



# **CALAVERAS 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 CALAVERAS COUNTY

## TITLE IV-E AGENCY INFORMATION

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# INTRODUCTION

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## Calaveras 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 Calaveras County has elected to pursue.

The Calaveras County Health and Human Services Agency (HHSA) is dedicated to engaging and strengthening the community by overcoming barriers, nurturing change, and improving lives. Within the Social Services Division, Calaveras County Child Welfare Services (CWS) operates a range of programs to protect children and strengthen families, including foster care and adoption, child protective services (CPS), parent education, and the Quality Parenting Initiative (QPI). Calaveras CWS is committed to excellence in the delivery of culturally competent, family-centered, and child-focused protective services. CWS believes that families can grow and change, and strives to ensure that every child is entitled to live in a safe, healthy, and nurturing environment.

Calaveras County has a long history of developing and administering programs to prevent child maltreatment and the need for removing children into foster care. The Prevent Child Abuse Calaveras (PCAC) Council functions as an independent organization within County government, coordinating

community efforts to prevent and respond to child abuse. PCAC is funded with resources generated through the County's Children's Trust Fund (CTF). Calaveras CWS and First 5 Calaveras also jointly participated in the original statewide convening to establish countywide prevention programs.

Most recently, Calaveras County has implemented a differential response (DR) program known as the Family Strengthening Program (FSP) to provide Community Response for referrals that do not meet the threshold for opening an investigation, concrete services for open child welfare cases, and after-care case management services. The FSP program is intended to help families utilize a range of preventative services to that they might avoid formal CWS and court involvement. Partnerships with community-based organizations (CBOs) are leveraged through the FSP program to enhance families' support systems and provide pathways to services through informal pathways not involving public agencies. The County is also developing a Children's System of Care (SOC) to increase coordination of care for children, youth, and families involved with the child welfare and probation systems.

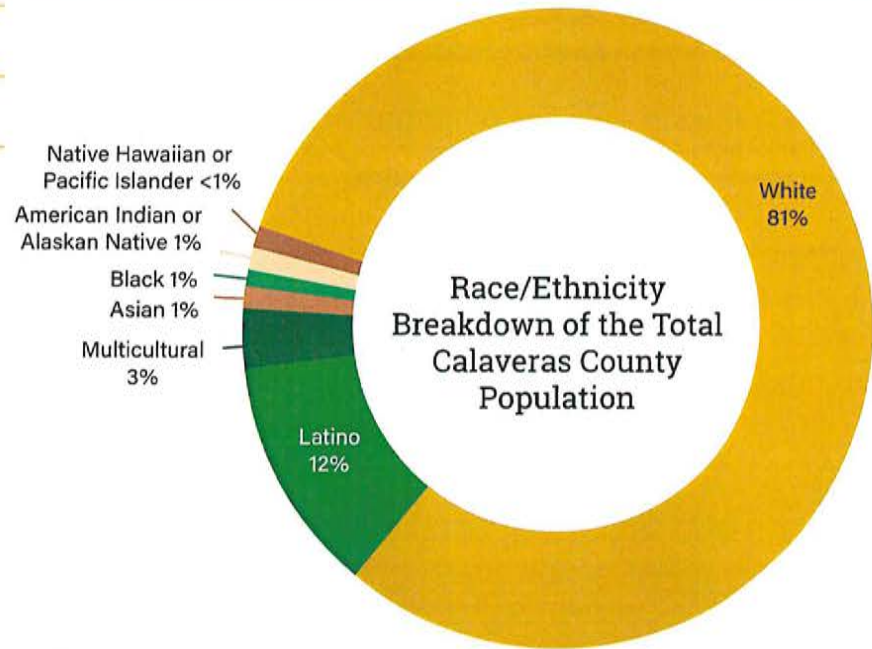
✓ In developing this Comprehensive Prevention Plan (CPP), Calaveras County affirms its commitment to keeping children and families together and preventing the need for foster care whenever possible and pursuing opportunities to leverage federal Title IV-E and state Family First Prevention Services Block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



# Calaveras County Data Profile

## Population<sup>1</sup>

Total Population	44,222
Children Ages 0-17	7,025



## Child Welfare Rates (per 1,000)<sup>2</sup>

	Calaveras	CA
Allegations	132.0	49.5
Substantiations	13.1	5.8
Entries to Foster Care	9.2	2.3

## Unique Calaveras County Indicators

- » 22% of children under 18 were living below the poverty level.<sup>3</sup>
- » 47% of renters spend 35% or more of their household income on rent plus utilities.<sup>3</sup>
- » Calaveras County meets the demand for only 35% of school-age childcare and only 46% of the demand for infant/toddler care.
- » Buprenorphine prescriptions are used to gauge the expansion of medications for opioid use disorder. The annual crude buprenorphine prescribing rate for 2021 was 36.88 per 1,000 residents compared to the state 17.25 per 1,000.<sup>4</sup>

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

2 University of California at Berkeley California Child Welfare Indicators Project. CCWIP Reports JAN2022-DEC2022. Retrieved <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 California Overdose Surveillance Dashboard (n.d.). Calaveras Opioid Overdose Snapshot: 2019-Q1 through 2022-Q2. Retrieved from <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>



# GOVERNANCE STRUCTURE

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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 2020, Calaveras County established an Inter-Agency MOU confirming the agreement among the child-serving agencies of Calaveras County to develop and implement an integrated children's services program known as the Calaveras County Children's System of Care (CSOC). Signatories include the Calaveras County Health and Human Services Agency (HHS), including Behavioral Health Services (BHS) and Child Welfare Services (CWS), the Calaveras County Department of Probation, the Calaveras County Office of Education (CCOE), Valley Mountain Regional Center (VMRC), and the Superior Court of Calaveras County, Family Services.

The purpose of the CSOC is to develop coordinated, integrated, and effective delivery of services for children, youth, and families. All CSOC agencies agree to:

*"address systemic barriers to the traditional provision of interagency services, which are often traumatizing and stigmatizing for children, youth and families, by the creation of consistent and uniform service planning, leadership and administrative processes with collaborative authority over interrelated child welfare, juvenile justice, education, developmental/intellectual and mental health children's services."*

As suggested by CDSS in ACL 22-23, Calaveras County intends to use this interagency collaborative as the basis for ongoing cross-sector collaboration envisioned in the CPP. To ensure broad community representation in the County's cross-sector collaboration work, Calaveras County also invited additional stakeholders engaged in the Calaveras Family Wellness Coalition (FWC) to participate in the CPP development process, including First 5 Calaveras and the Prevent Child Abuse Council, direct service providers and other community-based organizations, Tribal representatives, and individuals with lived experience.

This working group consisting of the original interagency collaborative partners and other invited stakeholders has been meeting on a monthly basis since April 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.

✓ The vision for the Inter-Agency MOU is:  
*"To develop a comprehensive, family-centered, culturally competent, multi-disciplinary, collaborative approach to meeting the service needs of all Calaveras County children/youth/families, through willing affiliation and determined effort leading to a seamless Children's System of Care."*



# CROSS-SECTOR COLLABORATION & PARTNER ENGAGEMENT

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

As a relatively small and rural county, Calaveras County depends on ongoing and robust collaboration among public and private agencies. Agencies are often co-located and share priorities for children and families and the utilization of limited resources. When new agencies are established or collaboratives are created, information is shared through formal and informal venues. Collaboration and coordination occur in many circumstances and venues, from small group meetings regarding community needs, to updating information gathered from broad outreach, to incorporating the systematic work of the First 5 Commission. The First 5 Commission specifically works with CWS to distribute information regarding preventing child abuse and neglect and helps promote supports for families with young children in settings most accessible to families.

**Examples of CWS agency collaborations related to child abuse and neglect prevention include:**

Public Health assists with the interpretation of medical records and data entry for California Health and Disability Program (CHDP) dental and physical exams for foster care children. Through collaboration and communication, and early intervention and assistance in identifying appropriate services when children are at a young age, families can be linked to appropriate community services.



Prevent Child Abuse Calaveras (PCAC) monitors and provides input and advice on the needs in the community for additional or different services which reinforce efforts to prevent child maltreatment. PCAC holds bi-monthly public meetings led by County agency management and leaders of community-based organizations. Calaveras County was one of the 27 counties selected to join a statewide effort to establish countywide prevention programs, with CWS and First 5 participating in the effort. CWS, in partnership with the PCAC members, has developed a countywide prevention group. The Family Wellness Coalition (FWC) is co-chaired by CWS and PCAC and the core team includes representatives from the Office of Education, Public Health, the Crisis Resource Center, Calaveras County Behavioral Health, Head Start, and CASA. The Family Wellness Coalition's vision is that every child should grow up safe, protected and loved. PCAC hopes to achieve this vision through countywide preventative activities that can improve the well-being of all children in Calaveras County through safe and healthy relationships with family, schools, and communities.

Court Appointed Special Advocates (CASA) and CWS work jointly to further the mutual goals of providing services to children in Calaveras County. Calaveras County's CASA serves children in the Dependency and Juvenile Justice Systems of the Superior Court of Calaveras County.

Collaborative Dependency Drug Court in collaboration with CWS, Child Welfare County Counsel, and the Dependency Court Judicial Team has established a collaborative drug court for parents involved with the child welfare system. Collaborative justice courts, also known as problem-solving courts, combine judicial supervision with rehabilitation services that are rigorously monitored and focused on recovery to reduce recidivism and improve outcomes. The Court's name is T.E.A.M. Court, which stands for "Together Each Achieve More." Court participation is voluntary but is strongly encouraged by involved attorneys. CWS is very excited about the addition of T.E.A.M. Court to the county, as this will provide another layer of support to parents as they

pursue a life of sobriety.

Calaveras Care Team (CCT) is a countywide multidisciplinary team that includes Calaveras County Health and Human Service Agency (including Behavioral Health, Child Welfare, Public Health, and First 5), Calaveras County Office of Education (including Special Education Local Plan Area Administrative Unit (SELPA-AU)), all Calaveras County School Districts, The Resource Connection, Calaveras County Probation Department, Calaveras County District Attorney, Calaveras County Sheriff, and Angels Camp Police Department.

The CCT is for children with complex personal, family, or social challenges who are or may be involved with several service or enforcement agencies. Typical referrals concern children with school, family, peer, emotional/behavioral, or legal concerns where the solution is beyond the scope of a single agency and will require multi-disciplinary considerations. Referrals may come from partner agencies or the community. The goals of the CCT are:

- ✓ To develop a unified approach to, and understanding of, each family's needs and the resources each agency can contribute to meeting them.
- ✓ To provide proactive supports to children in need.
- ✓ To encourage and direct families to use their own or community resources in the resolution of family challenges.
- ✓ To effectively assist in supporting children and families who are experiencing personal challenges that may be impacting children's ability to thrive at school and home.
- ✓ To collaborate and use processes to build, evolve, and improve services and supports for families in Calaveras County.
- ✓ To combine resources and improve efficiencies in coordinated care for quicker, more agile, and more targeted responses to families in need.
- ✓ To collect and share data.



## CPP CROSS-AGENCY COLLABORATION

The children and families that are the intended beneficiaries of services under Calaveras County’s Comprehensive Prevention Plan (CPP) interact with a range of child-serving systems including child welfare, behavioral health, public health, early care and education, K-12 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 non-profit organizations. For these reasons, Calaveras County has engaged numerous partners across systems to conceive and develop this CPP.

Looking ahead, as Calaveras 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.

### CALAVERAS FAMILY WELLNESS COALITION ROSTER

ORGANIZATION	NAME(S)
Calaveras County Health & Human Services Agency	Mayle Johnson • Tamara Davis • Jennifer Pruden • Sara Jeffers
Calaveras County Probation	Tara Johnson
Calaveras County Behavioral Health	Julie Carson
Calaveras County Office of Education	Kaila Gaffney • Melissa Harvey
Calaveras County Public Health	Courtney Atnip • Cecily Smith
EA Family Services	Tiffany McGee
First 5 Calaveras/Prevent Child Abuse Calaveras	Robin Davis
Nexus Youth & Family Services	Fara Roberts
Sierra Child & Family Services	Amanda Robinson
The Resource Connection	Charlotte Beck • Karen Frazier • Liz Gilbert • Wendy Sober • Karen West
Tuolumne Band of Me-Wuk Indians, Tribal TANF	Toni Russell
Valley Mountain Regional Center	Libby Contreras • Josie Craig

The cross-sector collaborative also overlaps with—and intends to align and coordinate its efforts with—the Prevent Child Abuse Calaveras (PCAC) Council.



## **PREVENT CHILD ABUSE CALAVERAS (PCAC) COUNCIL**

The Council functions as an independent organization within the County government. HHSA is an active participant in the PCAC, which is comprised of members from public agencies and community-based organizations working with families. PCAC meets bi-monthly, sharing information at the meetings open to the public about the needs of families living in Calaveras County as well as services and program opportunities.

The primary purpose of the Council is to coordinate the community's efforts to prevent and respond to child abuse (Welfare and Institutions Code § 18982). The functions of the Council include, but are not limited to, the following (Welfare and Institutions Code § 18982.2):

1. Providing a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases.
2. Promoting public awareness of the abuse and neglect of children and the resources available for intervention and treatment.
3. Encouraging and facilitating training of professionals in the detection, treatment, and prevention of child abuse and neglect.
4. Recommending improvements in services to families and victims.
5. Encouraging and facilitating community support for child abuse and neglect programs.





# TRIBAL CONSULTATION & COLLABORATION

Calaveras County partners with the California Valley Miwok Tribe, Calaveras Band of Miwok Indians, and the Calaveras County Mountain Miwok. Although these Tribes are not federally recognized, it is important to Calaveras County Health and Human Services Agency to increase collaboration and build relationships with Tribal leaders to meet the needs of our local Tribal communities.

