also notes, “Members of the Kenu Me-Wu agency and Tribal TANF participate in the county’s Domestic Violence Prevention Council alongside staff from Probation, Child Protective Services, First 5 Amador, law enforcement, Victim Witness Assistance, Operation Care, ATCAA, Public Health, the District Attorney’s Office, the Court, and more.”

Amador County is concerned that the rigid standards around evidence-based programs (EBPs) established by the federal government have resulted in just one Tribal practice being listed on the Title IV-E Prevention Services Clearinghouse to date. The County urges the federal government to facilitate a more inclusive process around the evaluation of EBPs that will establish more opportunities to leverage federal funding to support Tribal programming. Amador County is also committed to exploring cultural adaptations to traditional EBPs that may make them more relevant to Tribal children and families.

Going forward, Amador County will continue to engage Tribal representatives through the cross-sector collaborative overseeing implementation of the CPP and commits to engaging the Tribes in decision-making and in future reviews of and amendments to the CPP.

INTEGRATED CORE PRACTICE MODEL

In its AB 2083 interagency MOU, Amador County included the following description and standards around the Integrated Core Practice Model (ICPM):

“The ICPM articulates the shared values, core components, and standards of practice reflecting current research that demonstrates how collaborative and integrated family services work best in meeting the complex needs of children, youth, non-minor dependents, and families involved with state and county agencies. The ICPM shall be incorporated into every aspect of this Agreement.

The ICPM provides evidence-informed practices and principles in support of effective child/youth and family engagement. The ICPM includes listening authentically, expressing understanding, cultural humility and empathy, using solution-focused questions to understand better the strengths and needs of each family, and looking for and using opportunities to honor each family's voice.”

Interagency MOU signatories agreed to:

1. Become familiar with the ICPM framework and will adopt the values, principles, and practices of the ICPM.
2. Utilize the standards of the ICPM in committing timely, effective, and collaborative services to children, youth and families.
3. Promote and provide services which are outcome focused, family centered, strength-based, culturally proficient, evidence informed, comprehensive, and integrated to the extent possible by a single service plan and which encourages families to use their own resources to resolve problems.
4. Commit to training all Parties' staff and appropriate contracted partners in the ICPM framework.
5. Arrange or initial and on-going training to include staff from all Parties to build interagency rapport and collaboration.

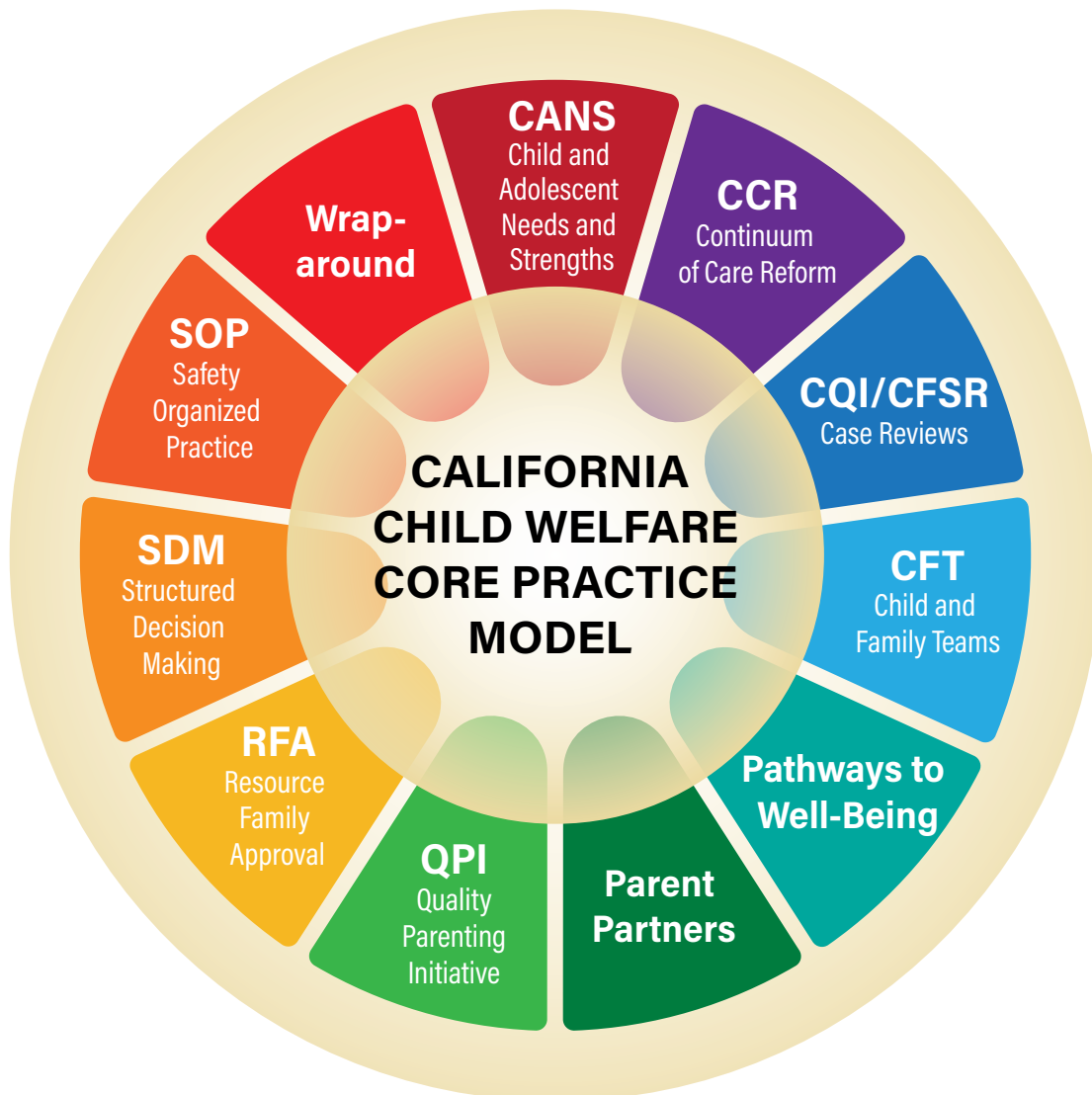
Finally, interagency MOU signatories also committed to including language in contracts with appropriate partners requiring them to embed ICPM into their work.

As noted in the 2020-2025 Amador County Self-Assessment:

In Amador County, Child Protective Services and Behavioral Health have collaborated to fully adopt the Core Practice Model. Child Protective Services utilizes Core Practice Model Behaviors in various ways. From transparency throughout investigations regarding the safety threats in a family and why they have come to the attention of the department, to open and honest communication regarding court procedures and possible consequences and outcomes for a family, the social workers build trust with the families they serve. Child and Family team meetings occur on usually a monthly basis for children in care, far beyond the requirement of every six months. This allows parents and members of their support network to feel heard and work through challenges and barriers to their progress, as well as be involved further in the care of their children. It has also served to foster and build ongoing connection between parents and substitute care providers, and facilitates the important sharing of information between members of the team and the sharing of important decision making. It also facilitates identifying logical next steps as well as who will follow up on those next steps. Social workers regularly use Safety Organized Practice tools, such as Safety House and Three Houses to enhance the voice of minors in child welfare investigations and in open child welfare cases. All of these efforts are documented in CWS/CMS. Additionally, Child Protective Services participates in ongoing Safety Organized Practice with an assigned coach from UC Davis.

Further, social workers work diligently to identify supportive family quickly in open child welfare cases, not only for placement of children but to provide support to the parents in their reunification efforts. These family members often attend Child Family Team Meetings and participate in the case to support the parents and children. In case planning, Family Strengths and Needs assessments are utilized to inform the case plan and identify priority needs for the family. Parents and children are involved in the case planning process. This is documented in reports to the court. As families prepare to reunify, social workers utilize meetings with the family and child as well as CFT meetings to identify natural supports for the family as they transition away from child protective services involvement.







Throughout the development of its Comprehensive Prevention Plan (CPP), Amador County has followed these same principles and standards, and the County will continue to do so as it implements the CPP and expands programs and services designed to prevent the need for foster care.



TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

Local Assets & Needs Assessment

Several data snapshots and previous community studies have recently been completed in Amador County and were reviewed in the process of developing this CPP, including:

-  Amador County 2019-2024 Child & Family Services Review System Improvement Plan
-  Amador County 2019 Child & Family Services Review County Self-Assessment
-  Tri-County Home Visiting Partnership Family Systems Assessment
-  KidsData Fact Sheet on Children in Amador County—Retrieved April 2023
-  Amador County Community Snapshot—2018 Public Health
-  Amador Data Snapshot

Summary of Community Needs

The Amador County community studies and data snapshots reviewed for this CPP identify significant community needs related to substance abuse, mental health, poverty and economic insecurity, and traumatic experiences, coupled with barriers accessing supportive services.

