

# Comprehensive Prevention Plan

## Kern County

2023 – 2026



Comprehensive Prevention Plan Signature Sheet

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For submittal of: CPP

County Kern County

CPP Period Dates 2023-2026

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## Introduction

### **Families First Prevention Services Act (FFPSA)**

The Bipartisan Budget Act of 2018, Public Law (P.L.) 115- 123 was signed into law on February 9, 2018. P.L. 115-123 includes the Family First Prevention Services Act (FFPSA) in Division E, Title VII. FFPSA amends the title IV-B, subparts 1 and 2 programs to reauthorize and make other revisions, the title IV-E foster care program to create new optional prevention funding under title IV-E, place title IV-E payment limits on child care institutions, reauthorize the Adoption Incentives Program, and other changes. The prevention funding provision allows for the provision of specified evidence-based mental health, substance use, and in-home parent skill-based services to children and youth at imminent risk of entry into foster care, their parents or kin caregivers and pregnant or parenting youth in foster care.

The All County Letter 22-23 outlines that the goal is to make prevention more available and accessible to reduce the number of children entering foster care. In 2021, California established Family First Prevention Services (FFPS) in Welfare and Institution Code (WIC) 16585-16589 as an opt-in program for county and Tribal Title IV-E agencies to develop and implement Title IV-E prevention services as part of comprehensive prevention, early intervention services and to address child well-being.

Per the requirements set forth in WIC §16588, county child welfare agencies and/or probation departments receiving the State Block Grant for the FFPS Program are required to develop and submit a three-year Comprehensive Prevention Plan (CPP) that includes primary, secondary and tertiary prevention services. All County Information Notice 1-73-21 outlined the requirements for the CPP, which this report follows.

Kern County Department of Human Services opted in to the FFPS program as well as the FFPS State Block Grant and the federal Family First Transition Act funding.

## Asset Mapping/Needs Assessment

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

### **Assessment Process Results**

Kern County conducted an in-person large group stakeholder event to conduct asset mapping, needs assessment and capacity assessment on August 23, 2022. The June event drew 50 attendees from public and private sector organizations, transition age youth and interested residents. The facilitated process asked participants to consider what resources are available, and what is needed, to prevent child maltreatment generally and to reduce the imminent risk of children entering foster care where sufficient safety can be identified and strengthened through additional family services.

Please see Attachment A for the Asset Mapping and Needs Assessment outcomes.

On February 14, 2023, a second convening was held with past and new participants included for feedback focusing on primary and secondary prevention services. Please see Attachment B for a detailed summary of the stakeholder feedback.

### **Current Conditions Impacting Families and Children**

The stakeholder gathering identified a variety of conditions, which negatively impact child well-being and increase the likelihood of child maltreatment. Minimum wage jobs that fail to provide benefits coupled with the lack of access to affordable childcare, the high cost of food and the lack of access to healthy nutrition in their local stores, and an inadequate supply of affordable housing is stressing many families in Kern County. These absolute and perceived needs are a source of stress for urban and rural families. Minimum wage jobs may require adult caregivers to seek multiple positions to “make ends meet.” The inadequate supply of childcare while the adults work multiple jobs can lead to increased risk of child neglect with siblings providing care for various lengths of time. The stakeholders also identified that poor access to healthy food and access to health care increases the risk of hunger and illness, which for families living on the edge, often results in missing hours at work and the hourly wage needed to provide the necessities.

### **Current Service Array**

Kern County is served by an impressive number of service providers. It is important to note that Kern County is challenged by geography. The County is physically quite large and while much of the population resides in Bakersfield and neighboring communities, there are residents experience great need that are literally hours away from many services.

At the stakeholder event in August 2022, participants identified individuals, institutions and resident associations that contribute to the social safety net for at-risk families. Participants also identified how their services might prevent child maltreatment and enhance child wellbeing for the general population, as well as, for those at general risk or those at specific risk of child maltreatment. Child welfare workers consistently see the strong connection between high levels of child neglect resulting from the socio-economic conditions. When interventions finally occur, the help may often be too little and too late.

The community and families at risk currently receive services from multiple public and private agencies. The services provided are often narrowly constructed or tailored to meet one specific area of family need with modest levels of coordination between service providers. This leads to significant levels of compartmentalized or episodic care and very low levels of holistic care. Health care systems, mental health care system especially, are difficult to access because of high patient volumes and limited services for those without insurance or with Medi-Cal. Youth with Medi-cal can typically be seen within two weeks and if the need is urgent, more immediately and many clinics have same day walk in assessments. As previously noted, the rural areas of Kern County often have more needs and fewer services. These “service deserts” often are challenged to provide and sustain prevention and intervention activities.

Almost all public and private service providers are experiencing profound staffing challenges. Insufficient numbers of trained professionals and paraprofessionals are available to meet the needs of residents and service delivery is most often provided well after any crisis the precipitated the request for services. The caseloads for health care and mental health care providers continues to grow because of economic conditions and ongoing effects of the COVID pandemic, and with no relief in sight, is leading to many care providers to leave the field or reduce their hours for their own mental health.