The 2020-2025 Calaveras County Self-Assessment notes: "Angels Camp and San Andreas are home to MACT Health Board Inc health care facilities, a non-profit Tribal corporation serving Mariposa, Amador, Calaveras, and Tuolumne Counties," where an estimated 1,731 Indian patients have accessed health care services within the past three years.

If a child abuse and neglect referral is evaluated out by the child abuse hotline and the screener believes the family will benefit from services from MACT, the screener sends a letter to the family advising them of services. There is no formal relationship with MACT. Most families seen by MACT are from adjacent counties, primarily San Joaquin.

- ✓ Calaveras 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. Calaveras County is also committed to exploring cultural adaptations to traditional EBPs that may make them more relevant to Tribal children and families.

Irrespective of their eligibility for federal Title IV-E reimbursement, Calaveras County values the programs delivered by Tribes in the area to strengthen families and prevent the need for foster care. Accordingly, the County is listing all of these programs within the CPP as important components of the continuum of care in Calaveras County.

Going forward, Calaveras 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

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Calaveras County has embraced the California Child Welfare Integrated Core Practice Model (ICPM), which is intended as a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The ICPM sets standards of practice for child welfare, juvenile probation, and behavioral health as they work together in integrated teams to ensure timely, effective service delivery through the use of Child and Family Teams. The ICPM includes key elements and builds off behaviors in the Core Practice Model (CPM), Katie A., Safety Organized Practice (SOP), Linkages 2.0, Parent Partners, and Continuum of Care Reform (CCR), to name a few.

Calaveras County is committed to the use of the ICPM for children, youth, and families. CWS is dedicated to ensuring that the principles, values, and practice behaviors are reflected within the CPP and any programming emerging from the CPP.

The ICPM is based on five key components, three core values, and ten guiding principles.

## KEY COMPONENTS

The five Key Components within the ICPM model are:

1. Engagement
2. Assessment
3. Service planning/ implementation
4. Monitoring/adapting
5. Transitions

## VALUES

The shared ICPM and person-centered planning values include:

1. Family-driven and youth-guided practices
2. Community-based services
3. Culturally and linguistically competent services

## PRINCIPLES

The ten Principles are:

1. Team-based
2. Family voice and choice
3. Natural supports
4. Collaboration and integration
5. Community-based
6. Culturally respectful
7. Individualized
8. Strengths-based
9. Persistence
10. Outcomes-base







# TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

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## Local Assets & Needs Assessment

Multiple community studies have recently been completed in Calaveras County and were reviewed in the process of developing this CPP, including:

-  Calaveras County Self-Assessment (CSA) 2020–2025
-  Calaveras County System Improvement Plan (SIP) 2020–2025
-  First 5 Calaveras Five Year Strategic Plan & Financial Stability Plan 2022–2027
-  Prevent Child Abuse Calaveras, The State of Families in Calaveras County 2023

The findings of these assessments were supplemented through the CPP development process with focus groups and individual meetings with County staff, direct service providers, and other community stakeholders; primary and secondary data collection and review; utilization of the Capacity Assessment tool developed by CDSS; and facilitated conversations during monthly CPP cross-sector collaborative meetings.





## Summary of Community Needs

Calaveras County is a largely rural community with the largest employer being the County itself. Population growth in the county has been slower than in California as a whole, with disasters and limited employment options being driving factors.

### POVERTY AND SOCIAL ISOLATION

Poverty and resource inequality is a major issue in Calaveras County, and it is disproportionately impacting families of color in the community. Calaveras County has a higher rate of poverty than the California state average and a lower median income (\$54,800 compared to \$75,277). The following chart put forth in the Calaveras CSA shows higher than average poverty rates in all categories:

Poverty Rates by Family Type	Calaveras	California
<b>All families</b>	<b>14%</b>	<b>11%</b>
With related children under 18	20%	17%
<b>Married couple families</b>	<b>8%</b>	<b>7%</b>
With related children under 18	12%	10%
<b>Families with female householder, no husband present</b>	<b>31%</b>	<b>26%</b>
With related children under 18	41%	36%

In a reflection of the disproportionate impact of poverty on families of color, 13.5% of white households experience poverty while the poverty rates for Native American households and Pacific Islander households are 30.5% and 53.3% respectively.

In Calaveras County poverty is also concentrated in the more rural areas where difficulties accessing necessary services and insufficient public transportation exacerbate challenges. In some areas of the county, bus services run just once or twice per day, making it difficult to coordinate work and/or appointment schedules. There are also no Uber or Lyft drivers in the county, while those who may qualify to call for individualized public transportation often lack telephone service or cell phone reception to do so.

The rural nature of Calaveras County enables limited social and recreational opportunities for young people, which is tied to higher rates of depression and substance abuse among youth and young adults. Social isolation is pervasive in Calaveras County due to a combination of limited transportation options, few local services, and a lack of recreational spaces, while few youth and young adults leave Calaveras County to seek opportunities in neighboring counties.



## THE IMPORTANCE OF SOCIAL CONNECTION TO CHILD AND FAMILY WELL-BEING

In May 2023 the U.S. Surgeon General released *Our Epidemic of Loneliness and Isolation*, a report documenting the impacts of social isolation on individual and community health.

The report notes that social connection “is an important social determinant of health, and more broadly, of community well-being,” and individuals lacking social connection are at increased risk of major health and mental health challenges including anxiety, depression, and suicide. Yet isolation

has been increasing for decades in the United States, and in recent years about half of American adults report experiencing loneliness. The COVID-19 pandemic further exacerbated these trends, and a 2022 study found that just 39% of adults in the U.S. feel very connected to others. Ominously, the declines in social participation have been “starkest for young people ages 15 to 24,” and young adults “are almost twice as likely to report feeling lonely than those over 65,” indicating that these underlying trends are continuing to accelerate. Meanwhile, just one in five individuals who experience continuous loneliness and isolation “recognize it as a major problem.”

The populations at the highest risk for social disconnection include many of the same families at risk of child welfare system involvement, including those who “experience discrimination or marginalization” as well as those experiencing physical and mental health challenges and/or disabilities, experiencing financial insecurity, and domestic violence as well as single parents. These families are often already struggling with a range of stressors which can increase the likelihood of child maltreatment. If they happen to be experiencing social isolation, that can have a major compounding effect as “being isolated or in poor quality relationships can increase the likelihood that one perceives challenges as stressful” and this stress “may be heightened because the individual has less support and fewer resources to draw upon to cope with the situation.” Conversely, families with high levels of social connection are more likely to experience better child and family health and well-being.



Unemployment and underemployment are also prevalent in Calaveras County, with approximately 52.9% of the County’s population not participating in the labor force, which is considerably higher than the state average of 36.5%. These employment challenges are accelerating and since 2013, the percentage of those not participating in the labor force has risen 5% in Calaveras County, compared to 0.3% across the state. These rates can be accounted for due to lack of local job opportunities, lack of childcare resources, and transportation barriers.

Based on the review of previous community assessments and the collection of supplemental information gathered during the process of developing this CPP, the four pillars of need driving child welfare system involvement in Calaveras County—which are often co-occurring and can affect the level of complexity in the families being served—are:

1. Affordable Housing Options
2. Substance Use Treatment
3. Childcare Resources
4. Mental Health Resources



## CALAVERAS COUNTY'S FOUR PILLARS OF NEED

The challenges associated with poverty and social isolation highlighted above, combined with the limited support services in Calaveras County, permeate and exacerbate each of these pillars of need.

### 1 Affordable Housing Options

Affordable housing inventory is limited in Calaveras County, where 36.8% of housing units in the county are vacant and/

or used for short-term vacation rentals, compared to 7.9% in California. Stakeholders indicate that Calaveras County has been particularly vulnerable to economic recessions and has been slower to recover than neighboring counties. Child welfare system-involved parents reported that low-income housing lists were extremely long, with waiting times being several years. Meanwhile there have been significant increases in the local population of unhoused individuals stemming from the limit of available and affordable housing.

### 2 Substance Use Treatment

The CSA notes that "substance use is prolific throughout the County and is of great concern," while listing substance abuse as a major risk factor for the perpetration of child maltreatment. In 2016, approximately 5.4% (2,102 people) of Calaveras County residents aged 12 and older misused opioids. Meanwhile, 18% of adults in Calaveras County self-reported binge or heavy drinking behaviors while 40% of driving deaths were determined to be alcohol-related in 2019. Adolescents are at a particular risk for these issues, as high school students in the county use alcohol and drugs at a higher rate than in California overall. Stakeholder interviews reveal a limit of available and affordable substance use disorder treatment options in Calaveras County, particularly in-patient drug treatment facilities, exacerbating these challenges.



### 3 Childcare Resources

Another acute issue in Calaveras County is the limited availability of safe and affordable childcare. The consequences of COVID-19 have been devastating for the early care and education field. Currently, Calaveras County meets the demand for only 35% of

school-age childcare and only 46% of the demand for infant /toddler care. Only 24% of working families are able to secure licensed childcare. The limited availability of childcare can impact families' ability to work and achieve economic security, which can place children at an elevated risk for maltreatment. Conversely, increasing access to affordable childcare is associated with lower maltreatment rates.

### 4 Mental Health Resources

Calaveras County has the fifth highest suicide rate in California, at 23 suicide deaths per 100,000 in 2017—more than double the state average. Stakeholders interviewed as part of the Calaveras CSA identified significantly high rates of trauma as a possible explanation for these high rates. The Calaveras CSA associated poverty, poor mental health, and social isolation as primary risk factors for child maltreatment.

In 2018, it was reported that only 58.7% of adults aged 21–44 in need of specialty mental health support accessed services. While there is a need for children's mental health services and specialty mental health services, the limited number of providers accepting Medi-Cal and transportation barriers were cited as factors. The State of Families in Calaveras County 2023 notes that Calaveras County has a patient-to-provider ratio of 510:1, while the state average is 240:1.



## 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 Calaveras County by the California Department of Social Services indicates that 154 children received a risk assessment score of “high” or “very high” while 143 children had at least one identified safety threat. These numbers provide a reasonable range of estimates of how many children in Calaveras 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 Calaveras 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><b>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services</b></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>	10
<p><b>Probation Youth</b></p> <p>Probation youth subject to a petition under section 602 of the Welfare and Institutions Code (WIC), and whom the probation department has 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>	2
<p><b>Guardianship/Adoption at Risk of Disruption</b></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 4% of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.</p>	3



Candidate Group/Target Population with Description and State Data	County Estimate
<p><b>Children with Substantiated/Inconclusive Allegation</b></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>	300
<p><b>Children w/Siblings in Foster Care</b></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>	10
<p><b>Homeless/Runaway Youth</b></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>	251 per CCOE
<p><b>LGBTQ Youth</b></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>	228
<p><b>Substance-Exposed Infants</b></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>	10 referred to CPS
<p><b>Trafficked Children and Youth</b></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>	3



Candidate Group/Target Population with Description and State Data	County Estimate
<p><b>Children Exposed to Domestic Violence</b></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>	100
<p><b>Children w/Caretaker Experiencing Substance Use Disorder</b></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 developing parenting skills to help reduce the effects of parental substance use disorders on their children.</p>	225
<p><b>Other Serious Risk Factors</b></p> <p>Families of 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 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:</p> <ul style="list-style-type: none"> <li>• Current or recent (within 6 months) family involvement with social services agency;</li> <li>• A change in family relationships characterized by frequent conflict or violence;</li> <li>• Recent increase in substance use that impacts daily functioning and ability to care for the child or youth;</li> <li>• Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth;</li> <li>• Incarceration of the caregiver;</li> <li>• Child or youth participated in criminal activity; and</li> <li>• Other recent or current circumstance that may cause family instability or a threat to the child/youth's safety or well-being.</li> </ul>	500

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 and State Data	County Estimate
<p><b>Expectant and/or parenting youth in foster care</b></p> <p>Youth in foster care who are expectant, pregnant, and/or parenting</p>	0-1 per year



## Target Populations–Phase 1

Looking ahead, Calaveras 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 take time and resources that are currently not available.