The Amador County 2019 County Self-Assessment (CSA) notes “a significant issue with substance abuse in the county” and finds that “one of the most common reasons [for reentry into foster care] in Amador County appears to be the parent or parents relapsing within the first year of the child’s return home.” One in four adults in Amador County (25%) reported excessive drinking and nearly one

in two 11th graders (45%) reported substance use within the previous 30 days, according to the Tri-County Home Visiting Partnership Family Systems Assessment (FSA). The Amador County Community Snapshot elevates substance use during pregnancy as a concern, finding that the rate of substance use during pregnancy in Amador County far exceeds the statewide rate. The FSA notes “there is a link between alcohol and other drug abuse, which typically tend to be higher in rural counties, and substantiated child abuse.”

Community studies also indicate considerable risks to the mental health of children, youth, and families. The FSA found that the suicide rate in Amador County was more than double that of California overall. Teen depression rates are also higher when compared to the state average with 39% of 9th graders reporting feelings of depression, according to the KidsData Fact Sheet on Children in Amador County (KidsData). The CSA indicates that “many of the children placed in foster care have substantial mental health and behavioral needs.” Meanwhile, the mental health needs of families in Amador County “are expected to rise in response to the isolation and insecurity families are experiencing because of the pandemic,” according to the CSA.

Poverty and economic insecurity pose further community challenges, as the FSA notes that the median income in Amador County (\$62,600) is considerably less than the state average (\$80,400). “Approximately one in seven Amador County children (14%) live at or below the federal poverty level and one in six (16%) live in food insecure households,” according to KidsData. Moreover, the FSA cites that nearly one in five Amador County households (18%) experience severe housing problems, such as overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. The CSA emphasizes that

“poverty continues to be linked to challenges faced by many families in the community, affecting the ability to obtain housing, food, and transportation.”

Residents in Amador County are also coping with high rates of traumatic experiences. Nearly one in five Amador County residents (18%) report having experienced four or more adverse childhood experiences (ACES), according to the FSA. ACES are traumatic events that occur in childhood and can include things like experiencing violence, abuse, or neglect; witnessing violence in the home or community; having a family member attempt or die by suicide; and living in a household with substance use problems, mental health problems, or family instability. Research demonstrates that individuals who have experienced at least four ACES are at a particularly heightened risk for a range of poor outcomes, including increased likelihood of chronic health problems, mental illness, and substance abuse disorders.

The community challenges described above are compounded by a lack of access to supportive services, especially to address mental health needs. The FSA highlights that the County has an insufficient workforce, particularly in behavioral health; Amador County's ratio of population to mental health providers (410:1) far exceeds the statewide ratio (270:1).

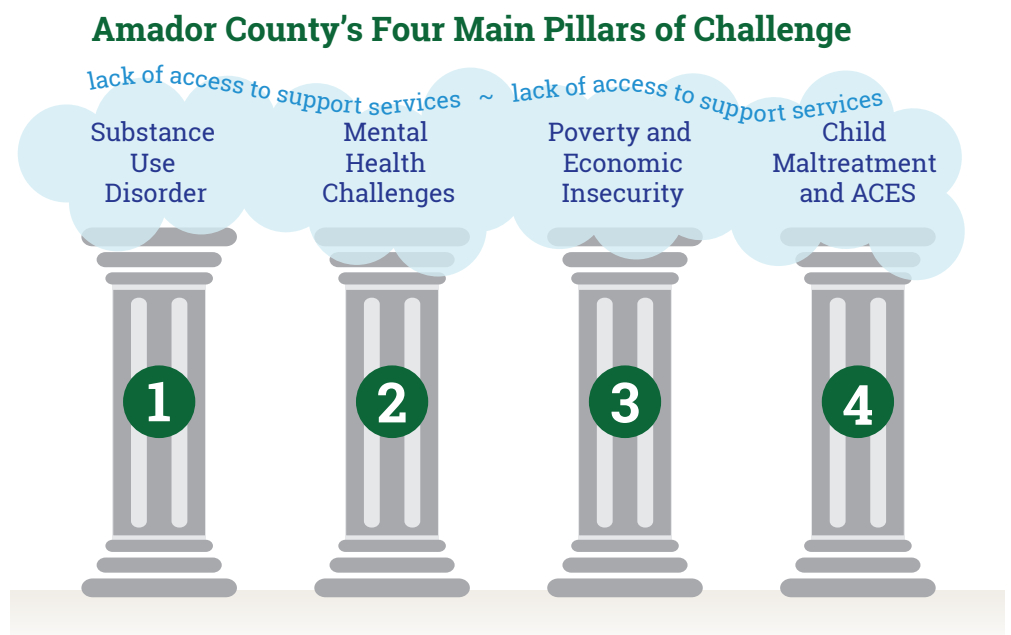
Members of the Tri-County Home Visiting Partnership Leadership Team described mental health services in the County as “challenging to access” with “long waits to receive services.” They further reported that “lack of transportation makes it difficult to get to services” and “behavioral issues are often unaddressed.” Accessing services is particularly difficult in rural and mountainous areas of

the county, such as Pioneer, Plymouth, River Pines, and Fiddletown, according to the CSA. “Some of these areas have a higher rate of child maltreatment allegations and high rates of entry into foster care, often leading to service referrals for biological parents,” states the CSA.

As a result of these community challenges, Amador County has a much higher rate of child maltreatment than the statewide average. In fact, reports of abuse or neglect are made at more than twice the state rate (106.9 per 1,000 children in Amador County compared to 52.9 per 1,000 children across the state), according to the FSA. Additionally, the rates of children with substantiated maltreatment (11.7 versus 6.8) and children/youth ages 0–20 in foster care (7.6 versus 5.3) in Amador County far exceed the statewide average.

Based on these community assessments, the four main pillars of challenge in Amador County—all of which are exacerbated by a lack of access to support services—are:

- » Substance Use Disorder
- » Mental Health Challenges
- » Poverty and Economic Insecurity
- » Child Maltreatment and ACES



Candidate Groups & Data Estimates

California's most recent draft of its Title IV-E Prevention Plan (Five-Year State Prevention Plan) lists 12 "candidate" groups that the State identifies as the target populations for federal Title IV-E prevention funding. To be eligible for federal reimbursement, these "candidates for foster care" must be determined to be at "imminent risk" for foster care entry.

Data extracted in 2020 from the Structured Decision-Making (SDM) system and provided to Amador County by the California Department of Social Services indicates that **61** children received a risk assessment score of "high" or "very high" while **82** children had at least one identified safety threat. These numbers provide a reasonable range of estimates of how many children in Amador County may meet the "imminent risk" standard for eligibility for federal reimbursement for prevention services.

To further assess the individual candidate groups eligible for services in Amador County, the CPP cross-sector collaborative pulled data from numerous systems and sources to provide estimates on the number of children within the County for each target population.

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services</p> <p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services who are also determined to be at imminent risk for foster care will be eligible to receive services under the Title IV-E Prevention Program. These services are the traditional pathway to prevent entry into foster care and may also be provided after reunification to prevent reentry. During SFY 2019-20, there were 12,064 Voluntary Family Maintenance (VFM) cases in California, of whom 991 (8%) were removed within 12 months and placed in foster care. In that same year, there were 37,769 court-ordered Family Maintenance (FM) cases in California, of whom 3,878 (10%) were removed within 12 months and placed in foster care. FFPSA provides an opportunity to expand service capacity to this population.</p>	<p>County: 11, Point in Time</p> <p>CDSS Q2 2020: 3 in Pre/No Placement, 18 in Post Placement, 8 in Voluntary Placement</p>
<p>Probation Youth</p> <p>Probation youth subject to a petition under section 602 of the Welfare and Institutions Code (WIC), and for whom the probation department determined to be at imminent risk for foster care per a state-approved assessment tool, will be eligible to receive services under the Title IV-E Prevention Program. Per CDSS data, in any given month, approximately 3,900 probation youth per month in California have been determined to be at "imminent risk" of foster care.</p>	<p>5, Point in Time</p>
<p>Guardianship/Adoption at Risk of Disruption</p> <p>Children whose guardianship or adoption arrangement is at-risk of disruption and who are also determined to be at imminent risk of foster care will be able to receive Title IV-E prevention services. These are non-reunified children and youth who have exited foster care to some form of permanency and are at risk of re-entry due to disruption of that permanency arrangement according to an approved assessment tool.</p> <p>In SFY 19-20, 1,092 children, or four percent of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.</p>	<p>15, Point in Time</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children with Substantiated/Inconclusive Allegation</p> <p>Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for Title IV-E Prevention Services if the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (11.3%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the substantiated dispositions, 16,292 (11.3%) were closed after investigation, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.</p>	<p>2-5 (monthly average)</p>
<p>Children w/Siblings in Foster Care</p> <p>Children who have siblings in foster care, and who are determined at imminent risk of foster care will be eligible to receive Title IV-E prevention services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents). In SFY 2019-2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.</p>	<p>5, Point in Time</p>
<p>Homeless/Runaway Youth</p> <p>Homeless or runaway youth who are determined to be at imminent risk of foster care can receive Title IV-E prevention services. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.</p>	<p>County: 11, Point in Time School District: 156 McKinney-Vento</p>
<p>LGBTQ Youth</p> <p>The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.</p>	<p>N/A</p>
<p>Substance-Exposed Infants</p> <p>Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.</p>	<p>Less than 10 w/neonatal abstinence syndrome (2019-2021)</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Trafficked Children and Youth</p> <p>Trafficked children and youth who are determined to be at imminent risk of entering foster care will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b) (2). During SFY 2019-20, there was an average of 1,081 youth identified as victims of CSE by child welfare and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care due to being trafficked, based upon the use of an approved assessment tool for this specialized population.</p>	<p>1</p>
<p>Children Exposed to Domestic Violence</p> <p>Children exposed to domestic violence who are determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E services. Between February and September of 2020, a total of 34,433 "Emotional Abuse" referrals were screened in for investigation. Of those, 23,409 (67.98%) had the "Exposure to Domestic Violence" indicator selected. Title IV-E funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child's entry into foster care.</p>	<p>County: 18 in Referrals, 8 in CPS Cases (Point in Time) Operation Care estimate: 7</p>
<p>Children w/Caretaker Experiencing Substance Use Disorder</p> <p>Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E prevention services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare involvement compared to other children. The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, or chaotic environments. Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.</p>	<p>County: 25 in Referrals, 24 in CPS Cases (Point in Time)</p>
<p>Other Serious Risk Factors</p> <p>Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV- E prevention program when services identified in the state's prevention plan may provide interventions that mitigate risk of entry into foster care. Examples include: Current or recent (within 6 months) family involvement with social services agency.</p> <ul style="list-style-type: none"> • A change in family relationships characterized by frequent conflict or violence; • Recent increase in substance use that impacts daily functioning and ability to care for the child or youth; • Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth; • Incarceration of the caregiver; • Child or youth participated in criminal activity; and • Other recent or current circumstance that may cause family instability or a threat to the child/youth's safety or well-being. 	<p>5 Probation youth participated in criminal activity 71 unaccompanied youth (per school district) County: 71 in Referrals, 28 in CPS Cases (Point in Time)</p>