**Proposed Service Array:**

Kern County has selected an array of new services, expansion of existing services, and outreach for successful services to promote prevention as part of FFPSA. The following services are outline by primary, secondary, and tertiary services and further defined as new, expanded, or outreach.

As noted in the Spending Plan, Attachment E, some prevention services would be contracted for funding for an additional year, if the State Block Grant is extended through the 2024/25 fiscal year.

**Primary Prevention**

**Child Abuse Prevention Education, Public Awareness and Network Development Services**

The Kern County Network for Children (KCNC) was designated by the Kern County Board of Supervisors as Kern’s Child Abuse Prevention Council on October 27, 2009. KCNC fulfills California’s Welfare and Institutions Code Section 18982’s required roles and activities for Child Abuse Prevention Councils and provides a number of primary prevention services.

Child Abuse Prevention Education, Public Awareness and Network Development Services provided by KCNC include:

- Providing child abuse and neglect awareness and prevention information, training announcements, and community resource information emails sent at least monthly to more than 2,000 community members and service providers throughout Kern County. Recipients who receive these messages include: Kern policy makers; law enforcement personnel; schools; mental health, substance abuse treatment and medical providers; faith-based and community service organizations; employment services; Family Resource Centers; Child Welfare staff; Probation staff; social service providers; local businesses; local legislators; and, community members. Community awareness activities also include Op-ed articles, child abuse prevention month activities, media interviews, and information posted on the Kern County Network for Children’s website: [www.kcnc.org](http://www.kcnc.org).
- Planning and facilitating monthly General Collaborative meetings, attended by an average of 86 service providers and community members, that include presentations regarding child abuse and neglect awareness and prevention (e.g. safe sleep, shaken baby syndrome, and water safety), a continuum of community resources (e.g. housing/utility assistance, employment services, mental health and education services, etc.), and provide participants with an opportunity to make announcements about community events they are participating in/hosting, new programs they are launching, changes to existing services, etc. Meeting agendas are specifically designed to help increase the capacity of

and promote networking among service providers throughout Kern who are serving children and families. Service providers who attend represent the following types of agencies/organizations: law enforcement; schools, mental health, substance abuse treatment and medical providers; faith-based and community service organizations; employment services; Family Resource Centers; Child Welfare; Probation; and, social services.

- Planning and facilitating free monthly trainings, attended by an average of 80 service providers and community members, on issues that children and families at-risk of experiencing child abuse and neglect struggle with (e.g. domestic violence, substance abuse, mental illness, etc.); mandated reporter training; and, strategies available to help strengthen families (e.g. the Family Strengthening Protective Factor Framework, Trauma Informed Care, Motivational Interviewing, etc.).
- In an effort to provide prevention education to at-risk populations who may not otherwise receive them, KCNC publishes an annual Family Activity Calendar. Each calendar includes space for users to keep track of appointments, each month includes a child abuse prevention message, there's a place in the front for the user to record service provider contact information, and the back of the calendar includes referral information for key concrete supports that families routinely need (e.g., mental health, health, food, etc.). Calendars are printed in both English and Spanish and are distributed to: parents who are referred to Differential Response service countywide, current/former foster, homeless and/or parenting youth who visit the KCNC's Dream Center, a one-stop resource center for current/former foster youth.

#### **Motivational Interviewing – Expanded Prevention Service**

Motivational Interviewing is a well-supported practice that is included in the programs options for Title IV-E funding for FFPSA. Kern County has selected this model for use as a foundation tool for shared language and approach for primary, secondary and tertiary prevention. As this practice would be very difficult to monitor for fidelity and ensure services are provided countywide, we have instead opted to utilize funding to provide training to public agency staff as well as community-based organizations countywide with a goal of training at least 300 providers during this three-year plan for improved family engagement and service provision.

#### **Family Advocate for Tribal Families – New Prevention Service**

The Kern County Department of Human Services is partnering with the Bakersfield American Indian Health Project to fund a Family Advocate (FA) for tribal families in kern County. Our Tribal partners have expressed that this is an unmet need within the tribal community in Kern County to assist families to access needed prevention services and navigate the eligibility and child welfare systems. The FA advocates for clients and partners to understand relevant healthcare and child welfare system navigation and rights, informs clients of their rights, assists clients in self-determination, and provides ongoing support and assistance to native families and youth. The FA helps ensure that services are available to clients and that clients and partners are treated with dignity, respect, fairness, and equity. The highest level of discretion and integrity is required to respond to complaints and concerns and maintain an independent role as part of

the multi-disciplinary team reviewing grievances. Incumbents must possess a high level of initiative and professional judgment in alignment with HIPAA, Business & Professionals Code of Conduct, and ethical discipline.

FA duties include but are not limited to conducting telephone and personal intake interviews, providing appropriate information, materials and/or referral to all contacts not eligible for case level services, determining eligibility for case level services within agency policies and priorities, supporting and advocating for native populations within the child welfare system and supporting program staff. Additionally, the FA participates in all Indian Child Welfare Act (ICWA), child welfare, family & social services matters, and collaborates with states, county, tribal, and nontribal government & government agencies.