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

The five service objectives Calaveras County intends to advance in Phase 1 of CPP implementation are:

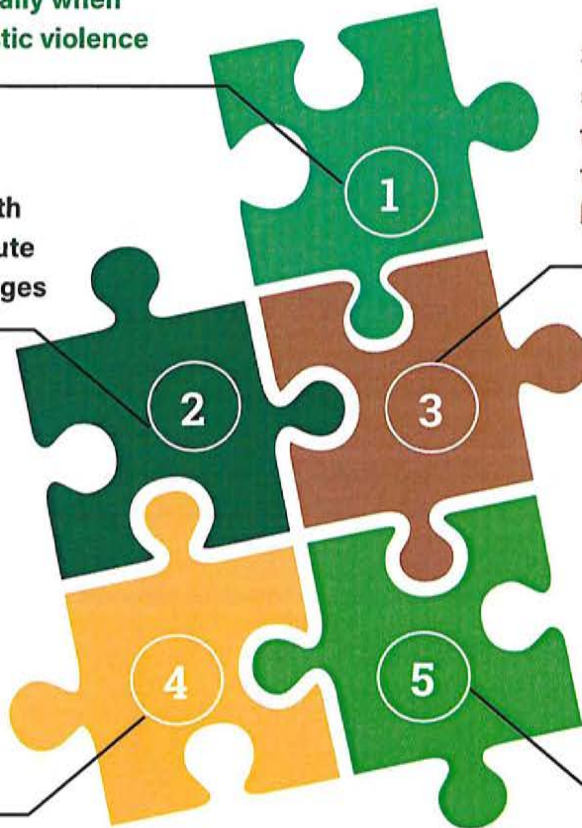
**1. Addressing caregiver substance use disorders (SUDs), especially when co-occurring with domestic violence**

**2. Supporting families with children experiencing acute behavioral health challenges**

**3. Expanding access to support programs for families through non-traditional, community-based service pathways**

**4. Developing and expanding services that can be fiscally and programmatically sustained**

**5. Expanding access to support programs for families in the more rural and isolated communities through virtual and in-home service delivery models**





## 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.”

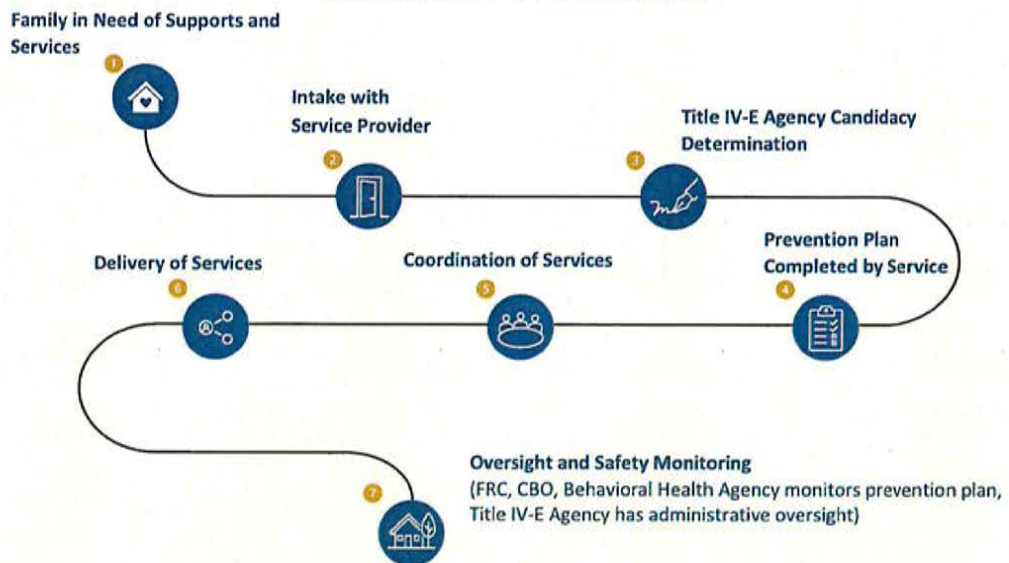
Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges, while improving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

Calaveras 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. As noted earlier, since 2021 Calaveras County has been operating a differential response (DR) program known as the Family Strengthening Program (FSP) with similar intentions and objectives. In its first year, FSP served 42 families and helped these families access 65 local services.

However, to operationalize the Community Pathway model, Calaveras County needs further detail and assurances from the State on a range of questions, including but not limited to:

- » Integration of the model with existing differential response (DR) programs
- » 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

### COMMUNITY PATHWAY: THROUGH THE LENS OF AN INTEGRATED PRACTICE MODEL



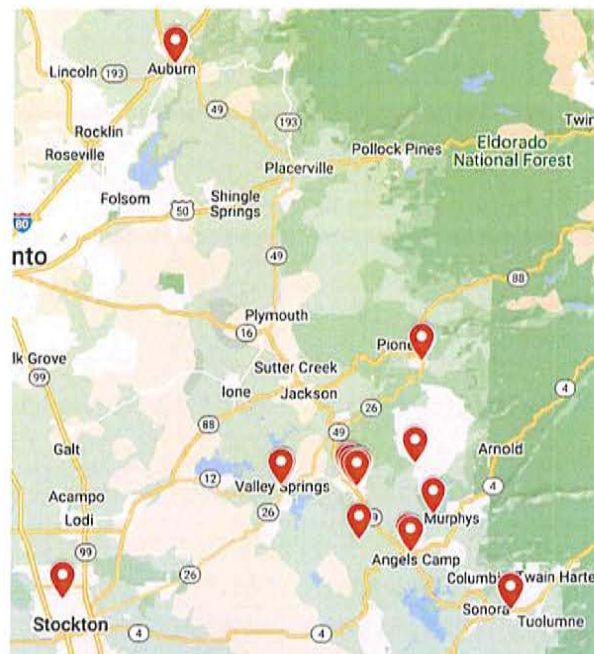


# SERVICES/ASSET MAPPING

Despite these challenges, Calaveras 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 child maltreatment and foster care prevention programs that are currently being delivered in Calaveras 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.



Agency	Description
<a href="#">Calaveras County Behavioral Health</a>	Calaveras County Behavioral Health offers a wide variety of mental health and addiction related services to the community. Services include substance use services, outpatient services, driving under the influence programs, mental health support, and outreach/prevention.
<a href="#">Calaveras County Health and Human Services Agency</a>	The Calaveras County Health & Human Services Agency's (HHSA) mission is to create and provide services to individuals and families in Calaveras County that enrich and improve their quality of life.
<a href="#">Calaveras County Office of Education</a>	The mission of the Calaveras County Office of Education (CCOE) is to provide leadership through quality service to school districts, students, parents and the community. CCOE partners with the four local school districts to provide quality education to students, transitional kindergarten through twelfth grades.
<a href="#">Calaveras County Probation</a>	Calaveras County Probation partners with the community to deter future crime.
<a href="#">Calaveras County Public Health</a>	The mission of Calaveras County Public Health is to promote physical and mental health and prevent disease, injury, and disability. The overall intent is to protect the general wellness of individuals, families, and the community through the delivery of public health care.
<a href="#">Calaveras County Victim Services</a>	The victim witness program is funded by a grant from the State of California. The program is intended to help minimize the trauma victim(s) experience in the wake of a crime.
<a href="#">First 5 Calaveras County</a>	First 5 Calaveras County supports strengthening families and supporting them in raising healthy children ages 0-5.

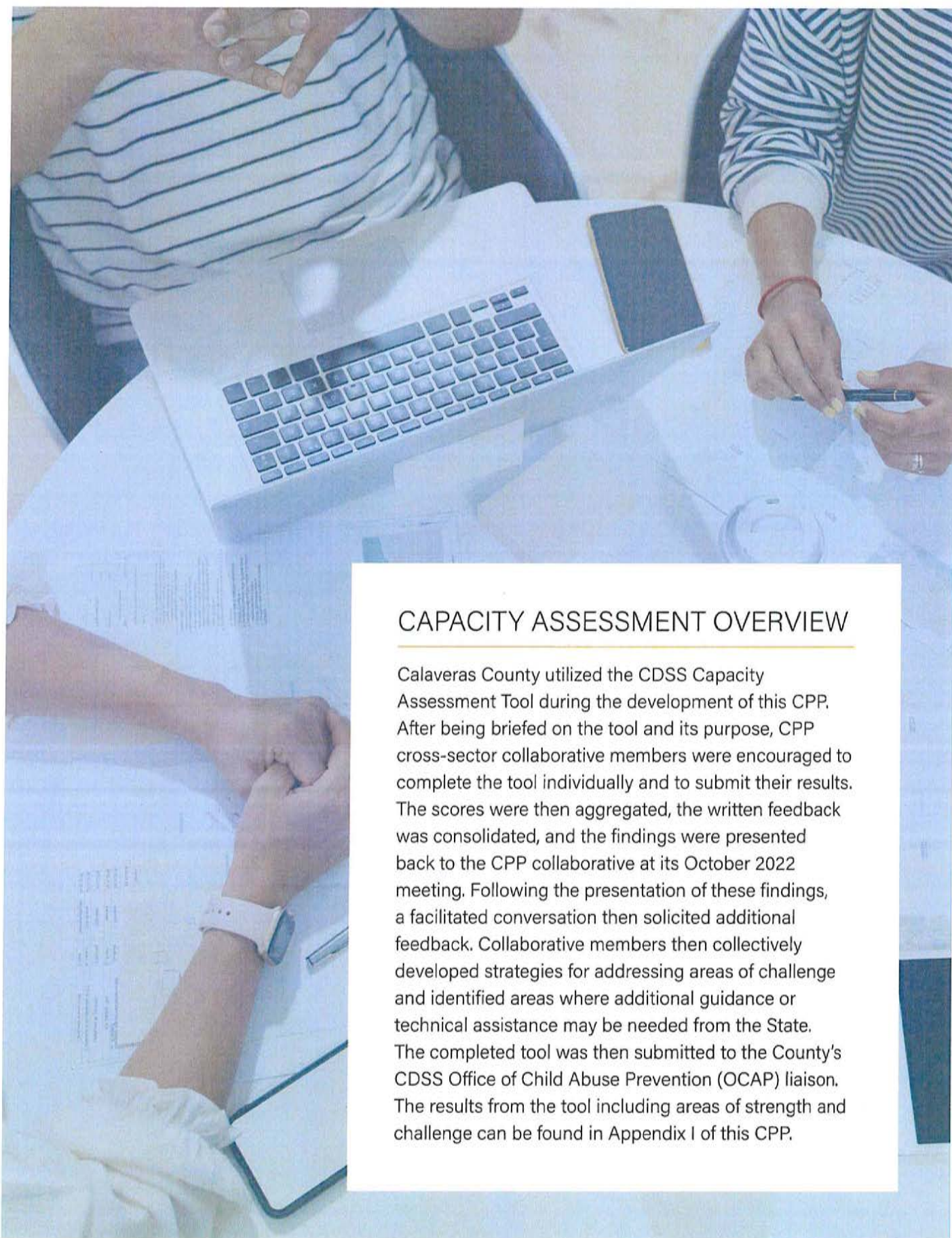


Organization	Description
<a href="#"><u>Al-Anon</u></a>	Al-Anon welcomes everyone whose life has been affected by a problem drinker. Each meeting is different.
<a href="#"><u>Blue Mountain Coalition for Youth and Families</u></a>	Blue Mountain is community center serving low-income families in West Point. Their mission is to promote a vibrant, peaceful, healthy community where everyone is nurtured, supported and inspired.
<a href="#"><u>Calaveras Door of Hope Pregnancy Resource Center</u></a>	The Pregnancy Resource Center provides education and support to people in Calaveras as they make decisions about pregnancy. They offer resources for new parents, women who have had abortions, and women and couples considering adoption placements.
<a href="#"><u>Calaveras Mentoring</u></a>	The Calaveras Mentoring Foundation is a non-profit organization dedicated to raising awareness and funds for the mentoring programs in Calaveras County.
<a href="#"><u>Changing Echoes</u></a>	Changing Echoes is a chemical dependency treatment facility for alcohol and drug addiction.
<a href="#"><u>Court Appointed Special Advocates (CASA) of Calaveras</u></a>	A CASA is a trained volunteer appointed by a judicial officer to provide advocacy for a child who is under the jurisdiction of the Court due to abuse or neglect. The CASA serves as the “eyes and ears” of the judge for children in foster care.
<a href="#"><u>Dream Mountain Christian Camp</u></a>	A year-round, 21-acre retreat located near Murphys, Dream Mountain is a licensed organized camp with a maximum capacity of 50 campers. The goal of the camp is to inspire youth to support their own mental, emotional, and physical health.
<a href="#"><u>Family Resource Network (FRN)</u></a>	Family Resource Network (FRN) serves families raising children, ages birth to 22 years, with special needs. Service areas include Amador, Calaveras, San Joaquin, and Stanislaus Counties. There are no income limits or eligibility requirements. FRN serves families whose children have any type of special need, medical diagnosis, or learning difference.
<a href="#"><u>Legal Services of Northern California</u></a>	The mission of Legal Services of Northern California is to provide quality legal services to empower the poor to identify and defeat the causes and effects of poverty within our community, efficiently utilizing all available resources.
<a href="#"><u>MACT Health Board Inc.</u></a>	MACT is a non-profit Tribal corporation serving Mariposa, Amador, Calaveras, and Tuolumne counties. Its facilities provide medical, dental, behavioral health, and optometry services for the Native American community.
<a href="#"><u>Mother Lode Job Training</u></a>	Mother Lode provides services designed to assist job seekers with job search and training, support businesses with hiring and retention, and connect partners with agencies and community resources.
<a href="#"><u>Mountain Ranch Youth Alliance and Resource Center (MRYA)</u></a>	MRYA operates Monday through Friday, from 2 to 6 pm, providing a dozen kids a safe and friendly place to stay until their parents can pick them up. Twice a month, over 40 families are served by the Food Pantry and/or the Commodities Program.
<a href="#"><u>Raising a Reader Home Visiting</u></a>	A Home Visitor from The Resource Connection Early Childhood Programs assists families that do not meet the qualifications for Head Start/Early Head Start and/or those that have other barriers that prevent them from enrolling in local childcare sites in the use of early literacy materials and focused child development resources. In addition to focused curriculum, children receive developmental screenings.