In addition to the 12 candidate groups listed above, youth in foster care who are expectant/pregnant and/or parenting are also eligible for Title IV-E prevention funding. Importantly, these youth are categorically eligible for services and do not require an “imminent risk” finding.

Candidate Group/Target Population with Description	County Estimate
<p>Expectant and/or Parenting Youth in Foster Care Youth in foster care who are expectant, pregnant and/or parenting</p>	<p>0 currently</p>

Target Populations & Service Objectives–Phase 1

Looking ahead, Amador County intends to work with its community-based providers to develop service pathways for all children and families who meet the eligibility criteria to be considered “candidates for foster care” outlined above. However, building the capacity to address all underlying needs will require time, staffing and resources that are currently not available.

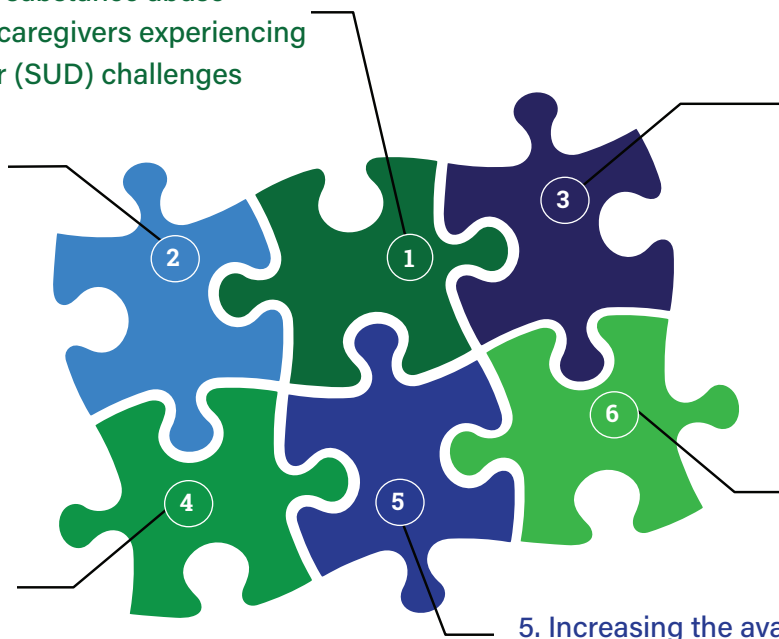
Accordingly, in the early stages of the implementation of this CPP, Amador County intends to develop service pathways focusing on addressing six distinct underlying challenges that are experienced within and across the state-identified candidate groups. These six challenges represent major service gaps in Amador County and serve as primary drivers of child welfare system-involvement for children and families.

The six service objectives Amador County intends to serve in Phase 1 of CPP implementation are:

1. Expanding access to substance abuse treatment services for caregivers experiencing substance use disorder (SUD) challenges

2. Expanding access to substance abuse treatment services for youth experiencing substance use disorder (SUD) challenges

4. Expanding the mental health service array to increase the availability of trauma-informed services designed to support individuals suffering from adverse childhood experiences (ACEs)



3. Addressing the root causes of domestic violence

6. Increasing the availability of post-permanency support services

5. Increasing the availability of in-home services

As Amador County expands its prevention programming, the County will also focus on developing programs that can be fiscally sustained as well as strengthening its relationship with local Tribes and exploring cultural adaptations that can be made to evidence-based programming to better align services with Tribal needs and values.

COMMUNITY PATHWAY MODEL

The State of California's Title IV-E Prevention Plan outlines an approach to service delivery known as the Community Pathway that envisions contracted community-based organizations primarily engaging with families, and the public agency relegated to a "peripheral" role.

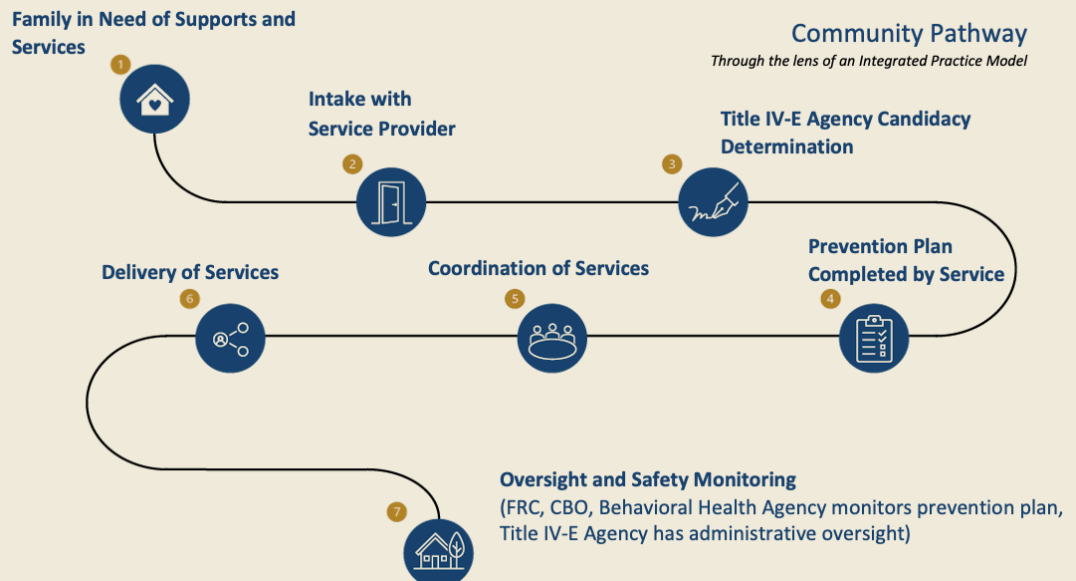
California's Plan notes:

"Struggling families, especially those residing in impoverished neighborhoods, often voluntarily seek support from public and private community agencies, such as faith-based organizations, schools, local athletic organizations, after school programs, scouting organizations, etc. Engaging and strengthening connections between these organizations and local service providers that understand the needs of the community and provide direct services, such as community-based organizations (CBOs), Family Resource Centers (FRC), or behavioral health agency, is key to realizing the ultimate vision for upstream prevention."

Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges, while improving child and family outcomes and advancing equity.

Amador County is very interested in further exploration of the Community Pathway model during the implementation phase of this CPP and believes the concept holds great promise. However, to operationalize the model, Amador County needs further detail and assurances from the State on a range of questions, including but not limited to:

- » Safety assessment, training, and monitoring protocols for CBO staff
- » State and federal funding available to support Community Pathway administrative functions across CBOs and public agencies
- » Eligibility determination processes
- » Ongoing communication and reporting between CBOs and public agencies
- » Legal liability across CBOs and public agencies

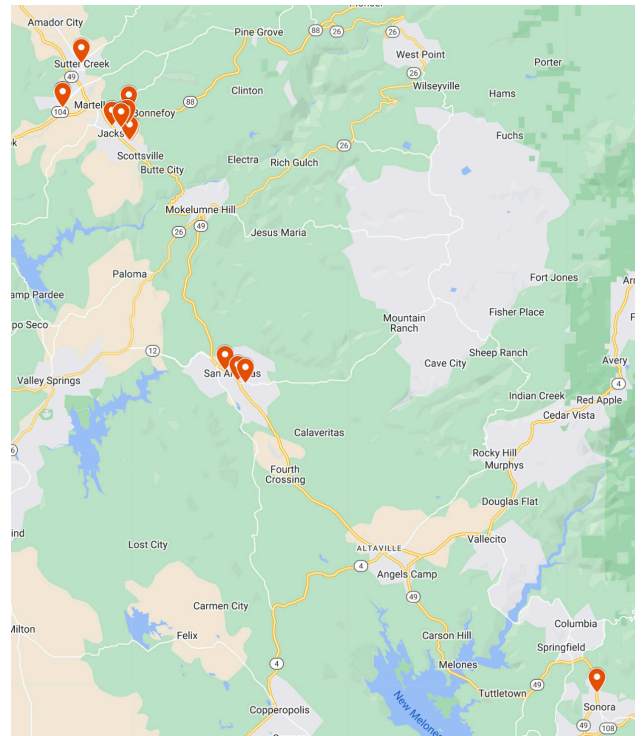


SERVICES/ASSET MAPPING

Despite its challenges, Amador County has significant assets that can be coordinated and leveraged in support of its CPP.

Asset Map

[Asset Map \(Live Version\)](#): An asset map was created using the results from the EBP survey to develop an inventory of children maltreatment and foster care prevention programs that are currently being delivered in Amador County. Identifying a current inventory will help determine any program deserts, gaps in services, provider capacity, and how services are meeting the needs of all children and families at risk of foster care entry. The mapped results will help develop appropriate strategies to leverage federal resources and determine how the county will expand programming over the next several years.



Below is a list of the current programs, descriptions, and links to their websites. All agencies and organizations are plotted on the asset map:

Agency	Description
Amador County HHS—Social Services	Amador Social Services provides benefits and services in a quality manner. They promote personal responsibility, job readiness, and self-sufficiency to strengthen individuals and families. Their services include food assistance resources, adult and child protective services, and in-home support services. This department also determines eligibility for CalWORKs, CalFresh, Medi-Cal, and other public assistance programs.
Amador County HHS—Behavioral Health	The Amador County Behavioral Health Department supports the overall health and well-being of clients with serious mental illness, emotional disturbances, and substance use disorders. Behavioral Health provides integrated recovery-oriented mental health and substance use disorder services.
Amador County HHS—Public Health	Public Health promotes individual health, preventing disease and disability, and protecting against environmental risk, through education and intervention. Provides health services including immunization, oral health, child health and disability prevention program, maternal health and wellness, and brochures on how to stay healthy and avoid harmful situations like lead poisoning.

Agency	Description
Amador County Probation	<p>The Probation Department is an integral part of the criminal justice system. It provides support for the Criminal, Juvenile and Family Courts. The Probation Department protects and serves the people of Amador County by providing services and programs designed to reduce the likelihood that an offender will commit another crime.</p>
Amador County Unified School District / Amador County Office of Education	<p>Amador County Public Schools consists of the Amador County Unified School District and the Amador County Office of Education. Amador County Public Schools prepare, support, and inspire each student to achieve career and college success in a rapidly evolving world through highly engaging teaching, rigorous learning, and innovative pathways supported by strong partnerships in a safe, caring, and collaborative environment.</p>
First 5 Amador	<p>First 5 Amador promotes, supports, and enhances the optimal development of the County's children from 0 to 5 years of age. They believe that broad community involvement is critical to the success of their mission. With Proposition 10 funds they support projects that make sense locally based on identified needs and opportunities for children and families in Amador County.</p>

Organization	Description
Amador County Recreation Agency (ACRA)	<p>ACRA maximizes recreational opportunities for all residents of Amador County through sustainable planning, financing, facilities operations, and programs. ACRA provides programs including free after school care, art classes, special events, and sports leagues.</p>
Amador Pregnancy Help Center (APHC)	<p>APHC is a non-profit organization with a relational goal—to see those facing a pregnancy decision receive love, care, and support. APHC provides pregnancy tests and verification, and education about the pregnancy choices of parenting, adoption, and abortion. Referrals are provided to local community agencies. The biggest area of service is in support of families who are struggling with economic and life skill issues.</p>
ATCAA—Amador Tuolumne Community Action Agency	<p>ATCAA's mission is to help individuals in Amador and Tuolumne Counties toward self-sufficiency. ATCAA supports residents to be self-reliant, healthy, free from economic hardship, feeling sustained by the support of community and family, and able to achieve their maximum potential as engaged citizens. ATCAA provides services based on the local community assessments that identify the assets and needs of the community. Services and projects have varied over the years based on community need and available funding.</p>
California Tribal TANF Partnership—Jackson Site	<p>The California Tribal TANF Partnership (CTTP) is associated with 20 tribes and other organizations that operate tribal Temporary Assistance for Needy Families (TANF) programs for Native American people. Their purpose is to help families achieve self-sufficiency through educational training, career and employment opportunities, as well as various supported services and programs with temporary financial assistance.</p>

Organization	Description
<u>EA Family Services</u>	<p>EA Family Services (EA) is a private, nonprofit corporation that provides a variety of services to children and young adults. They offer two programs of residential care; a foster family program, which serves youth aged 0 to 21, and our Group Home Program for kids ages 6 to 18. Additionally, EA offers a variety of services and referrals to support and educate foster families and group home representatives, as well as the youth in their care.</p>
<u>Kene Me-Wu Family Healing Center</u>	<p>Kene Me-Wu Family Healing Center is a domestic violence/sexual assault agency for Native Americans and/or households. Kene Me-Wu promotes family healing throughout Indian Country working to end violence within relationships, families, and the communities.</p>
<u>Nexus Youth & Family Services</u>	<p>The mission of Nexus is to serve members of the community through innovative programs, collaborative partnerships, and the provision of educational and therapeutic services. Nexus provides counseling services for children, teens, parents, and caregivers; family services, offering outreach and education that support families and; youth services, programs and activities that promote well-being, positive leadership skills, and substance youth prevention.</p>
<u>Operation Care</u>	<p>Operation Care provides domestic violence and sexual assault support services, crisis intervention and education to Amador County. They strive to reduce the incidents of intimate partner violence, and promote healthy relationships.</p>
<u>Sierra Child & Family Services</u>	<p>Sierra Child & Family Services operates a foster family agency, an adoption agency, and outpatient mental health clinics with wraparound services.</p>
<u>The Resource Connection</u>	<p>The Resource Connection offers an array of services and programs for children and families, nutrition, and prevention and intervention to residents of Amador and Calaveras counties.</p>
<u>Valley Mountain Regional Center</u>	<p>The mission of Valley Mountain Regional Center (VMRC) is to support people with developmental disabilities as they enrich their lives through choices and inclusion. VMRC is committed to securing quality, individualized services in collaboration with families and the community.</p>
<u>Wayfinder Family Services</u>	<p>Wayfinder provides a range of trauma-informed services to help children, youth, and adults discover their path to sustained well-being. They provide early intervention, special education, recreation, independence, workforce development, and mental health programs.</p>



CAPACITY ASSESSMENT OVERVIEW

Amador County utilized the CDSS Capacity Assessment Tool during the development of this CPP. After being briefed on the tool and its purpose, CPP cross-sector collaborative members were encouraged to complete the tool individually and submit their results. The scores were then aggregated, the written feedback was consolidated, and the findings were presented back to the CPP collaborative at its October 2022 meeting. Following the presentation of these findings, a facilitated conversation then solicited additional feedback. Collaborative members then collectively developed strategies for addressing areas of challenge and identified areas where additional guidance or technical assistance may be needed from the State. The completed tool was then submitted to the County's CDSS Office of Child Abuse Protection (OCAP) liaison. The results from the tool, including areas of strength and challenge, can be found in Appendix I of this CPP.

EVIDENCE-BASED PROGRAMMING

To comprehensively capture the current continuum of prevention programming in Amador County and assess the current and prospective local capacity for the delivery of EBPs, an EBP survey was circulated to a broad range of service providers across the public child welfare, behavioral health, public health, and education systems as well as the local Tribal systems.

Providers were asked to identify the EBPs in California's Title IV-E Prevention Plan they are currently delivering or could potentially deliver with capacity building assistance; the other EBPs on the Title IV-E Prevention Services Clearinghouse they are currently delivering or could potentially deliver with capacity building assistance; additional prevention programs they are currently delivering that have an evidence based and could potentially be added to the federal Clearinghouse in the future; and other prevention programs they are currently delivering with or without an evidence base.

Providers were also surveyed about whether their current programming is being delivered in-person, virtually, or both; which communities it is being delivered in; how it is being financed; and whether it is being delivered as a primary, secondary, and/or tertiary intervention. This survey process provided Amador County with rich data and a comprehensive understanding of local provider prevention service capacity and informed the selection and categorization of the EBPs within this CPP.