Organization	Description
<a href="#"><u>The Resource Connection</u></a>	The Resource Connection offers an array of services and programs for children and families in Amador and Calaveras counties, including nutrition, prevention, and intervention. The Resource Connection family programs include a children's advocacy center, crisis center, WIC, the food bank and Head Start. The Crisis Center provides free services for victims (male or female) of domestic violence and sexual assault. The Children's Advocacy Center provides licensed counseling, advocacy, and support free of charge for child victims of crime (under 18).
<a href="#"><u>The Resource Connection Early Childhood Programs: Head Start and Early Head Start</u></a>	The Resource Connection Early Childhood Programs offer Head Start/Early Head Start programs that provide comprehensive early education programs for children from birth to age five, as well as services to prenatal families in Calaveras County. The program focuses on the "whole child" and engages children and their families while striving to create partnerships with parents to provide services that best meet their needs.
<a href="#"><u>Self-Help Legal Center</u></a>	The Self-Help Legal Center offers one-stop legal assistance free of charge including a place for people to research a legal matter, type forms, make photocopies, and get prepared to file their papers.
<a href="#"><u>Sierra HOPE</u></a>	Sierra HOPE promotes individual dignity and supports the health and well-being of at-risk members of our community through compassionate services and resources. They also address issues of homelessness, housing, and food insecurity in the community.
<a href="#"><u>Tri-County Autism Group</u></a>	The Tri-County Autism Group provides financial assistance to the families of children with autism that will assist in offsetting or covering the cost of therapies, educational and or respite activities, and by gathering information and identifying resources that will help educate and support the families of autistic children.
<a href="#"><u>Tuolumne Me-Wuk Tribal TANF</u></a>	The Tuolumne Me-Wuk Tribal Temporary Assistance for Needy Families (TANF) program is a program available through the Tuolumne Me-Wuk Social Services Department. TANF provides assistance to Native American families with children in Tuolumne, Calaveras, and Stanislaus Counties.
<a href="#"><u>Valley Mountain Regional Center</u></a>	Valley Mountain serves children and adults with developmental disabilities in San Joaquin, Stanislaus, Amador, Tuolumne, and Calaveras counties. Free diagnosis and assessment services are available to any person suspected of having a developmental disability, such as intellectual disability, cerebral palsy, epilepsy, or autism.





## CAPACITY ASSESSMENT OVERVIEW

Calaveras 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 to 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 Prevention (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

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To comprehensively capture the current continuum of prevention programming in Calaveras 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 base 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 Calaveras 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.

Calaveras 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 Calaveras County possesses existing capacity to deliver them. Calaveras County intends to explore leveraging Title IV-E funds for these programs as soon as possible.

Program	Service Category	Target Population	Outcome Objectives
<b>Family Check Up</b>	Mental Health, In-Home Parent Skill Based	Families with children ages 2 to 17	» Increased positive parenting practices
<b>Healthy Families America</b>	In-Home Parent Skill Based	Prenatal to 5 years (services offered within 3 months of birth)	» Increased positive parenting practices » Increased nurturing parent-child relationships
<b>Homebuilders</b>	In-Home Parent Skill Based	Families who have children (0-18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services	» Reduced out-of-home placement » Increased child permanency (planned permanent exits) » Increased adult well-being (economic and housing stability)
<b>Motivational Interviewing</b>	Substance Abuse/ Cross-Cutting	Adolescents and their parents/ caregivers	» Decrease in youth substance use » Decrease of parent/caregiver substance use » Improved physiological, psychological, and lifestyle outcomes
<b>Parent-Child Interaction Therapy</b>	Mental Health	Children ages 2 to 7 and their parents/caregivers	» Reduction in child negative behaviors » Increased positive parenting practices » Improvement of parent/caregiver emotional and mental health
<b>Parents as Teachers</b>	In-Home Parent Skill Based	Parents/caregivers with children ages 0 to kindergarten	» 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 Calaveras 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 Calaveras County intends to explore leveraging Title IV-E for them.

Program	Service Category	Target Population	Outcome Objectives
<b>Aggression Replacement Training</b>	Mental Health	Youth ages 13 to 18 who exhibit violent or aggressive behavior	» Increased child well-being: Behavioral and emotional functioning
<b>Child First</b>	Mental Health, In-Home Parent Skill Based	Families with young children (prenatal through age 5 at entry) with social-emotional, behavioral, developmental, or learning problems	<ul style="list-style-type: none"> <li>» Increased child safety: Child welfare administrative reports</li> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased child well-being: Cognitive functions and abilities</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> <li>» Increased adult well-being: Family functioning</li> </ul>
<b>Eye Movement Desensitization and Reprocessing</b>	Mental Health	Individuals experiencing distress associated with traumatic memories and/or a variety of other mental health problems	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> <li>» Increased adult well-being: Parent/caregiver physical health</li> </ul>
<b>Family Centered Treatment</b>	In-Home Parent Skill Based	Families with youth who are at-risk for out-of-home placements, have trauma exposure, have histories of delinquent behavior, or are working toward reunification and youth who move between the child welfare, behavioral health, and juvenile justice systems	<ul style="list-style-type: none"> <li>» Reduced out-of-home placement</li> <li>» Increased least restrictive placement</li> <li>» Reduced child delinquent behavior</li> </ul>
<b>Incredible Years: School Age Basic Program</b>	Mental Health	Parents of children ages 6 to 12 including higher risk populations and parents of children with behavior problems	<ul style="list-style-type: none"> <li>» Increased child safety: child welfare administrative reports</li> <li>» Increased adult well-being: positive parenting practices</li> </ul>



Program	Service Category	Target Population	Outcome Objectives
<b>Intensive Care Coordination Using High Fidelity Wraparound</b>	Mental Health	Children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families	<ul style="list-style-type: none"> <li>» Increased least restrictive placement</li> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>
<b>Mindfulness-Based Cognitive Therapy</b>	Mental Health	Adults with depression symptoms or other mental disorders, such as anxiety	<ul style="list-style-type: none"> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> <li>» Increased adult well-being: Parent/caregiver physical health</li> </ul>
<b>Mindfulness-Based Cognitive Therapy—Parents</b>	Mental Health	Parents of children ages 2 to 12 with parental depression symptoms	<ul style="list-style-type: none"> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>
<b>Parenting With Love and Limits</b>	Mental Health, In-Home Parent Skill Based	Families with teenagers (ages 10 to 18) who have severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder)	<ul style="list-style-type: none"> <li>» Reduced child delinquent behavior</li> </ul>
<b>Strengthening Families Program: For Parents and Youth 10-14</b>	Mental Health, Substance Abuse	Families with youth ages 10 to 14	<ul style="list-style-type: none"> <li>» Increased child well-being: Substance use</li> </ul>
<b>Trauma-Focused Cognitive Behavioral Therapy</b>	Mental Health	Children and adolescents who have experienced trauma including those who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems	<ul style="list-style-type: none"> <li>» Increased child well-being: Positive parenting practices</li> <li>» Increased child well-being: Social functioning</li> <li>» Increased adult well-being: Parent/caregiver physical health</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>



## Other Prevention Programming

A Parent Partner Program was implemented by Calaveras County Health and Human Services Agency to assist parents to understand child welfare and case plans, and to access services as outlined in the case plan. Parents who have been reunified with their children, and whose dependency case has terminated successfully, act as parent mentors, coaches, and trainers to parents who are newly engaged with child welfare services. Reunified parents have undeniable credibility within a niche community; their voice is one of experience, knowledge, and perhaps, most importantly, success. Such programs offer a unique approach to enhancing reunification rates with birth parents, while increasing permanence and reducing recidivism. Participants in the CWS parent focus group expressed appreciation for the program and the Parent Partners and suggested expanding the program to hire more Parent Partners. The program has been successful in facilitating timely reunification. This program is supported with Promoting Safe and Stable Families (PSSF) funding.

A First 5 Calaveras/Prevent Child Abuse Calaveras staff member participates in Child and Family Team (CFT) meetings, and safety concerns are discussed so the team can decide what best provides safety and permanency for the children. Members of the team are ensured a voice in the meeting and a consensus decision is reached. Preventative services and developmentally appropriate learning activities are offered such as parent counseling, parent education workshops, grandparent support, home visiting, and family-centered events. CFT Meetings are evidence-informed and have been successful at facilitating timelier reunification and enhancing placement stability, and are strongly supported by County staff and community stakeholders. CFT



attendance is supported by CAPIT and PSSF funds.

Prevent Child Abuse Calaveras (PCAC) will continue to receive Community-Based Child Abuse Prevention (CBCAP) funding, as outlined in their contract, to provide child abuse prevention services such as training, public outreach and education, and community awareness events.

### PREVENTION

**First 5 Calaveras:** The vision of First 5 Calaveras is that all Calaveras County children will enter school safe, healthy, and ready to learn. Their mission is to facilitate partnerships and fund strategies that strengthen families and support them in raising healthy children aged 0-5. Services are free. First 5 provides Talk Read Sing which promotes early literacy and books for young children through community partnerships.

First 5 utilizes Mental Health Services Act-Prevention and Early Intervention Funds (MHSA-PEI) to support a comprehensive education initiative for parents, educators, and family support providers. The focus is on teaching practices that support children's healthy social-emotional development, understanding childhood trauma, early brain



development and brain-based behaviors, self-regulation strategies, parenting skills, and other pertinent topics that are requested by the community. "Parent Cafe" style learning is included. MHSA funds also support no-cost counseling services for parents who have insurance barriers.

First 5 utilizes Child Abuse Prevention funds (Child Abuse Prevention, Intervention, and Treatment (CAPIT), PSSF, CBCAP, and PCAC) to provide direct services through a Differential Response, Family Strengthening Program (FSP), and to provide community education on child abuse prevention. FSP connects families with community supports needed to address family challenges and decrease the likelihood of entry into Child Welfare. FSP connects families with community supports needed to address family challenges and decrease the likelihood of entry into Child Welfare. Outreach includes information about events and services to support child and family safety and well-being.

**Blue Mountain Coalition for Youth and Families:** A community center serving low-income families in West Point. Their mission is to promote "a vibrant, peaceful, healthy community where everyone is nurtured, supported, and inspired." The Main Street Center is open to youth four days a week, operates a community garden, serves family-style meals twice a week, and offers a wide variety of art workshops, supported play, teen outreach sessions, and life skills classes. No one is ever turned away. The center also provides space for Mountain Mi-Wok tribal meetings and parties, social service outreach, toddler play groups, art workshops, senior exercise classes, and a farmers' market.

**The Resource Connection Community Outreach & Education:** Community Outreach & Education is a program focusing on personal safety and interpersonal violence prevention offered by the Calaveras Crisis Center. Safe touch, bullying, assertiveness, sexual assault prevention, and teen dating presentations are offered to age-appropriate groups free of charge to Calaveras County community members. From July 2019 through June

2020, approximately 1,400 students and 180 parents participated. These numbers are lower than usual due to the pandemic-related social constraints. Community Outreach & Education also provides trainings to the disabled community and various service groups upon request. Class size is usually between 15 and 25 students, and parent meetings are often smaller. The maximum size of a group presentation is 20 to 30 people. To date, the program has not declined an opportunity to do a presentation, and there is never a fee.

**Calaveras County Public Health Substance Abuse Program Outreach and Prevention Services:** Substance Abuse Outreach and Prevention activities are funded by a mandatory 20% set-aside of the County's share of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, as well as a small allotment of funds from the Friday Night Live Partnership. BHS-SAP (Substance Abuse Prevention) staff also participate in the Alliance for Substance Abuse Prevention (ASAP), a coalition that includes Public Health Tobacco Prevention, Behavioral Health, Mental Health, First 5 Calaveras, CCOE, Community Representatives, The Resource Connection, the District Attorney's Office, and interested members of the public.

## **COMMUNITY-BASED FAMILY SUPPORT SERVICES**

**The Resource Connection:** A non-profit organization serving Amador and Calaveras counties by responding to the needs identified in the community. Three service areas include: Children & Families, Nutrition, and Prevention & Intervention.

- » **Childcare Resource and Referral:** The Resource Connection provides free referrals to licensed childcare homes and centers in Amador and Calaveras counties. They also offer several programs that provide assistance to help income-eligible parents pay for childcare. Families may qualify if they are income-eligible, have a qualifying family need, and meet program requirements. They administer a California



Alternative Payment Program, CalWORKs Child Care, and a California Family Child Care Program (Amador only).

- » **Home Visiting:** The purpose of the Home Visiting program is to build and strengthen parents' skills in identifying and meeting the needs of their children and families and support families as their child's primary educator. Home visits provide information on how to utilize the home and daily routines as a learning environment to support their child's growth and development in all developmental domains. The Resource Connection supports expecting parents and families with 0- to 5-year-old children through a variety of individualized programs. These programs are offered at no cost to qualifying individuals or families.
- » **Prenatal Program:** Weekly home visits for pregnant women and their partners, if desired (up to 90 minutes each visit). Services offered include referrals to community resources and assistance in meeting personal appointments and goals. Curriculum promotes healthy pregnancy and fetal development, with information and support about such topics as nutrition, labor and delivery, breastfeeding, caring for infants, and maternal mental wellness.
- » **Literacy-Based Home Visitation:** Family literacy is promoted during two 90-minute home visits per month. No income threshold is required to qualify for the literacy-based program. Services include language and literacy screenings, developmental screenings, ongoing assessments, and referrals to community resources, as requested. Curriculum promotes language, literacy, and school readiness and includes involvement in the Raising a Reader program and transition planning.
- » **Early Head Start Home Visitation:** Weekly 90-minute home visits for families with children ages 0 to three. Two group socializations per month offer families the opportunity to connect with each other while observing

their children interacting and socializing with their peers. Services include infant-toddler development and health screens, ongoing assessments, referrals to community resources, and assistance to parents in developing and meeting their personal and family goals. Curriculum encourages health, safety, and nutrition and enhances gross and fine motor skills, literacy, as well as development of language, cognitive, social emotional skills, and school readiness.

- » **Early Childhood Programs:** Head Start and Early Head Start Center-Based services are offered to qualifying families. With nine locations throughout Calaveras County, of those, two are infant toddler centers, seven are preschool centers. All centers operate four days per week. Services are provided full-year at two of the preschool centers and at both infant toddler centers. The remaining centers operate on the calendar of the school district in which they are located. Head Start and Early Head Start serve families with children birth to entry to kindergarten in its center-based programs. Full capacity of infants and toddlers is 28, with the capacity to serve more depending on attrition. Preschool Head Start has the capacity to serve 109 children in center-based services with the capacity to serve more depending on attrition. Services in both options include developmental and social-emotional screening with ongoing assessment. Health, Nutrition, and Family Partnerships are also part of the services. A minimum of 10% of funded enrollment serves children with disabilities. A strength-based approach is utilized in supporting families in identifying and attaining goals for their child(ren), personal goals as well as family goals. Community resources are provided based on need and or interest.
- » **The Food Bank:** Clients who meet income guidelines receive an emergency supply of food once every 30 days so that they can avoid skipping meals or avoid cutting back on the amount of food they eat. The Food Bank also provides assistance through a number of



programs to low-income households who meet guidelines. In addition, The Food Bank provides Santa's Express, which makes holiday meals and toys a reality for families that may not otherwise have them, providing gifts for children up to age seventeen. Parents get to go "shopping" with volunteers to pick out the toys for their children at the toy distribution site. Santa's Express also provides holiday meals for income-qualified families without children.