Despite its historical commitment to investing in evidence-based programs, Amador County also recognizes the challenges public agencies and community-based direct service providers will face in developing and delivering EBP service lines, including the costs associated with training staff to deliver these programs, retaining these staff, and ongoing monitoring to ensure model fidelity and continuous quality improvement.



Tier 1 Services

The following EBPs are listed in California's Title IV-E Prevention Plan, and Amador County possesses existing capacity to deliver them. Amador County intends to explore leveraging Title IV-E funds for these programs as soon as possible.

Program	Service Category	Target Population	Outcome Objectives
Brief Strategic Family Therapy	Mental Health, Substance Abuse, In-Home Parent Skill Based	Children and adolescents aged 6–17 and parents/ caregivers	<ul style="list-style-type: none"> » Improved child behavioral and emotional functioning » Decrease in youth delinquent behavior and substance use » Decrease in parent/caregiver substance use
Functional Family Therapy	Mental Health	Adolescents aged 11–18 and their parents/caregivers	<ul style="list-style-type: none"> » Improved child behavioral & emotional functioning » Decrease in youth substance use » Improvements in parental capabilities
Motivational Interviewing	Substance Abuse/ Cross-Cutting	Adolescents and their parents/ caregivers	<ul style="list-style-type: none"> » Decrease in youth substance use » Decrease of parent/caregiver substance use » Improved physiological, psychological, and lifestyle outcomes
Multisystemic Therapy	Mental Health, Substance Abuse	Children aged 12–17 and their parents/ caregivers	<ul style="list-style-type: none"> » Decrease in youth delinquent behavior and substance use » Improvement of parent/caregiver emotional and mental health
Parent-Child Interaction Therapy	Mental Health	Children aged 2–7 and their parents/ caregivers	<ul style="list-style-type: none"> » Reduction in child negative behaviors » Increased positive parenting practices » Improvement of parent/caregiver emotional and mental health
Parents as Teachers	In-Home Parent Skill Based	Parents/caregivers with children ages 0 to kindergarten	<ul style="list-style-type: none"> » Increased number of developmental milestones met » Increased positive parenting practices » Improvement of parent/caregiver emotional and mental health

Tier 2 Services

The following EBPs are listed on the Title IV-E Prevention Services Clearinghouse, and Amador County has existing capacity to deliver them. These programs are not yet listed in California’s Title IV-E Prevention Plan, but when they are added to that plan Amador County intends to explore leveraging Title IV-E for them.

Program	Service Category	Target Population	Outcome Objectives
Aggression Replacement Training	Mental Health	Youth ages 13 to 18 who exhibit violent or aggressive behavior	» Increased child well-being: Behavioral and emotional functioning
Intensive Care Coordination Using High Fidelity Wraparound	Mental Health	Children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families	» Increased least restrictive placement » Increased child well-being: Behavioral and emotional functioning
SafeCare	In-Home Parent Skill Based	Parents/caregivers of children 0-5 who are either at-risk for or have a history of child neglect and/or abuse	» Improved child permanency: Out-of-home placement
Trauma-Focused Cognitive Behavioral Therapy	Mental Health	Children and adolescents who have experienced trauma including those who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems	» Increased child well-being: Positive parenting practices » Increased child well-being: Social functioning » Increased adult well-being: Parent/caregiver physical health » Increased adult well-being: Parent/caregiver mental or emotional health

Other Prevention Programming

Despite its small size and rural location, Amador County is fortunate to have a rich array of services available for children and families, including preventative services and services for families already involved in the child welfare system.

Amador County Behavioral Health

- » Individual therapy
- » 24-hour crisis intervention
- » Outpatient drug and alcohol services for men and women (individual and group), substance abuse testing
- » Outpatient individual substance abuse counseling for teens
- » Psychiatric services for children and adults
- » Case management
- » Wellness and recovery programs
- » School outreach
- » Contract with Sierra Child and Family Services
- » Mental Health Services Act funding:
 - » The Full-Service Partnership Program
 - » Sierra Wind Wellness and Recovery Center
 - » Client & Family Advocate Services
 - » NAMI Family & Client Support/Education
 - » First 5 Behavioral Education & Support
 - » Isolated Community Outreach & Education
 - » Aggression Replacement Therapy
 - » Project SUCCESS in the Schools
 - » The Isolated Seniors Project
 - » Self-Management Training
 - » Wellness Day for Isolated Communities
 - » Human Services Certificate Scholarship through ACCF

Amador County Public Health

- » California Children Services (CCS) for children with diseases and disabilities
- » Public Health Nurse Home Visitor Services
- » Car seat installation/ training
- » Immunizations
- » Tuberculosis screening and testing
- » Foster Care Public Health Nurse (Nursing Case Management)
- » Outreach
- » Communicable Disease
- » Lead Poisoning Prevention
- » Emergency Preparedness
- » Oral Health
- » Tobacco Reduction
- » Cal Fresh Health Living (Nutrition Education)
- » Maternal Child and Adolescent Health
- » Information and referral

Amador County Recreation Agency

- » Sports and extracurricular activities
- » Summer Camp (structured and supervised activities)
- » After school programs

Amador County Unified School District

- » Student Study Teams
- » Special Education Services
- » Individualized Education Plans (IEP)
- » Educationally Related Mental Health Services
- » School Psychologist
- » Foster Youth Services Liaison
- » Vision and hearing screening
- » Sports and extracurricular activities

Amador-Tuolumne Community Action Agency (ATCAA)

- » Head Start and Early Start
- » Housing resources including two homeless shelters
- » Home Energy Assistance Program
- » Water Bill Assistance Program
- » Lifeline, In Home Medical Alert System
- » IDA, Foster Youth Incentive Earning Program
- » Income Tax Assistance (Seasonal)
- » Information and referral

Environmental Alternatives (EA Family Services)

- » Foster Family Agency
- » Transitional Housing Program (THP-Plus-FC)
- » Supervised visits for children in foster care

First 5 Amador

In-House Programs:

- » Transition to Kindergarten
- » Behavioral Specialist
- » Dad and Me
- » Imagination Library
- » Outreach and information and referral
- » Perinatal Wellness of Care
- » Ages & Stages Developmental Screening System
- » Playgroups/Messy Mornings
- » Professional developmental for early care providers regarding behaviors and trauma
- » Welcome Baby

Nexus Youth & Family Services

- » CHAT Children's Counseling Services
- » Parent Child Interaction Therapy (PCIT)
- » Aggression Replacement Training
- » Parenting with a Purpose Classes
- » Common Ground (Parent/Teen Communication course)
- » Home Visiting
- » 180° U Turn
- » Court Appointed Special Advocates (CASA)
- » Youth Empowerment Project, Project SUCCESS (Includes prevention, education and individual/group counseling)
- » Friday Night Live (FNL) (Youth leadership program for Elementary, Junior High, and High School Students, community improvement projects, drug and alcohol prevention activities)
- » Receives CAPIT, CBCAP & PSSF Funding
- » Family Resource Centers
- » Student Assistance Program
- » Family Urgent Response System
- » Information and referral
- » Community Workshops
- » Promotores de Salud
- » Asthma Mitigation Project
- » Independent Living Program



Kene Me-Wu Family Healing Center

- » American Indian Domestic Violence and Sexual Assault Program
- » Includes: 24-hour crisis line, crisis intervention, group and individual counseling, talking/healing circles, court accompaniment, advocacy, emergency shelter, temporary restraining orders, prevention services, information, and referrals

Wayfinder/Lilliput Children's Services (Post Adoption Services)

- » Crisis intervention
- » Therapeutic support
- » Respite care funding
- » Support groups
- » Workshops and trainings
- » Resource library
- » Social and recreational family networking events
- » Outreach and information and referrals

Operation Care

- » Counseling and supportive services for domestic violence and sexual assault victims
- » 1:1 Counseling
- » Group Counseling
- » Temporary Restraining Order Assistance (help filing TRO papers and navigating through court process)
- » Accompaniment to court, hospital, or any other appointments that client feels they need support through
- » Advocacy
- » Response (from hospital/medical calls or calls from Law Enforcement)
- » 24-hour crisis line
- » Safe House for women and children (90 day stay)
- » Youth Services include the above support and Making the Peace (pre-teen to teen), Love is not Abuse (pre-teen to teen), Cage your Rage (pre-teen to teen), Chrysalis (pre-teen to teen), Children's Abuse Curriculum (4 to 13 years old)
- » Information and referral
- » Presentations and information outreach for the community/agencies

The Resource Connection

- » Child care referrals
- » Child care recruitment and training (including unregulated child care providers)
- » Subsidized child care for income eligible and at-risk children
- » Playgroups (parental support, education, resources, and networking)
- » Women, Infants, Children (WIC)
- » Respite care and support groups for grandparents raising their grandchildren
- » Community workshops
- » Resource library
- » Outreach and information and referrals