The Early Head Start Home Visiting program has a full capacity of 61 children at any given time. More children can be served depending on attrition. During the 2019- 2020 program year, a total of 76 children and pregnant women were served. When all funded slots are filled, families are placed on a waitlist. Enrollment occurs when slots are available based on need rather than who is on the waitlist. Upon application, families are entered into the system which assigns points based on need. The families with the greatest needs are given priority for enrollment.

The Raising A Reader Home Visiting program serves a maximum of 15 families at any given time, 30 families annually, and may provide services to more families based on attrition. During the 2018–2019 program year a total of 32 families were served. The Raising A Reader program has no point system. When all funded slots are full, families are placed on a waitlist and contacted as openings occur.

Home Visiting services are provided to residents of Calaveras County and there are no fees for services for any of the Home Visiting services provided through The Resource Connection. When families who do not qualify apply, they are given resources that may meet their needs.

**Calaveras Mentoring:** A mentoring program which offers three separate program opportunities throughout the county for children and youth of different age groups:

- » **The Friday Night Live (FNL) Mentoring program:** Matches 7th and 8th grade "proteges" with 10th, 11th, and 12th grade mentors. They meet after school once a week for structured, supervised, and fun activities.
- » **The Calaveras Youth Mentoring Program:** Connects local youth with safe, positive mentors who offer friendship, opportunity, and support for making healthy life decisions.
- » **Young Adult Mentoring and Independent Living Program (ILP):** An expansion of the Calaveras Youth Mentoring Program where young adults connect with mentors who offer friendship, experience, and resources to help them develop greater self-awareness and experience a smoother road to adulthood.

**Mountain Ranch Youth Alliance and Resource Center:** The Mountain Ranch Youth Alliance and Resource Center (MRYA) officially operates the Resource Center. Monday through Friday, from 2 to 6 pm, a dozen kids find a safe and friendly place to stay until their parents can pick them up. Twice a month, over 40 families are served by the Food Pantry and/or the Commodities Program. Every other month an artist's reception and ongoing art exhibit showcases local artists. Twice per week, a CalWORKs outreach worker provides access to a wide variety of County and State services. Every other week, a free "Lunch with Us" program serves approximately 35 people with a nutritious meal and companionship. Every afternoon, a free computer lab is open to the community and Wi-Fi access is available 24/7. There is a free lending library of books and DVDs. With the help of Mark Twain Medical Center, the Center offers health screening services. There is an on-site electronic waste and appliance drop-off. Facilities of the Resource Center allow meetings, workshops, classes, events, and private parties to take place.



**Calaveras Door of Hope Pregnancy Resource Center:** Provides many services and resources to pregnant women, couples, and anyone else in need of support and guidance through pregnancy. They also offer resources for new parents, women who have had abortions, and women and couples considering adoption placement. Services include: free pregnancy tests; education about pregnancy; abortion education; adoption information; developing healthy relationships education; maternity and baby items; parenting education; post-abortion support; community referrals; and abstinence education. The center serves an average of five to six clients per month, with a maximum monthly capacity of fifteen. The center is located in Angels Camp and services are free and available to all Calaveras County residents.

**Sierra HOPE (Health Opportunities, Programs and Education):** Located in Angels Camp, Sierra HOPE serves residents of Amador, Calaveras, and Tuolumne counties. The Community Food Pantry is open weekly to single persons, families with children, seniors, and/or homeless persons.

The Supportive Housing Program provides permanent supportive housing to individuals or families who have become homeless as a result of a physical or mental disability. It consists of six scattered site apartments which are leased to Sierra HOPE. The program participants include people with physical disabilities and people with severe mental health disorders. They may remain in the Permanent Supportive Housing program as long as necessary. Participants are charged a program fee of up to 30% of their monthly income to help cover the cost of services provided to them. Those who have no income at program entry receive assistance to apply for benefits they may be eligible for, including Social Security Disability Insurance.

**Mother Lode Job Training:** Provides a multitude of services designed to assist job seekers with job search and training, support businesses with hiring and retention, and connect partners with agencies and community resources throughout the Mother

Lode region. Job Centers are located in Sutter Creek, San Andreas, Mariposa, and Sonora. Centers provide the following: computer labs; job search assistance; career planning; workshops; on-the-job training; work experience; training scholarships; and labor market data.

At any given time, caseloads run between 20 and 50 per case manager, with about 20 in Active Status and 30 in Follow Up. Follow Up services are for 12 months after active participation.

There is sometimes a waiting list for specifically funded services, such as paid training, paid work experiences, or temporary jobs when funds are limited, however, there usually is not a waiting list for job seekers to use the self-directed services such as typing tests, Food Handler Certificates, and job search.

The center generally works with 15-20 people each week. In 2019 in Calaveras County, the center served 1,024 visitors. As a whole, the agency tracked 5,500 visitors to the centers.

While there is no legal geographical limitation for services, it is the practice to serve the individuals who reside in the respective service area, and to refer those who live outside the service area to their own job center service providers.

All services are free for the public. For individualized job search services, customers are eligible if they can show they have the right to work in the United States, and if they are male and born after 1959, they are registered with the selective service.

Priority is given to Veterans who are low-income, then other low-income individuals including those on public assistance, then Veterans who are not low-income, and finally those who are not Veterans or low-income. Priority is also given to dislocated workers, and to youth ages 16–24 who have faced barriers to employment. Self-directed services are open to all individuals regardless of right-to-work status.



Most of the grant-funded services are specific to certain populations. For example, the Prison to Employment grant is specific to those who have been incarcerated in the past or are currently incarcerated. The Opioid Grant is specific to those who are dislocated workers and wish to pursue career training in occupations that support addressing the opioid crisis, such as substance abuse treatment or social work.

**Alcoholics Anonymous (AA):** Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. Several meetings are held per week throughout the county in Angels Camp, Arnold, Bear Valley, Mokelumne Hill, Mountain Ranch, Murphys, Rail Road Flat, San Andreas, Valley Springs, and West Point.

**Narcotics Anonymous (NA):** Offers recovery from the effects of addiction through working a 12-step program, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle. Narcotics Anonymous is not meant to imply a focus on any particular drug. NA's approach makes no distinction between drugs including alcohol. Membership is free. Several meetings are held per week throughout the county in San Andreas, Copperopolis, Arnold, Angels Camp, and Valley Springs.

**Al-Anon:** The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope, in order to solve their common problems. Several meetings are held per week throughout the county in Murphys, Angels Camp, and Arnold.

**Salvation Army:** The Calaveras County Salvation Army Service Extension Unit in San Andreas

oversees the emergency needs of area residents and assists them with emergency items such as food, temporary lodging, propane and gas vouchers, utilities, medications, and transportation. Other needs are reviewed on a case-by-case basis, and assistance is offered whenever possible.

The local unit also sponsors a campership program for area children, organizes a countywide coat drive for the winter season, and assists with food for Santa's Express during the holidays. Funds are also used to assist Calaveras County fire victims.

In 2019, the Stronger Braver Life Skills Camp served 23 campers during the summer camp and 19 during the winter session. The camp can serve up to 30 campers at a time with two camps per year. So far, there has not been a waiting list for the program, and it has been able to serve everyone who registered to attend. There are no fees, and the only requirements are that attendees are high school students living in Calaveras County, or have lived in Calaveras County and are placed in another county under the Court's jurisdiction.

## **FAMILY PRESERVATION SERVICES**

The Resource Connection Calaveras Crisis Center: Free services for victims (male or female) of domestic violence and sexual assault. Services include:

- » **Peer Counseling:** Advocates are available to provide one-on-one counseling to help victims overcome and heal from past or current domestic violence and/or sexual assault.
- » **Support Groups:** Advocates facilitate groups for either men or women who want to learn about domestic violence and/or sexual assault.
- » **Temporary Restraining Order Assistance:** Assistance is available Monday through Thursday to complete paperwork, make copies, and inform individuals of the Court process and their legal rights with a Restraining Order.
- » **Accompaniment:** Victims of domestic violence and sexual assault have the right to emotional support throughout Court proceedings, law



enforcement interviews, social service, and healthcare visits. Advocates are available to provide accompaniment upon request.

- » **Emergency Hospital Response:** Advocates are available to provide in-person support and advocacy to victims of domestic violence and sexual assault at the hospital 24 hours a day, seven days a week.
- » **Hotline:** A domestic violence and sexual assault hotline is available 24 hours a day, 7 days a week to provide telephone crisis support to men and women.

**The Resource Connection Calaveras Children's Advocacy Center:** Licensed counseling, advocacy, and support for child victims of crime (under 18) free of charge. Services include:

- » **Licensed Counseling:** Free licensed counseling to child victims (under 18 years of age) of violence and abuse.
- » **Advocacy with Government Agencies:** Accompaniment and support throughout the criminal justice process.
- » **Family/Guardian Education Resources:** Help understanding the child's healing stages after a traumatic event and support planning.

**Victim Witness Program:** The Victim Witness Program is designed to help minimize the trauma that victims experience in the wake of a crime. It is free of charge. Services include:

- » Information about the victim's case
- » Court accompaniment
- » An explanation of Court proceedings
- » Assistance in getting property returned
- » Assistance in obtaining restitution
- » Referrals to local medical providers
- » Help in obtaining compensation from the State for crime related medical bills
- » Help in preparing a Victim Impact Statement
- » Crisis and Emergency Services
- » Employer Intervention
- » Credit Intervention

Victim Services is comprised of two grants. Under these grants they serve all crime victims. From July 2020 through September 2020, advocates assisted 367 crime victims. Assistance is provided to victims once a crime report is received. Multiple victims can be assisted at one time, and one victim can also receive multiple services during a contact. There is no waiting list for victim services. No victim of crime is turned away and Victim Witness will assist victims with services regardless if criminal charges are filed. Victim Witness assists all victims of crime in Calaveras County, however, if a crime is committed in another county and the victim resides in Calaveras, they are able to provide them with limited services and local resources.

**Changing Echoes:** A social model chemical dependency treatment facility for alcohol and drug addiction. Services are provided in a home-like facility licensed by the California Department of Health Care Services. Exercise, healthy nutrition, and social peer interaction are emphasized in the alcohol and drug recovery process. The program is designed to provide assistance with alcohol and/or drug detox in a monitored social model setting (or a referral for medical based detox), individual alcohol and/or drug counseling, group education related to life changes from the use of alcohol and/or drugs, and family involvement. Services are available to both men and women for 30–90 days, with a maximum capacity of thirty. Services have associated fees; private insurance is accepted.

**Legal Services of Northern California (LSNC):** LSNC is a federal, state, and local-funded legal services program providing civil representation to low-income clients in 23 counties in Northern California. The office that serves Calaveras County is located in Auburn. They accept cases regarding housing and public benefits. They also offer weekly self-help clinics for help with family law matters, temporary restraining orders, and other civil matters at various locations.

LSNC has handled 6,190 cases since mid-March 2020 when the offices closed for the pandemic. The



Auburn office covers six counties: Sierra, Amador, El Dorado, Nevada, Placer, and Calaveras. Applicants must be within the LSNC service area for traditional civil legal aid work. There is no limit to the number of cases LSNC can take. Cases are scheduled by screening people on the phone and scheduling appointments. Typically, the appointments are scheduled within one week. LSNC takes emergency calls (e.g. eviction filed in court) on the day of the call. They also provide Self-Help services for the courts, including Calaveras. LSNC also has an Expanded Access Project which allows callers to contact them after hours from any of the LSNC counties.



Applicants are screened for income eligibility; they must be low income. LSNC does not charge any fees. For some projects such as health and pensions, there is no income limit. They do not take certain types of cases, such as criminal, fee generating cases, and family law cases, except through the Self-Help Services.

**The Superior Court of California Calaveras County Self-Help Center:** The Self-Help Legal Center offers one-stop legal assistance and a place for people to research a legal matter, type forms, make photocopies, and get prepared to file their papers. One can make an appointment for individual assistance or attend one of the “How to” clinics. All services are free of charge. Services include:

- » Legal assistance for persons representing themselves in the following case types:
  - » Divorce
  - » Child Custody and Visitation
  - » Guardianship
  - » Landlord/Tenant
  - » Small Claims
  - » Name Change

- » Paternity
- » Child and Spousal Support
- » Civil Harassment
- » Individual appointments with the Family Law Facilitator
- » Library with legal self-help books and brochures on a variety of topics
- » Small Claims Advisor
- » Computers with access to:
  - » Online forms
  - » Self-help legal websites
  - » Fillable and printable forms

The Center currently has six available appointments per day, with appointments being scheduled approximately three weeks out.

## REUNIFICATION SERVICES

**Calaveras County Parent Education Program:** Serves and supports Calaveras parents by providing parenting classes throughout the year. This program is overseen by First 5 Calaveras, adapted by the Nurturing Parenting Program, and includes curriculum from Strengthening Families 5 Protective Factors, Trauma Informed Care, Nurtured Heart Approach, Mindful Parenting and more. This evidence-based parenting program is designed to build nurturing skills for the prevention and treatment of child abuse and neglect. These classes are for



parents, caregivers, and the public. Childcare is provided. Classes offered include:

- » Mental Health and Wellness
- » Mindfulness
- » Nature Deficit Disorder
- » Dangers of Social Media and Screen Usage
- » Perinatal Wellness
- » Grief and Loss
- » Slow Parenting
- » Boundary Setting
- » Emotional Literacy

**Court Appointed Special Advocates (CASA):** CASAs are trained volunteers appointed by a judicial officer to provide advocacy for a child who is under the jurisdiction of the courts due to abuse or neglect. The CASA serves as the “eyes and ears” of the judge for children in foster care. Volunteers spend time with children, monitor needed services, and provide child-focused recommendations to the Court based on the best interest of the children they serve. The CASA advocate offers support, guidance, and friendship in a consistent, caring, and non-judgmental relationship. New volunteers are given comprehensive training to prepare them for the types of issues and situations that might arise during their work with their assigned child.

Currently CASA can serve about 30 children per year. As the program grows, it will be able to serve more. There is a waiting list. Staff continues to monitor the need for a CASA by attending court and communicating with social workers. The CASA staff prioritize which child gets matched first. Children newborn to five years old are first priority to serve because of the impact trauma can have on development. Next, CASA staff considers whether a child has many natural supports or any developmental or educational challenges. Occasionally, CASA also gets requests from children directly who would like to have a CASA.

There are cases that have not been served because of a lack of availability of volunteers. There are also cases not served because of perceived conflicts of

interest, such as someone being closely related to a party to the case. There are no fees associated with having a CASA. There are no geographical limitations, only that the child be in the custody of Calaveras County Health and Human Services Agency and under the jurisdiction of the Superior Court of Calaveras County.

## **ADOPTION SERVICES**

**The Adoption Assistance Program (AAP):** Provides funds to adoptive parents to assist them in meeting the basic and special needs of their adopted children. All families who adopt Calaveras County dependent children are eligible for AAP funds, regardless of income. AAP eligibility begins the date the family signs the Adoptive Placement Agreement (usually a matter of weeks or months prior to finalization) and ends when the child turns 18. It is possible to receive AAP funds past the child’s 18th birthday, but there must be a documented disability which qualifies the child for continued AAP.

## **KINSHIP CARE SERVICES**

**Calaveras County Office of Education’s The Grandparent Project:** The Grandparent Project provides services to grandparents and other relatives raising children, including families in which a parent also lives in the home. Monthly meetings are held in several locations in Calaveras County: San Andreas/Valley Springs, Murphys/Arnold, and Copperopolis/Angels Camp. Facilitators lead the meetings and provide individual consultations. Meetings often include speakers and are a great place to meet peers and receive helpful resource information and referrals to County agencies and services.

## **DEVELOPMENTAL SERVICES**

**Sutter Amador Hospital:** Sutter Amador Hospital, located in Jackson, is the closest hospital for Calaveras County residents to give birth. The hospital offers free classes, support groups to parents who will give, or have given, birth in the hospital on the topics of childbirth education, being a first-time



parent, the labor process, breastfeeding, and what to expect the first month after birth.

Support services are available to all patients of the hospital and there have been no concerns about meeting the needs of the community.

**The Resource Connection Women, Infants, and Children (WIC):** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk throughout Calaveras County.

WIC serves an average of 1,120 people per month, throughout Amador and Calaveras Counties. There is no waitlist. No one is ever turned away. All applicants are screened to determine if they are in a category that WIC serves. If so, they are given an appointment to determine eligibility. If it is determined they are not eligible, they are given a Notice of Action with the information as to why they were not eligible. The offices in Calaveras serve Amador and Calaveras Counties, however, if someone chooses to come to the WIC clinics from out of that area, they are happy to serve them as long as they are not participating in WIC somewhere else in California.

**California Children's Services (CCS):** The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children and youth under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are delivered at public schools. The San Andreas Medical Therapy Unit is located at San Andreas Elementary School.

There are no capacity limitations for the program. Currently there are 262 active cases, 14 pending

(new), three reopen pending (intercountry transfers) for a total of 279 cases. The only circumstance under which people are turned away is if they do not meet the state's guidelines for medical or financial eligibility. There can be a small fee that is determined during the initial application process. The fee can be split into payments if that is more feasible, however, it does not typically exceed \$20. The program is open only to residents of Calaveras County.

**Valley Mountain Regional Center (VMRC):** Serves children and adults with developmental disabilities in San Joaquin, Stanislaus, Amador, Tuolumne, and Calaveras counties. Free diagnosis and assessment services are available to any person suspected of having a developmental disability, such as intellectual disability, cerebral palsy, epilepsy, or autism. To qualify for ongoing support and services, a person must be found to have a developmental disability which began before the age of 18 and is a substantial handicap.

VMRC currently has approximately 16,000 active cases. State laws require that all individuals who meet the eligibility criteria are entitled to Regional Center services, so there is no cap on the number of eligible consumers. While there is no waitlist, initial eligibility assessment and verification can take time. Individuals are only turned away if it is determined that they do not meet the eligibility criteria outlined by the State. There is an appeal process by which an eligibility determination can be disputed if an individual is determined ineligible. Eligible individuals who do not follow through on certain requirements such as submitting required documents or attending required meetings may have their cases inactivated. Cases can be reactivated if found eligible at any time. Consumers and their families do not ever pay the Regional Center for any services. There is a Family Cost Participation Program (FCPP) which requires parents with higher incomes to share in the cost of services for their children. This is based on family income and number of individuals living in the home. The cost share is determined on a sliding scale ranging from 10%-100%. It does not apply to families whose income is less than 400% of the federal



poverty level. All family costs are paid directly to the service provider. Failure to pay would not remove the individual from Regional Center eligibility but would likely limit the services that they are able to receive. VMRC tries to connect consumers and families with as many generic resources as possible for other supports and services to help meet their needs.

VMRC only serves residents of the five counties listed above. There are 21 Regional Centers in California. Consumers living outside of the five counties that VMRC serves would need to seek services through the Regional Center that serves the county in which they live.

**Tri-County Autism Group:** Tri-County Autism Group serves those that live in Amador or Calaveras County who have been diagnosed with autism and other related disorders by raising funds to provide financial assistance to the families of children with autism that will assist in offsetting or covering the cost of therapies, educational and or respite activities, and by gathering information and identifying resources that will help educate and support the families of autistic children. Monthly meetings are held in Jackson and are open to the public.

**Family Resource Network (FRN):** FRN serves families raising children, ages birth to 22 years, with special needs. Service areas include Amador, Calaveras, San Joaquin, and Stanislaus counties. There are no income limits or eligibility requirements. FRN serves families whose children have any type of special need, medical diagnosis, or learning difference. FRN also serves the professionals who work with special needs children. Services include:

- » **Information & Referral:** Linking families with services.
- » **Family Support:** Providing options (one-to-one peer support, support groups) when requested, while respecting confidentiality.
- » **Outreach:** Increasing public awareness of disabilities and the service system that supports families.
- » **Advocacy:** Strengthening parents' knowledge and

decision-making abilities.

- » **Workshops and Seminars:** Training parents and professionals using a culturally sensitive and family-focused approach.
- » **Resources:** Books, tapes, and articles on disability, parenting, family support, and related topics.

**Calaveras County Office of Education Special Education Services Administrative Unit:** The Calaveras County SELPA/AU assists the four school districts in providing a continuum of special education services for students throughout Calaveras County. The CCOE SELPA/AU also has direct responsibility for providing the following:

- » Speech and Language Services for Preschool Students
- » Occupational Therapy
- » Adapted Physical Education
- » Physical Therapy
- » Behavior Services
- » Vision Services
- » Deaf and Hard of Hearing Services
- » School Psychologist Services
- » WorkAbility
- » Infant and Toddler Services
- » Assistive Technology Services
- » Behavioral/Mental Health Services
- » Transition Services
- » Nursing is provided by CCOE or the district's nursing staff

## **OTHER COUNTY PROGRAMS**

CalWORKs is a Human Services program that provides cash aid and services to eligible California families. If a family has little or no cash and needs housing, food, utilities, clothing, or medical care, they may be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food, and other necessary expenses. The amount of a family's monthly assistance payment depends on a number of factors, including



the number of people who are eligible and the special needs of any of those family members. The income of the family is considered in calculating the amount of cash aid the family receives. There are other programs and benefits, such as Homeless Assistance, for which a family may qualify by being on CalWORKs.

Specific eligibility requirements take into account an applicant's citizenship, age, income, resources, and other factors. Generally, services are available to families that have an age-eligible child(ren) in the home or are pregnant and deprived due to one or both parents' death, absence, physical or mental incapacity, or unemployment.

CalWORKs parents or caretaker relatives are limited to a total of 48 months of cash assistance. This also applies to any months (from January 1998 on) in which the parent(s) received cash aid from any state. There are, however, certain exemptions to the 48-month lifetime limit which are determined on a case-by-case basis by an eligibility specialist. Once the CalWORKs 48-month lifetime limit is reached, unless an extension is authorized, the adult will no longer be eligible for CalWORKs; however, the children may remain eligible.

The Calaveras County CalWORKs office is co-located in the HHSA main office with CWS, Child Support, and other general assistance programs. This eases the burden on families when accessing services, especially when transportation is a barrier. There are also community outstations located in Angels Camp, Arnold, Copperopolis, Mountain Ranch, Railroad Flat, and West Point.

The number of individuals that are eligible and receiving benefits can vary per household. There is never a waiting list for approval. The only delay in receiving benefits would be mandatory documents that are pending from the individual applying for services. The counties are given 30 days to approve CalFresh and 45 days to approve CalWORKs and Medi-Cal. The counties keep track of cases or individuals receiving benefits by running AdHoc Reports generated from the C-IV system. Currently,

Calaveras has 2,750 CalFresh cases, 6,319 Medi-Cal cases, and 288 CalWORKs cases. Individuals must meet state and/or federal regulations in order to receive benefits. There is never a fee to apply for benefits. Recipients must live in Calaveras County in order to receive benefits from the County.

Calaveras County Public Health implements local, state, and federal goals and mandates for health improvements. It provides services and enforces regulations set forth in the California Health and Safety Code. The Calaveras County Public Health Department works in partnership with the community to ensure optimal health and well-being of all people by preventing disease, injury, and disability, promoting physical and mental health, and protecting them from health hazards. Public Health identifies community health needs, assures the availability of quality health services, and provides effective leadership in developing public health policies. They are committed to working in partnership with Calaveras communities to eliminate health disparities. The Public Health Department provides the following services:

- » **Child Health & Disability Program (CHDP):**  
The CHDP Program provides preventive health screenings for low-income and Medi-Cal eligible infants, children, and youth in Calaveras County. Screenings are provided by local medical providers. Case management and follow-up care assistance are provided.
- » **Childhood Lead Poisoning Prevention Program:**  
The goal of the Childhood Lead Poisoning Prevention Program is to reduce the incidence of lead poisoning in children, youth, and young adults in Calaveras County through education, information, and referrals. The program coordinates with local medical providers to ensure testing and treatment services are available and the source of lead exposure is assessed. There are no eligibility requirements for this program.
- » **Clinical Services:** The Public Health Department offers pregnancy tests, Tuberculin (TB) skin tests, and HIV testing with no eligibility requirements.
- » **Communicable Disease Program:** The



Communicable Disease Program (CD) has as its main goal the prevention of disease transmission. This is achieved by investigation of reportable diseases and surveillance for disease. Information is provided to the public about strategies for preventing the spread of disease. Examples include hand washing, consistent and correct use of condoms, and immunizations. Investigation of reportable diseases ensures that the individual who is ill has received proper treatment, has information to prevent transmission of the disease, and that preventative treatment, when appropriate, is provided to close contacts at risk for disease.

- » **Emergency Preparedness:** This program focuses on preparedness and response activities related to the health impact of any emergency in the county. Public Health collaborates on multiple preparedness and response activities, such as presentations, trainings, drills, and exercises for the public and community partners to coordinate public health emergency preparedness activities. The Emergency Preparedness Program works in partnership with other public health departments, local governments, schools, community-based organizations, professional associations, and a range of healthcare providers and facilities including hospitals, primary care clinics, long-term care facilities, and emergency medical service providers.
- » **Immunizations:** Child, youth, and adult immunizations, vaccine information, including vaccination risk-benefit education, are available through the Immunization Program. Vaccines are available through ongoing community immunization clinics. Seasonal flu vaccine is offered annually through special flu vaccine clinics and at the community immunization clinics. Flu Vaccine clinics are scheduled annually.

## **ALCOHOL AND DRUG TREATMENT**

The Calaveras County Behavioral Health Outpatient Substance Abuse Program is an Outpatient Drug-Free program that is designed to assist participants to develop and use recovery skills while living in

the real world environment. Admission preference is given to pregnant and/or IV drug users. These services are generally six months in duration. Gender-specific groups are also available and all group meetings are 90 minutes in length. The program consists of the following phases:

- » Phase I: Three groups per week for a minimum of six weeks
- » Phase II: Two groups per week for a minimum of six weeks
- » Phase III: One group per week for a minimum of six weeks
- » Aftercare: Two groups per month, for a minimum of six weeks

The Behavioral Health Relapse Prevention group is an Outpatient Drug-Free program, which is specifically designed to assist participants in using the knowledge that has been gained in previous treatment efforts. Admission preference is given to pregnant and/or IV drug users. This group meets twice per week for up to six months.

Behavioral Health has also implemented a new innovative program, the Integrated Dual Diagnosis Project. The plan is to develop and support up to six peer-run weekly support groups that provide strong peer support to adults suffering with substance abuse and mental illness who live in isolated communities of Calaveras County such as West Point, Rail Road Flat, Arnold, Mountain Ranch, Vallecito, Copperopolis, and Valley Springs.