Sierra Child and Family Services

- » Foster Family Agency
- » Supervised visits for children in foster care
- » Adoption Services
- » Residentially based services
- » Mental health treatment (Outpatient, TBS, ICC, IHBS)
- » Practices include: Dialectical Behavior Therapy, Cognitive Behavioral Therapy (CBT), Trauma Focused-CBT, Eye Movement Desensitization and Reprocessing, Parent Project, Incredible Years, Teaching Pro-social Skills (formerly ART), PRIDE, and Functional Family Therapy
- » Facilitate CFTs for Amador County

Tribal TANF

- » Cash assistance and food vouchers
- » Homeless and housing assistance
- » Job skills training and job search assistance
- » Transportation assistance
- » Child care assistance
- » Life skills workshops
- » Parenting workshops
- » Marriage promotion and counseling
- » Domestic violence intervention and prevention
- » Substance abuse treatment
- » Educational training
- » Youth services include teen pregnancy prevention, juvenile justice services, youth activities and cultural programs, disease prevention, life skills, and individual and group counseling

Valley Mountain Regional Center

- » Assessment and evaluation
- » Advocacy
- » Early intervention and family support
- » Infant development
- » Residential placement
- » Independent skills training
- » Independent/supported living
- » Employment programs
- » Family respite
- » Information and referral

The vast majority of the identified services are free to families or can be billed to medical insurance. Child Protective Services and the Probation Department will also pay for services if insurance is not an option. There are also services located in most regions of the county, with many services provided in Jackson and Sutter Creek. Services are also available at community centers located in the Camanche area and Pine Grove and a Family Resource Center located in Lone. Due to the mountainous geography, services are not as accessible in rural areas like Pioneer, Plymouth, River Pines, or Fiddletown. Some of these areas have high rates of child maltreatment allegations and high rates of entry into foster care, often leading to service referrals for biological parents. However, each of these areas is approximately 20-30 minutes driving time to Jackson or Sutter Creek, where all the services are. Active efforts are being made by community partners to expand the routes available through the Amador Rapid Transit bussing system and to bring more services to these outlying areas. Currently, bus routes from Plymouth to Sutter Creek only include two buses a day and run on weekdays only. There are no bus services to River Pines or Fiddletown. Transportation assistance is also provided in the form of gas vouchers by several agencies. Staff from Nexus and CASA volunteers assist with transporting youth to and from their youth activities, specifically targeting at-risk youth and youth already involved with the juvenile probation system.

Prevention education and outreach are a focus of many of the community partners. For example, First 5 Amador focuses on outreach to families with children ages 0-5. Operation Care concentrates its efforts on supporting victims of sexual assault and domestic violence and informing the community about the resources available to them. As seen in the section regarding collaboration between agencies, agencies have joined together to bring meaningful workshops and trainings to the community for parents and foster parents.

A challenge for service providers is working within the timeframes dictated by the Welfare

and Institutions Code for family reunification in dependency cases. The time pressure is sometimes contradictory to the therapeutic process. They are also challenged when being asked to predict a parent's future success in maintaining stability and/or sobriety. Also, the relationship between the service provider and the client can be damaged after the service provider reports to the Court and makes recommendations. It is helpful to service providers to know when upcoming court hearings are scheduled. Communication between the service providers and the social workers/probation officers is also beneficial, but can be difficult in light of busy work schedules.

COUNTY USES OF CAPIT/CBCAP/PSSF

Amador County has contracted with Nexus Youth & Family Services (Nexus) to provide services to families with the funding from CAPIT/CBCAP/PSSF. Every three months, Nexus provides a written progress report to the County regarding its objectives, activities, and outcomes as well as its expenditures, broken down by funding source. Nexus also tracks participation and evaluation data for its programs and prepares, along with County staff, the annual report to the Office of Child Abuse Prevention. When reviewing the progress reports and the annual report, the County did not identify any concerns that would require correction. Invoices are sent to the Department where they are reviewed by the CPS Program manager and fiscal staff.

Nexus utilizes CBCAP funding to provide parenting education classes designed to build nurturing parenting skills as an alternative to abusive and neglectful child-rearing practices. The instructor utilizes the evidence-based Nurturing Parenting Program curriculum which targets all families with children birth to 18 years at risk for abuse and neglect, including the target population for CBCAP funds which is indicated as parents, especially young parents and parents of young children, children and adults with disabilities, racial and ethnic minorities, members of underserved or underrepresented groups, and homeless families and those at risk of

homelessness. The child welfare outcomes for the Nurturing Parenting Program are research-based and include: Safety, Permanency, and Child and Family Well-being. The parenting education staff also work to increase parents' knowledge of, access to, and procurement of supportive community resources through information and referral. The program's effectiveness is evaluated by Nexus' use of the Adult Adolescent Parenting Inventory (AAPI) to assess the parenting and child-rearing attitudes of adolescents and adult parent and pre-parent populations. The AAPI is administered as a pre- and post-inventory. Nexus also utilizes the Nurturing Skills Competency Scale (NSCS) to assess the knowledge and use of nurturing parenting concepts, practices, and strategies. Case plan notes and client logs are also utilized to measure participant progress and program effectiveness as well as client satisfaction surveys.

Nexus utilizes CAPIT funding to provide intensive home visiting/family advocate services designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices. During home visits, parents learn effective strategies for positive parenting, daily routines, child safety, nutrition, and the importance of play as well as child development fundamentals and appropriate expectations. In addition, Nexus uses CAPIT funding to provide Parent Child Interaction Therapy (PCIT) as a home-based model during scheduled home visits as well as in the clinical setting. PCIT is an evidence- and research-based intensive treatment program that is designed to help both parents and children to improve family functioning, resiliency, and cohesion. These programs serve families with children who are high risk, including children who are being served by the county welfare department for being abused and neglected, and other children who are referred for services by legal, medical, or social services agencies. Referrals are made to Nexus by social workers, schools, and TANF, and others are self-initiated.

PSSF funds are used by Nexus to provide parenting education classes, information and referrals, and Common Ground family and child therapy services. Common Ground is a research-based program that targets parents and teens. It is a seven-week skill building course that joins parents and teens in a creative partnership. The population served includes at-risk child victims of abuse and their caregivers to achieve permanency with a focus on pre-placement prevention and improving parenting skills (Family Support funds), children who are in out of home placement and their parents (Time-Limited Family Reunification funds), and families participating in services and activities designed to ensure permanency for children through family reunification, by adoption or by another permanent living arrangement (Adoption Promotion and Support funds). As with the other programs funded by CBCAP and CAPIT, the AAPI, the NSCS, and client satisfaction surveys are utilized to evaluate program effectiveness. Nexus also uses pre- and post-client assessments including the Parenting Stress Index, Eyberg Child Behavior Inventory, Child Behavior Checklist, and the Trauma Symptom Checklist for Children when evaluating the effectiveness of the Common Ground program and therapy services.

Nexus provides thorough quarterly reports on number of services and the kind of services offered and is in regular communication with the CWS program manager looking for feedback and potential areas to improve or expand. This agency is very small and all parties are on a first-name basis. There is no formal corrective action plan and any challenges that occur are approached with a customized response in order to remedy them.

IN-HOME SUPPORT SERVICES AND PARENT EDUCATION

Throughout the year, the Nexus Home Visitor and Family Advocates provided comprehensive in-home services utilizing the evidence-based Nurturing Parenting Program curriculum. During home visits, participants learned effective strategies for positive parenting, daily routines, child safety, nutrition, and the importance of play as well as child development fundamentals and appropriate expectations. Throughout the program year, 95 families (135 parents and 216 children) received in-home parenting education and support. During the year, four families (six parents and seven children) received parenting support during supervised visits in the form of coaching. The Nexus Parent Educator continued to participate on the Amador County Multi-Disciplinary Team (MDT). During the past year, she attended 14 meetings to make family service plan recommendations for 39 parents and 26 children. The Nexus Parent Educator's participation on MDT has helped to promote and strengthen coordination between local agencies and served to improve outcomes for at-risk child victims and their families.

Throughout the year, 100% of parents who completed the home visitation program funded by CAPIT demonstrated increased knowledge in at least three topic/skill areas. In order to assess the effectiveness of the home visiting program in building protective factors, the Protective Factors Survey (PFS) was administered as a pre-post self-report evaluation tool to parents participating in services. PFS outcome data indicates that 78% of parents improved in overall family functioning, 45% increased their social/emotional support systems, 12% increased their knowledge and use of resources, 33% improved their relationship with their child, 45% increased their knowledge of nurturing parenting, and 56% increased their knowledge and use of positive discipline.

PARENT-CHILD INTERACTION THERAPY AND FAMILY COUNSELING

Nexus licensed clinicians and registered associates offer PCIT as a home-based model during scheduled home visits as well as in the clinical setting.

Throughout the program year, five family members participated in PCIT services. In addition, the PCIT clinician worked with the Nexus Home Visitor and Family Advocate staff to provide clinical consultation for three families. Two clinical staff participated in the PCIT web course provided by the UC Davis CAARE Diagnostic and Treatment Center. The results of the assessments and observations indicated the following outcomes:

- » Parents/caregivers self-reported a reduction in stress and a greater ability to fulfill their parenting roles.
- » Families who participated in PCIT experienced a reduction in child behavioral problems and improvement in overall parenting, effective discipline, and child management skills.
- » Families who participated in PCIT experienced an overall improvement in child behavioral problems as reported by the parent, caregiver, and child's teacher.

Families who participated in the PCIT family counseling program have experienced increased family engagement. Clinical assessments, treatment plans, and case notes indicate that participating children have experienced increased stability in their living situations. The continuity of family relationships and connections has improved.

INFORMATION AND REFERRALS TO SERVICES

Staff provided comprehensive referrals to the following community programs between July 1, 2018, and June 30, 2019:

- » 133 referrals to early health and development services
- » Three referrals to domestic violence and family safety services
- » 107 referrals to behavioral health services and other supportive mental health services
- » 30 referrals to drug and alcohol awareness and prevention services
- » 490 referrals to supportive community resources (housing, food, energy, employment assistance)

Throughout the year, the Family Resource Centers provided a total of 1,574 referrals for community members to local programs and services. The activities stated above have helped to increase parents' knowledge of, access to, and procurement of supportive community resources through information and referral and assistance obtaining resources. Families have gained an enhanced capacity to provide for their children's needs. Children have received appropriate services to meet their physical and mental health needs. I&R logs, case plan notes, and client records indicate that the success rate on referrals made during the past year averaged over eighty-one percent.



PARENT EDUCATION CLASSES (GROUP SETTING)

The Nexus Parent Educator provided four seven-week (14 hour) Parenting with a Purpose group courses appropriate for all families utilizing the evidence-based Nurturing Parenting Program curriculum. In addition, the Parent Educator offered a series of 12 full-day (8 hour) Practical Parenting group courses. Child care/socialization opportunities were offered to families who attended the parenting classes.

Throughout the year, 67 parents participated in the parent education program supported by CBCAP funding. All families who attended CBCAP parenting classes were high-risk with no open CPS cases. Nexus staff provided transportation for two family members to attend CBCAP parenting classes and child care/socialization opportunities.

Families who participated in the parenting education classes funded by CBCAP showed gains in the following constructs: Expectations of Children; Parental Empathy towards Children's Needs; Use of Corporal Punishment; Parent-Child Family Roles; and Children's Power and Independence.

COMMON GROUND COUNSELING

Throughout the year, 10 family members participated in the Common Ground counseling and skills-building group course. In addition, Nexus therapists provided individual counseling services utilizing the Common Ground curriculum as a proven modality to enhance and strengthen personal and familial relationships for six family members.

Nexus utilized pre- and post- client assessments including the Stress Index for Parents of Adolescents and the Trauma Symptom Checklist for Children to evaluate program effectiveness and participant progress. Families who participated in the Common Ground curriculum reduced dysfunctional parent-child systems, built self-awareness and personal responsibility, increased self-esteem and levels of empathy, enhanced positive family communication and parent/child interaction skills, increased knowledge of nurturing parenting behaviors and child developmental stages, and learned to make effective choices to keep family members healthy and safe. Throughout the year, 90% of parents participating in the Common Ground Child and Family Therapy Services program funded by PSSF demonstrated increased knowledge in at least three topic/skill areas.

MEANINGFUL PARENT LEADERSHIP OPPORTUNITIES

In order to promote meaningful parent leadership, the Nexus Family Resource Center (FRC) offered opportunities for parents to volunteer in a variety of relevant capacities. FRC staff worked with each individual to determine the appropriate volunteer trainings and placement in order to maximize success of the assignment. These opportunities helped parent volunteers increase their job skills and knowledge of resources, and promoted parent involvement and leadership because meaningful parent involvement can occur when parents are viewed as effective leaders in shaping the direction of their families, programs, and communities. These volunteer opportunities resulted in parent leaders assisting our communities with their efforts to improve service delivery and outcomes.

- ✓ 140 referrals to supportive community resources (housing, food, energy, employment assistance)



LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS

To ensure there are opportunities to serve all children and families deemed to be at “imminent risk” of foster care entry, Amador County has included all 12 candidate groups along with expectant and parenting youth in foster care in this CPP. Similarly, the County has included all federally reimbursable EBPs from the Title IV-E Prevention Services Clearinghouse for which service delivery capacity presently exists. Over time, the County intends to facilitate access to EBPs for all children and families in need of services. At the same time, Amador County recognizes that implementation of FFPSA and the CPP is likely to be a multi-year process consisting of several phases. A key success factor in implementation will be strategically linking the delivery of EBPs with subpopulations of children and families who are most likely to benefit from them.

Amador County intends to embed the following six service objectives within Phase 1 of CPP implementation to address major service gaps that serve as primary drivers of child welfare system-involvement for children and families:

- » Expanding access to substance abuse treatment services for caregivers experiencing substance use disorder (SUD) challenges
- » Expanding access to substance abuse treatment services for youth experiencing SUD challenges
- » Addressing the root causes of domestic violence
- » Expanding the mental health service array to increase the availability of trauma-informed services designed to support individuals suffering from adverse childhood experiences (ACEs)
- » Increasing the availability of in-home services
- » Increasing the availability of post-permanency support services



As Amador County expands its prevention programming, the County will also focus on developing programs that can be fiscally sustained as well as strengthening its relationship with local Tribes and exploring cultural adaptations that can be made to evidence-based programming to better align services with Tribal needs and values.

In Phase 1 of the CPP, Amador County intends to explore the development, replication, and expansion of the Tier 1 EBPs to advance the following service objectives.

Program	Service Category	Phase 1 Service Objectives	Outcome Objectives
Brief Strategic Family Therapy	Mental Health, Substance Abuse, In-Home Parent Skill Based	<ul style="list-style-type: none"> » Addressing youth SUD challenges » Addressing root causes of domestic violence » Expanding mental health (MH) service array » Increasing in-home services » Increasing post-permanency services 	<ul style="list-style-type: none"> ✓ Improved child behavioral and emotional functioning ✓ Decrease in youth delinquent behavior and substance use ✓ Decrease in parent/caregiver substance use
Functional Family Therapy	Mental Health	<ul style="list-style-type: none"> » Addressing youth SUD challenges » Addressing root causes of domestic violence » Expanding MH service array » Increasing in-home services » Increasing post-permanency services 	<ul style="list-style-type: none"> ✓ Improved child behavioral and emotional functioning ✓ Decrease in youth substance use ✓ Improvements in parental capabilities
Motivational Interviewing	Substance Abuse/ Cross-Cutting	<ul style="list-style-type: none"> » Addressing caregiver SUD challenges » Addressing youth SUD challenges » Addressing root causes of domestic violence » Expanding MH service array » Increasing post-permanency services 	<ul style="list-style-type: none"> ✓ Decrease in youth substance use ✓ Decrease of parent/caregiver substance use ✓ Improved physiological, psychological and lifestyle outcomes
Multisystemic Therapy	Mental Health, Substance Abuse	<ul style="list-style-type: none"> » Addressing youth SUD challenges » Addressing root causes of domestic violence » Expanding MH service array » Increasing in-home services » Increasing post-permanency services 	<ul style="list-style-type: none"> ✓ Decrease in youth delinquent behavior and substance use ✓ Improvement of parent/caregiver emotional and mental health
Parent-Child Interaction Therapy	Mental Health	<ul style="list-style-type: none"> » Addressing root causes of domestic violence » Expanding MH service array » Increasing in-home services » Increasing post-permanency services 	<ul style="list-style-type: none"> ✓ Reduction in child negative behaviors ✓ Increased positive parenting practices ✓ Improvement of parent/caregiver emotional and mental health
Parents as Teachers	In-Home Parent Skill Based	<ul style="list-style-type: none"> » Addressing caregiver SUD challenges » Addressing root causes of domestic violence » Expanding MH service array » Increasing in-home services 	<ul style="list-style-type: none"> ✓ Increased number of developmental milestones met ✓ Increased positive parenting practices ✓ Improvement of parent/caregiver emotional and mental health

LOGIC MODEL



TARGET POPULATIONS

Children exposed to adverse childhood experiences • Children w/caretaker experiencing substance use disorder • Children with mental health and behavioral needs • Children and families living in poverty



COMMUNITY NEEDS

- » High rates of children exposed to two or more adverse experiences
- » Rates of adult substance use disorder higher than state average
- » Elevated mental health needs for children, youth, and families
- » High rates of children living in poverty and experiencing food insecurity



INPUTS

- » Strong relationship with First 5, CAPC, and other prevention-focused services within community
- » Effective collaboration between Child Welfare, Probation, and Behavioral Health systems
- » Critical administrative supports, including: information technology tools; interagency collaboration; training and workforce supports
- » Active Tribal involvement
- » Accessible policies clearly outlining Family First Practices and Policies

Delivery of high-fidelity evidence-based programs that are aligned with the specific needs and characteristics of each family in the target population including:

- » Brief Strategic Family Therapy
- » Functional Family Therapy
- » Motivational Interviewing
- » Multisystemic Therapy
- » Parent-Child Interaction Therapy
- » Parents as Teachers