Another important component to this project that will support the self-help model will be to integrate mental health and substance abuse services through the development and implementation of integrated clinical treatment processes. An Integrated Dual Diagnosis Team has been formed to provide assessment, treatment, case management services, and peer-support for adults with co-occurring serious mental illness and substance abuse/dependence. This multidisciplinary team consists of a mental health clinician, the lead case manager, a substance abuse counselor, and peer specialist staff



working closely and consulting with the psychiatrist and psychiatric nurse.

The group counseling capacity is 12 people per group. The program has not had a waiting list for services in several years, instead creating new groups to meet demand. Pregnant and intravenous drug users receive priority placement. Currently, the program is serving 62 participants, having served or attempted to serve over 100 people in the past year. The program is not permitted to turn people away for inability to pay and offers an affordable sliding scale. Generally, the program serves residents of Calaveras County, but occasionally makes exceptions.

## **MENTAL HEALTH**

Calaveras County Behavioral Health Services (Mental Health Program) provides Specialty Mental Health Services to residents of Calaveras County with Medi-Cal and who meet criteria for specialty services. Services provided vary depending upon individual need, and many are time limited. The type, amount, and duration of services are determined during the assessment.

The following services are available to individuals who have mental health needs when the medical necessity criteria are met: Crisis intervention, initial assessment, medication services, case management, and individual and group counseling.

Behavioral Health Services, as part of the Adult Systems of Care, operates the Living Room Recovery and Wellness Drop-In Center. The center is open four days a week, Monday through Thursday, from 9am to 2pm, and is the current site for socialization, education, resources, outreach, and help for people with mental illness, as well as support in achieving recovery in a safe and caring place.

Behavioral Health provides outreach services to older adults through the Senior Peer Counseling Program. This program has trained volunteers, aged 55 years or older, who are matched with older adults determined to be at-risk through community referrals from a range of senior service agencies. The Senior

Peer Counseling Program (SPC) is dedicated to promoting independence, preserving dignity, and enhancing the quality of life through the provision of volunteer support services for at-risk older adults in Calaveras County.

Children's System of Care provides recovery-oriented services to children with severe emotional and behavioral problems, and their families. Services include individual, group, and family therapy; crisis; comprehensive case management; individual recovery plans; outreach and prevention support; family education programs; and parent support groups. Staff members work collaboratively with schools and other agencies throughout Calaveras County to promote family unity and strengthen community support systems.

An Adult Triage Case Manager (Sheriff Liaison), a Children Triage Case Manager, and a Children Triage Peer Specialist are part of the Calaveras Health and Human Services Agency/Behavioral Health Crisis and Outreach Unit, and are available to provide crisis interventions in the community, thereby reducing the number of psychiatric hospitalizations; improving the collaboration between law enforcement, hospital, schools and behavioral health services; reducing the number and frequency of 911 repeat crisis calls and effectively linking individuals with mental illness to community supports to reduce the frequency of crisis situations.

The Crisis and Outreach Unit clinician, case manager, and supervisor are located at the Behavioral Health Mental Health Clinic, and the Triage Case Managers are co-located at the BHS Mental Health Clinic, Children's System of Care office, and the Sheriff's Office next to the dispatchers' station, in order to be able to respond immediately to crisis situations in the community.

The Crisis Unit clinicians, case manager, and clinical supervisor are responsible for rollout to hospital for 5150 evaluations, hospital discharges, and if the situation is an emergency, and will meet with the person seeking crisis services. Follow-up crisis



stabilization services are provided by the BHS Triage Case Managers and Peer Specialists. If a crisis situation occurs in the community, the Triage Case Managers will be contacted to provide outreach to the person in crisis.

Stakeholders reported that although CWS and Behavioral Health work closely and serve the same families through the referral process and case management services, communication and collaboration are areas that could be improved. As mentioned previously, Behavioral Health and CWS may have differing values regarding substance use treatment and what qualifies as medical necessity.

### **TRIBAL PROGRAMMING**

**Kene Me Wu Family Healing Center, Inc.:** A Native American group working to end violence within relationships, families, and the communities. Provides education, assistance, and support to families who are experiencing domestic violence. Staff promotes and advocates for families in an atmosphere that is nonjudgmental, confidential, caring, and provides a safe environment for all. Services include a 24-hour crisis line, individual counseling, talking/healing circles, Court accompaniment, advocacy services, emergency shelter placement, TRO assistance (Temporary Restraining Order), prevention services, cultural trainings, TANF and ICWA referrals, and referrals to various Native and non-Native community agencies. It is located in Sonora and serves Amador, Calaveras, and Mariposa counties. All services are free of charge and confidential. The Center has had no issues meeting the needs of the community.

**MACT Health Board Inc.:** A non-profit Tribal corporation serving Mariposa, Amador, Calaveras, and Tuolumne Counties. These facilities provide medical, dental, behavioral health, and optometry services for the Native American community (Calaveras Band of Me-Wuk Indians and Jackson Rancheria) and the general public in the community.

These services are provided in an atmosphere that respects and supports American Indian traditions, values, and beliefs. There are two locations within the County, in San Andreas and Angels Camp. It is estimated that there are 1,731 "active Indian patients," meaning they have received health care services within the past three years.

In 2014 the MACT Health Board, Inc., Board of Directors created a scholarship program to financially assist students in pursuit of a higher education as they face the challenge of significantly rising costs of obtaining a college degree. The Board of Directors is focused on supporting and transforming the lives of Native Americans and promoting a foundation for a brighter tomorrow. Since 2014, the Native Scholarship Fund has awarded 63 scholarships totaling \$66,750.

**California Tribal TANF Partnership (CTTP):** The CTTP Tribal TANF program utilizes federal and state funds to support a variety of temporary services to Indian families. An eligible Indian child must reside in the home and meet the financial eligibility criteria. Temporary services include cash assistance, educational activities designed to increase family self-sufficiency, welfare diversion assistance, and supportive services. Other services include: life skills workshops, career development, youth services, teen pregnancy prevention program, parenting workshops, and marriage promotion and counseling. CTTP will provide TANF assistance and supportive services to eligible members of their Tribal Partners, and all Native Americans who are members of Federally Recognized or California Judgment Roll Tribes, their families, and their descendants who reside in approved on-reservation and off-reservation service areas. Tribal TANF Cash assistance for Calaveras Native families is administrated thru Tuolumne Me-Wuk Tribal TANF.



# LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS

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To ensure there are opportunities to serve all children and families deemed to be at “imminent risk” of foster care entry, Calaveras 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, Calaveras 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.

Calaveras County also intends to embed the following five service objectives within Phase 1 of CPP implementation to address the major drivers of child welfare system-involvement for children and families:

- » Addressing caregiver substance use disorders (SUDs), especially when co-occurring with domestic violence
- » Supporting families with children experiencing acute behavioral health challenges
- » Expanding access to support programs for families through non-traditional, community-based service pathways
- » Developing and expanding services that can be fiscally and programmatically sustained
- » Expanding access to support programs for families in the more rural and isolated communities through virtual and in-home service delivery models





In Phase 1 of the CPP, Calaveras 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 Target Population(s)	Outcome Objectives
<b>Family Check Up</b>	Mental Health, In-Home Parent Skill Based	<ul style="list-style-type: none"> <li>» Addressing caregiver SUDs</li> <li>» Supporting families w/children w/acute BH needs</li> <li>» Expanding community-based service pathways</li> <li>» Sustainable services</li> <li>» Expanding access to in-home services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased positive parenting practices</li> </ul>
<b>Healthy Families America</b>	In-Home Parent Skill Based	<ul style="list-style-type: none"> <li>» Addressing caregiver SUDs</li> <li>» Supporting families w/children w/acute BH needs</li> <li>» Expanding community-based service pathways</li> <li>» Sustainable services</li> <li>» Expanding access to in-home services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased positive parenting practices</li> <li>✓ Increased nurturing parent-child relationships</li> </ul>
<b>Homebuilders</b>	In-Home Parent Skill Based	<ul style="list-style-type: none"> <li>» Addressing caregiver SUDs</li> <li>» Supporting families w/children w/acute BH needs</li> <li>» Expanding community-based service pathways</li> <li>» Sustainable services</li> <li>» Expanding access to in-home services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reduced out-of-home placement</li> <li>✓ Increased child permanency (planned permanent exits)</li> <li>✓ Increased adult well-being (economic and housing stability)</li> </ul>
<b>Motivational Interviewing</b>	Substance Abuse/ Cross-Cutting	<ul style="list-style-type: none"> <li>» Addressing caregiver SUDs</li> <li>» Supporting families w/children w/acute BH needs</li> <li>» Expanding community-based service pathways</li> <li>» Sustainable services</li> <li>» Expanding access to in-home services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Decrease in youth substance use</li> <li>✓ Decrease of parent/ caregiver substance use</li> <li>✓ Improved physiological, psychological, and lifestyle outcomes</li> </ul>
<b>Parent-Child Interaction Therapy</b>	Mental Health	<ul style="list-style-type: none"> <li>» Addressing caregiver SUDs</li> <li>» Supporting families w/children w/acute BH needs</li> <li>» Expanding community-based service pathways</li> <li>» Sustainable services</li> <li>» Expanding access to in-home services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reduction in child negative behaviors</li> <li>✓ Increased positive parenting practices</li> <li>✓ Improvement of parent/ caregiver emotional and mental health</li> </ul>
<b>Parents as Teachers</b>	In-Home Parent Skill Based	<ul style="list-style-type: none"> <li>» Addressing caregiver SUDs</li> <li>» Supporting families w/children w/acute BH needs</li> <li>» Expanding community-based service pathways</li> <li>» Sustainable services</li> <li>» Expanding access to in-home services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased number of developmental milestones met</li> <li>✓ Increased positive parenting practices</li> <li>✓ Improvement of parent/ caregiver emotional and mental health</li> </ul>



# LOGIC MODEL



## TARGET POPULATIONS

Families living in poverty • Families with BIPOC children • Families living in rural/isolated areas • Youth with behavioral health challenges • Households where youth and/or caregivers abuse substances



## COMMUNITY NEEDS

- » Limited affordable housing throughout the County
- » High rates of families living in poverty, specifically BIPOC families
- » Social isolation in rural areas of the county
- » High rates of substance abuse
- » Limited affordable childcare resources
- » High rates of suicide and other mental health needs
- » Limited service providers to meet needs of families



## INPUTS

- » Enhanced MOUs and contracts with CBOs to expand capacity and provide eligible services
- » Critical administrative supports, including: information technology tools; interagency collaboration; training and workforce supports
- » Accessible policies clearly outlining Family First Practices and Policies
- » Semi-structured eligibility determination and service selection processes

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

Family Check Up • Healthy Families America • Homebuilders • Motivational Interviewing • Parent-Child Interaction Therapy • Parents as Teachers



## OUTPUTS

- » Widespread community engagement and understanding of FFPSA implementation strategies
- » Services tailored to the needs of all eligible communities, with a focus on rural and isolated communities
- » Access to accurate and comprehensive data
- » Consistent engagement and partnership with CBOs and families
- » Buy-in and support from staff, stakeholders, partners, and community members
- » Enhanced capacity of County and service partners to deliver EBPs



## SHORT-TERM OUTCOMES

- ✓ Lowered poverty rates throughout the County
- ✓ Racial disparity in the child welfare system is reduced; Expanded services are available to youth with behavioral health challenges; Increased availability of support services in rural/isolated areas of the county
- ✓ Increased positive parenting practices
- ✓ Increased child permanency (planned permanent exits)
- ✓ Increased adult well-being (economic and housing stability)
- ✓ Decrease in youth substance use
- ✓ Decrease of parent/caregiver substance use
- ✓ Reduction in child negative behaviors



## LONG-TERM IMPACT

- ✓ Families in Calaveras County are strengthened and stabilized
- ✓ Reduced counts of child maltreatment
- ✓ Decreased rates of removal and placement into foster care
- ✓ Reduced foster care census



# CPP SPENDING PLAN

FUNDING SOURCES:		CDSS (Required)	CDSS (Required)	CDSS (Required)	CDSS	CDSS	
ALLOCATIONS:							
Activity/ Service Name	Fiscal Agent	Grantee/ Contractor	Spending Time Frame	GF State Block Grant Child Welfare	GF State Block Grant Probation	FFTA	ARPA-CBCAP
<b>PREPLANNING:</b>							
CPP data compilation and analysis, written plan	Health and Human Services Agency Social Services	Social Change Partners	FY22-23	\$50,000			
			<b>SUBTOTAL</b>	\$50,000	\$0	\$0	\$0
<b>DEVELOPMENT OF PLAN:</b>							
FFPS and CPP training	Health and Human Services Agency Social Services	Social Change Partners	FY 23-24	\$37,500			
Implementation consultation	Health and Human Service Agency Social Services	Social Change Partners	FY 23-24			\$75,000	
			<b>SUBTOTAL</b>	\$37,500	\$0	\$75,000	\$0
<b>DELIVERY OF SERVICES/IMPLEMENTATION:</b>							
EBP Implementation: Healthy Families America, Differential Response	Health and Human Services Agency, Social Services	First 5 Calaveras	FY 23-24			\$18,772.40	
EBP Implementation: High Fidelity Wraparound	Health and Human Services Agency Social Services	EA Family Services	FY 24-25	\$95,000			\$50,000
EBP: Homebuilders	Health and Human Services Agency Social Services and Calaveras Probation	Sierra Child and Family Services	FY 24-25	\$100,000	\$50,000		
Administrative Cost	Health and Human Services Agency		FY 23-24	\$17,500			
Administrative Cost	Health and Human Services Agency		FY 24-25		\$25,000	\$9,033.60	
			<b>SUBTOTAL</b>	\$212,500	\$75,000	\$27,806	\$50,000
			<b>TOTAL</b>	\$300,000	\$75,000	\$102,806	\$50,000



# ADDITIONAL ASSURANCES

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## **Assurances Template**

### **FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES COUNTY OF CALAVERAS**

*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), Calaveras Health and Human Services, Child Welfare and Calaveras County Probation 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 Calaveras Health and Human Services, Child Welfare and Calaveras County Probation assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. County Title IV-E agencies that contract with community-based organizations, assure how safety will be monitored and the oversight of periodic risk assessments conducted by the community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

#### **Workforce Development and Training Assurance**

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the Calaveras Health and Human Services, Child Welfare and Calaveras County Probation 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**

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

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

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

**Advancement of Fairness and Equity Strategies Assurance**

In accordance with the Governor’s Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the Calaveras Health and Human Services, Child Welfare and Calaveras County Probation assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

**Assurance of Coordination with Local Mental Health**

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f) (3), the Calaveras Health and Human Services, Child Welfare and Calaveras County Probation 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.*

Mayle Johnson  
Mayle Johnson (Jul 31, 2023 15:45 PDT)

(DATE)

(SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE)

Kim Craddock  
Kim Craddock (Jul 31, 2023 15:44 PDT)

(DATE)

(SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE)



# APPENDIX I

## Calaveras County Capacity Assessment: Summary of Findings and Areas to Address

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

- ✓ Key strengths (selected from areas noted as “Established”).
- ✓ Key areas for improvement (selected from areas noted as “Emerging” and “Absent or missing”) and major challenges or barriers that may affect readiness for implementation (e.g., leadership turnover, resource constraints, conflicting expectations, resistance to change).
- ✓ Possible strategies that Title IV-E agencies, other public organizations and community partners can use to develop capacity or address the challenge/barrier and potential next steps.