OUTPUTS

- » Services tailored to the needs of all eligible communities, including tribal communities
- » Access to accurate and comprehensive data
- » Accurate assessment of safety, risk, and family strengths and needs
- » Consistent engagement and partnership with CBOs and families
- » Buy-in and support from staff, stakeholders, partners and community members



SHORT-TERM OUTCOMES

- ✓ Decrease in rates of substance abuse disorder among caretakers
- ✓ Improved child behavioral and emotional functioning
- ✓ Reduced rates of ACES among children
- ✓ Decrease in youth delinquent behavior and substance use
- ✓ Improvements in parental capabilities
- ✓ Improved physiological, psychological, and lifestyle outcomes
- ✓ Improvement of parent/caregiver emotional and mental health



LONG-TERM IMPACT

- ✓ Families in Amador County are strengthened and stabilized
- ✓ Reduced counts of child maltreatment
- ✓ Decreased rates of removal and placement into foster care
- ✓ Reduced foster care census
- ✓ Improved mental health of children and caretakers

CPP SPENDING PLAN

Planning and Development	Fiscal Agent	Grantee/ Contractor	Timeframe	FFTA CDSS	FFPS State Block Grant – CWS Allocation
Develop CPP	Amador County DSS	Social Change Partners, LLC	FY 2022-23	\$80,000	
FFS Program Administrative Costs	Amador County DSS	Amador County DSS	FY 2023-24		\$15,000
Total from Planning and Development					\$95,000
				ALLOCATIONS:	\$102,806

Delivery of Service/ Implementation	Fiscal Agent	Grantee/ Contractor	Timeframe	FFPS State Block Grant – CWS Allocation	
Brief Strategic Family Therapy	Amador County DSS	TBD/Community Partner	FY 23/24	\$50,000	
Functional Family Therapy	Amador County DSS	TBD/Community Partner	FY 23/24	\$50,000	
Motivational Interviewing	Amador County DSS	TBD/Community Partner	FY 23/24	\$50,000	
Multi-Systemic Therapy	Amador County DSS	TBD/Community Partner	FY 23/24	\$50,000	
Parent-Child Interactive Therapy	Amador County DSS	TBD/Community Partner	FY 23/24	\$25,000	
Parents As Teachers	Amador County DSS	TBD/Community Partner	FY 23/24	\$45,000	
FFS Program Administrative Costs	Amador County DSS	Amador County DSS	FY 23/24	\$30,000	
Total from Delivery of Service/Implementation					\$285,000
				ALLOCATIONS:	\$300,000

The evidence-based programs (EBPs) above are included in California’s Title IV-E Prevention Plan and listed on the Title IV-E Prevention Services Clearinghouse, and once California’s CWS-CARES system is active these services will be eligible for a 50% federal match when delivered to eligible “candidates for care.” When federal reimbursement becomes available, Amador County intends to reinvest savings into other primary and secondary level prevention strategies that have proven to be effective. As Amador County expands service delivery capacity, we will also continue to work with

our community providers to support their ability to practice program model fidelity.

Due to the pending deadline for the expenditure of state Family First Prevention Services (FFPS) Block Grant funding, which is currently set to expire on June 30, 2024, other funding streams will need to be leveraged to sustain service delivery for the focus populations until CWS-CARES is operational. Amador County urges state leaders to extend the deadline for utilization of FFPS funds as well as to invest additional state dollars into the block grant to support bridge funding for counties.

ADDITIONAL ASSURANCES

Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES COUNTY OF AMADOR

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),

Amador County Department of Social Services

(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

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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,

Amador County Department of Social Services

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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

Amador County Department of Social Services

(NAME(S) 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),

Amador County Department of Social Services

(NAME(S) 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,

Amador County Department of Social Services

(NAME(S) 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),

Amador County Department of Social Services

(NAME(S) 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.

Signature of Anne Watts, Director

(DATE)

(SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE)

Signature of Mark Bonini, Chief Probation Officer

(DATE)

(SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE)

APPENDIX I

Amador County Capacity Assessment: Summary of Findings and Areas to Address

Domain	Strengths	Areas to Develop & Challenges	Possible Strategies & Next Steps
Motivation for Change	Leadership Buy-In; Stakeholder Buy-In; Collective Commitment to Change	N/A	N/A
Provider Capacity & Capability	Established Meeting Frequency; Organizational Stability; Feedback Loop; Shared Values	N/A	Coordinating CPP work with First 5 and aligning investments.
System Capacity & Capability	N/A	Community Engagement Strategy; Community Involvement; Needs Assessment; Implementation Support for CQI; Data Collection; Adequate Staffing; Experience in Data Analysis and Accessibility; Infrastructure	Leveraging Tri-County home visiting consortium capacity and data; exploring regional partnership and coordination with neighboring counties; developing non-traditional and non-clinical community support networks to build resilience and strengthen families.
Policy Supports	Relationship with Local Governance	Data Sharing Agreements	Seeking CDSS guidance on data sharing best practices and procedures.

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?

Would be helpful for the state to develop a TA process and/or other guidance and assistance for smaller counties in developing sufficient capacity to implement and in potentially partnering with other counties in the region to leverage their capacity.

Assistance from CDSS in how to engage community stakeholders frequently and meaningfully while challenged by capacity limitations.

Further guidance on CQI standards, EBP model fidelity, and data sharing is also needed.

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?

Shared mission and vision, public-private partnership, trust in leadership, communication, existing cross-sector system coalitions.

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

Community Engagement Strategy; Community Involvement; Needs Assessment; Implementation Support for CQI; Data Collection; Adequate Staffing; Experience in Data Analysis and Accessibility; Infrastructure; Data Sharing Agreements

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

- 1) Data sharing practices and processes – especially for client level data
- 2) CQI implementation
- 3) Standards and enforcement for EBP model fidelity

APPENDIX II

Capacity Assessment

PLEASE USE THE FOLLOWING SCALE TO ASSESS THE ITEMS BELOW:

- 0 (Absent or Missing) indicates that the Title IV-E agency is **not yet ready** and motivated change or comprehensive prevention planning.
- 1 (Emerging) indicates that the Title IV-E agency is **somewhat ready** and motivated for change to begin the process of comprehensive prevention planning.
- 2 (Established) indicates that the Title IV-E agency is **ready** and motivated for change to develop a comprehensive prevention plan.

Domain	Subdomain	Item	Rating
Motivation for Change	Leadership Buy-In	Leadership states change is needed and beneficial.	1.47
Motivation for Change	Stakeholder Buy- In	Stakeholders state change is needed and beneficial.	1.36
Motivation for Change	Collective Commitment to Change	There is shared resolve and commitment for change among Title IV-E agency leadership, other public agencies and community partners.	1.29
Provider Capacity and Capability	Information Sharing and Exchange	Best practices for sharing information is established.	1.2
Provider Capacity and Capability	Communication Strategy	Title IV-E agencies, other public agencies and community partners have effective processes in place for communication about change and new initiatives.	1.08
Provider Capacity and Capability	Established Meeting Frequency	Meetings (in person, virtual, telephonic) are regularly coordinated.	1.43
Provider Capacity and Capability	Transparent Communication with Cross-Sector Partners	Leaders practice reflective, supportive communication.	1.21
Provider Capacity and Capability	Organizational Stability	There is stability among leadership within Title IV-E agencies, public organizations and community partners, including agency directors, administrators, and program managers.	1.5
Provider Capacity and Capability	Organizational Equity	Organizational culture is inclusive and diverse.	1.0

Provider Capacity and Capability	Feedback Loop	Title IV-E agency staff, other public agencies and community partners have opportunities for involvement in discussions and decisions.	1.36
Provider Capacity and Capability	Adaptability	Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization.	1.2
Provider Capacity and Capability	Shared Values	Leadership within Title IV-E agencies, other public organizations and community partners have shared awareness and are committed to the vision and mission.	1.33
Provider Capacity and Capability	Cross-Sector Partner Investment	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.	1.08
System Capacity and Capability	History of Cross-Sector Partnerships	History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners.	1.08
System Capacity and Capability	Community Engagement Strategy	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.	0.69
System Capacity and Capability	Community Involvement	Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.	0.64
System Capacity and Capability	Needs Assessment	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).	0.62

System Capacity and Capability	Implementation Support for CQI	Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.	0.38
System Capacity and Capability	Data Collection	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.	0.69
System Capacity and Capability	Adequate Staffing	Staffing levels support effective functioning and implementation of new programs and practices.	0.5
System Capacity and Capability	Expertise in Data Analysis and Accessibility	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.	0.69
System Capacity and Capability	Infrastructure	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.	0.62
Policy Supports	Relationship with Local Governance	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.).	1.31
Policy Supports	Data Sharing Agreements	There are data linkage and information sharing agreements among Title IV- E agencies, other public organizations and community partners.	0.69
Policy Supports	Alignment with Current Initiatives	The comprehensive child and family well-being prevention plan supports existing programs and initiatives and aligns with existing county practices.	0.85