Use this summary and responses to the questions on the next page to support capacity building efforts.

Domain	Strengths	Areas to Develop and Challenges	Possible Strategies and Next Steps
Motivation for Change	Leadership, community agencies are ready and motivated to change, and have a shared resolve. Overall the vast majority (over 85%) found this to be emerging or established. Community partners are grateful for prevention planning efforts.	<ul style="list-style-type: none"> <li>» Need for follow through on talk about change. Need stronger collaboration. Sometimes services overlap, families are passed from one agency to another.</li> </ul>	The need for Probation representation is noted, and how to integrate the ILT (Interagency Leadership Team) into the Family Wellness Coalition (FWC) is critical. Probation not only serves children, but also provides support services to parents.
Provider Capacity and Capability	Meetings are regularly coordinated. Good communication regarding meetings. Leadership has encouraged and is extremely supportive of open and honest communication. This is true for many of the leaders of local organizations. Supervisors are using the terminology and providing reflective supportive communication during a variety of types of meetings. There is stability within Child Welfare and Probation.	<ul style="list-style-type: none"> <li>» Information sharing needs improvement.</li> <li>» Sharing resources with community members is an issue, no centralized place for people to go to learn about what is available and new initiatives.</li> <li>» County has seen a turnover in leadership in the past few years.</li> <li>» Training is a high priority, but high turnover makes this a challenge.</li> </ul>	The need for a centralized resource for information on programs, initiatives and services has been raised in the community survey and in the Capacity Assessment.



Domain	Strengths	Areas to Develop and Challenges	Possible Strategies and Next Steps
<p><b>System Capacity and Capability/ Infrastructure</b></p>	<p>In the last few years an increase in technology and facilities have occurred, however, there is still a greater need for resources in order to implement successful, long-term comprehensive prevention.</p>	<ul style="list-style-type: none"> <li>» History of collaboration, however there is room for improvement/more collaboration/shared goals.</li> <li>» Working on public input, working on tribal representation.</li> <li>» Maintaining staffing levels is a problem. Need more staff to provide programs, enhance collaboration, and decrease burnout.</li> <li>» Unknown if staff have sufficient resources to analyze data and develop Comprehensive Prevention Plan</li> <li>» Resources and investment is needed in technology to support the Comprehensive Prevention Plan</li> </ul>	<p>Plans to involve the public in the planning process in an on-going way. Build this into gatherings. Tribal TANF just began Wellness classes again, and is also trying to establish youth activities. These are opportunities to obtain input and feedback on the CPP.</p>
<p><b>Policy Supports</b></p>	<p>Appreciate that our Director is a strong leader &amp; is willing to stand up for what she believes is right.</p> <p>There are many MOUs and contracts within this county. The plan is extremely supportive of existing programs and aligns with county practices.</p>	<ul style="list-style-type: none"> <li>» Communication can be spotty, sometimes very good, other times not.</li> <li>» Intent is there for data sharing, MOUs exist.</li> </ul>	<p>Identify areas for data sharing so that outcomes can be measured.</p>



# APPENDIX II

## Capacity Assessment

Contact Information for Title IV-E Agency

Lead First Name: Mayle Last Name: Johnson

Agency/Organization Name: Calaveras County Health and Human Services Agency

Email Address: mjohnson@co.calaveras.ca.us

Phone Number: 209-754-6548

Cross-sector Partner Contact Information

First Name: Fara Last Name: Roberts

Title: Amador and Calaveras CASA Programs

Agency: Nexus Youth & Family Services

Email Address: froberts@nexusyfs.org

Phone Number: 209-257-1980 ext 108

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	Notes/Rationale/ Attachments
Motivation for Change	Leadership Buy-In	Leadership states change is needed and beneficial	1	<ul style="list-style-type: none"> <li>» This category was rated as almost established.</li> <li>» While there have been talks of upcoming change, there has not been follow through.</li> <li>» Most organizations understand change is needed and beneficial, but may not feel they have the capacity.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» Things need to change. Leadership is ready but needs some guidance and initiative. Community partners are grateful for the intervention for prevention planning.</li> </ul>
Motivation for Change	Stakeholder Buy-In	Stakeholders state change is needed and beneficial	1	<ul style="list-style-type: none"> <li>» Sending this survey out to get our input is the first step.</li> <li>» This is a good time to move forward while partners are ready and motivated.</li> </ul>



Domain	Subdomain	Item	Rating	Notes/Rationale/ Attachments
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	<ul style="list-style-type: none"> <li>» There is a desire for stronger community collaboration between agencies and partners. Many times it feels like one organization is isolated in supporting a family with a single service before needing to 'pass them on' to another agency that offers different services. Or, multiple organizations try to support a family with overlapping resources. Collaboration and change would increase efficiency and the use of resources.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» Probation and some other partners are not on board.</li> </ul>
Provider Capacity and Capability	Information Sharing and Exchange	Best practices for sharing information is established	1	<ul style="list-style-type: none"> <li>» Not aware of how much information sharing currently exists.</li> <li>» There has been a strong start to information sharing, however, there is still room for improvement.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I hear the terminology used more often re: best practices.</li> </ul>
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	<ul style="list-style-type: none"> <li>» It is difficult for every agency to be included, join, or know where to search for new initiatives. Additionally, there is no central place (such as a website) to direct people to resources as every agency has its own way to share its programs/ resources.</li> <li>» Sending this survey out to get our input is the first step.</li> </ul>
Provider Capacity and Capability	Established Meeting Frequency	Meetings (in person, virtual, telephonic) are regularly coordinated	1	<ul style="list-style-type: none"> <li>» This area is unknown to me.</li> <li>» Various coalitions have been formed and are now meeting.</li> <li>» There are multiple meetings that are regularly coordinated.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I find there is good communication regarding meetings such as PCAC, Family Wellness Coalition, and workgroups.</li> </ul>



Domain	Subdomain	Item	Rating	Notes/Rationale/ Attachments
Provider Capacity and Capability	Transparent Communication with Cross-Sector Partners	Leaders practice reflective, supportive communication	1	<ul style="list-style-type: none"> <li>» From what I have personally witnessed, leadership has encouraged and is extremely supportive of open and honest communication.</li> <li>» This is true for many of the leaders of local organizations, however, there is still room for improvement and opportunity for additional leaders to participate.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» Supervisors using the terminology and providing reflective supportive communication during a variety of types of meetings.</li> </ul>
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	<ul style="list-style-type: none"> <li>» I have witnessed stability within Child Welfare and Probation. I do not have knowledge of stability among leadership of public organizations and community partners.</li> <li>» Our county has recently seen a large turnover in leadership in the last couple of years. It is natural that time is needed to grow capacity and stability. However, there is a clear motivation.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» There seems to be a recent steady leadership that embraces this positive change.</li> </ul>
Provider Capacity and Capability	Organizational Equity	Organizational culture is inclusive and diverse	1	<ul style="list-style-type: none"> <li>» Calaveras is as diverse as can be, given our rural locale. Certainly diverse when including gender identity, body shape, size and age of employees.</li> <li>» Many organizations are very focused on inclusivity. There are some that are restricted by who is eligible for their services (because of laws or funding), but that does not mean there is a lack of desire to work with other organizations or be inclusive and diverse with whom they serve.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I like to believe it is a reflection of being diverse but am yet to see this 100% of the time.</li> </ul>



Domain	Subdomain	Item	Rating	Notes/Rationale/ Attachments
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	<ul style="list-style-type: none"> <li>» Leadership welcomes involvement in discussions.</li> <li>» Since there has been such a high number of staff changes within organizations, capacity is slowly growing. Time and staff numbers may create a challenge for those who can be involved in discussions and decisions. There is not a lack of desire, simply a question of capacity.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» There are multiple opportunities presented to participate in this process, but not every agency is informed/ involved.</li> </ul>
Provider Capacity and Capability	Adaptability	Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization	1	<ul style="list-style-type: none"> <li>» Training is not only required, but is encouraged. Learning new concepts/ideas is supported.</li> <li>» I believe many organizations highly encourage training opportunities and innovation.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» It is clearly stated that it is supported to learn about this planning process and prevention strategies.</li> </ul>
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	<ul style="list-style-type: none"> <li>» Once again, I have no knowledge of this.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» Appears that way.</li> </ul>
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	<ul style="list-style-type: none"> <li>» This question depends on the organization. Many have committed adequate time and resources, however, some may feel they lack the resources to do so.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I don't know what kind of time and resources have been committed from other agencies.</li> <li>» Appears that way.</li> </ul>

Domain	Subdomain	Item	Rating	Notes/Rationale/ Attachments
System Capacity and Capability	History of Cross-Sector Partnerships	History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners	1	<ul style="list-style-type: none"> <li>» It depends on what 'history' is defined as. In the last few years, there has been clear growth in these areas.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» Appears that way.</li> <li>» Room for improvement/more collaboration/ shared goals.</li> </ul>
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.	1	<ul style="list-style-type: none"> <li>» No knowledge of efforts to include these various groups/populations in the decision-making process.</li> <li>» Each organization has communication methods in place for those they serve.</li> <li>» I don't know.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» We are getting there!</li> <li>» Not sure what has been done in this areas to involve the public in this process.</li> <li>» Working on identifying a tribal representative, have lived experience representative - but there is no real structure yet.</li> </ul>
System Capacity and Capability	Community Involvement	Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.	1	<ul style="list-style-type: none"> <li>» No knowledge.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» Unknown to me</li> <li>» Some agencies don't stick with it, and staff shortages impacts participation.</li> </ul>
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).	1	<ul style="list-style-type: none"> <li>» No knowledge.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» Not sure as do not know who participates and who needs to participate.</li> </ul>



Domain	Subdomain	Item	Rating	Notes/Rationale/ Attachments
System Capacity and Capability	Implementation Support for CQI	Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.	1	<ul style="list-style-type: none"> <li>» No knowledge.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» This terminology is reflected in the meetings and lingo expressed when discussing the comprehensive prevention plan.</li> </ul>
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	1	<ul style="list-style-type: none"> <li>» No knowledge.</li> <li>» It is my understanding that most organizations track and monitor their individual impacts.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I do not know.</li> </ul>
System Capacity and Capability	Adequate Staffing	Staffing levels support effective functioning and implementation of new programs and practices	1	<ul style="list-style-type: none"> <li>» Difficult to maintain appropriate staffing levels.</li> <li>» As the number of community members served, programs offered, and support quality increase, there needs to be an increase in staffing levels as well. While there are many dedicated, high-capacity staff members in organizations throughout the county, an increase in staff would decrease burnout and staff turnover. It would also increase opportunities for collaboration between agencies and allow increased support for the community members.</li> <li>» Sending this survey out to get our input is the first step.</li> </ul>
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.	1	<ul style="list-style-type: none"> <li>» Unknown.</li> <li>» It depends on the organization.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I do not know.</li> </ul>

Domain	Subdomain	Item	Rating	Notes/Rationale/ Attachments
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	1	<ul style="list-style-type: none"> <li>» Unknown.</li> <li>» In the last few years an increase in technology and facilities have occurred, however, there is still a greater need for resources in order to implement successful, long-term comprehensive prevention.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I do not know but would take a guess that there are resources as needed.</li> </ul>
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	<ul style="list-style-type: none"> <li>» Unknown.</li> <li>» I appreciate that our Director is a strong leader &amp; is willing to stand up for what she believes is right.</li> <li>» Sending this survey out to get our input is the first step.</li> <li>» I do see sometimes a positive working relationship then other times no communication at all between the organizations.</li> </ul>
Policy Supports	Data Sharing Agreements	There are data linkage and information sharing agreements among Title IV-E agencies, other public organizations and community partners.	1	<ul style="list-style-type: none"> <li>» Unknown.</li> <li>» Don't have sufficient knowledge to answer the question.</li> <li>» There are many MOUs and contracts within this county.</li> <li>» I believe the intent is there for sharing and providing a comprehensive plan.</li> </ul>
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	1	<ul style="list-style-type: none"> <li>» Unknown.</li> <li>» I do believe the plan is extremely supportive of existing programs and aligns with county practices.</li> </ul>