### **Protective Factors Brochure – New Prevention Service**

Kern is participating as a pilot county for the Protective Factors Brochure in coordination with CDSS and the Child and Family Policy Institute of California. The brochure is being developed for those families who have primary and secondary prevention needs to strengthen their protective factors. As Kern County is the third largest county by size, we have both rural and urban centers, each with their own service needs. With this in mind, Kern is piloting this brochure for families by geographic region, to improve community knowledge and access to resources as well as for disproportionately impacted populations, such as our American Indian families. We are also developing a network of providers, in a variety of settings, to provide this brochure for maximum impact on the community and for sustainability of the service.

To increase the number of Kern County service providers and stakeholders who are trained in the Family Strengthening Protective Factors Framework, 11 stakeholders will be completing a Protective Factors Training for Trainers conducted by the Children’s Trust Fund Alliance. Once the trainers complete this training they will be providing a series of free Protective Factors trainings annually.

### **Help Me Grow Brochure – Outreach for Prevention Service**

The Help Me Grow Program is an initiative funded by First 5 Kern, the Mental Health Services Act (MHSA), Kern Behavioral Health and Recovery Services, and a partnership with Community Action Partnership of Kern (CAPK) 2-1-1 Kern, to increase developmental screening in Kern County, and link children to needed services in our community. Help Me Grow Kern enables parents and caregivers the opportunity to perform the Ages and Stages Questionnaires® to determine how their child is progressing. Using a family friendly and easy to understand brochure, a caretaker can evaluate a child’s development. Early identification of social-emotional challenges can make all the difference to a young child. The proof is undeniable: the earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. Accurately identifying behavior through screening paves the way for next steps, further assessment, specialized intervention or ongoing monitoring, to help children reach their fullest potential during their most formative early years. This program referred 608 children in FY 2021/22 for developmental screenings, up from 557 the previous year. The goal of the



outreach for FFPSA will be to increase awareness of this program and increase the use of this service to address the need in Kern County for more services for developmental needs.

According to data from the U.S. Census, Kern County has a much higher percentage of youth with a disability compared to the state overall (3.4% vs. .9%), however the rates of youth receiving special education services in Kern County is lower than the state overall which raises concerns that children may be in need of more specialized education services. Early identification and screening can address this gap.

Kern County Child Protective Services and Differential Response, will provide the brochure to all families with a child 5 and under during investigations and case management services.

### **Family Resource Centers – Expanded Prevention Service**

As previously noted, the Family Resource Centers were identified by stakeholders as the community hub for Primary and Secondary prevention services in Kern County. Due to the sprawl of the county, there are many rural areas with limited services but significant needs for families. The FRC's function as the most localized service provider in many small communities. Kern's Differential Response services are co-located in several of them. In Kern County, the FRC's work in coordination with a Collaborative network. Local collaboratives are not entities in and of themselves, but rather a collection of organizations and people representing businesses, government, nonprofits, schools, and community residents, all of who are passionate about children. Local collaboratives work hand-in-hand with their many partners and the Kern County Network for Children's Governing and Advisory Boards to develop real solutions that truly meet the needs of community residents.

Most Collaboratives in Kern County have completed a Collaborative Accreditation process. Accreditation (willingly submitting to self-study and evaluation) builds commitment and fosters deeper understanding of collaboration among group members, area residents, service partners, funders, and policy makers. The accreditation process was also designed to promote a uniform child well-being agenda throughout the county. The ultimate goal of this process is to measurably improve outcomes for all children and their families.

The collaboratives inform the FRC's of the local needs and availability of assets on regular basis so FRC's can be aware of the most current information on resources for families.

Based on feedback from stakeholders and the strong network supporting FRC's, it was determined that this would be the main focus for Primary Prevention in Kern. This will be accomplished in two ways, outreach and mini grant funding. Messaging about prevention will be focused on highlighting FRC's throughout Kern County to make them the first stop for families in need. The Collaboratives and FRC's now meet monthly to update information on services provided and this easy to distribute information is being sent out to partners throughout the county. The Kern County Department of Human Services has included information for the Kern FRC's on its public website as a highlight of community resources and will include the FRC information on handouts for clients and partnering agencies. Due to the expected increase in

use of FRC's overall, funding will also be provided to successfully meet the demands associated with more families requesting support.

### **California Community Schools Partnership Program (CCSPP) – Outreach for Prevention Services**

A community school is any school serving pre-Kindergarten through high school students using a “whole-child” approach, with “an integrated focus on academics, health and social services, youth and community development, and community engagement.” As a school improvement strategy, community school initiatives enable the local education agency (LEA) and school to work closely with educators, students, and families to understand and address the unique needs, assets, and aspirations of the school community.

Community schools then design their own curricula and programs to support the whole child and partner with community-based organizations (CBO) and local government agencies to align community resources to realize a shared vision for success. They improve student outcomes by addressing students' academic, cognitive, physical, mental, and social-emotional needs. In addition to orchestrating governmental and community resources, community schools meet the needs of children and youth by building a positive school climate and trusting relationships, along with rich learning opportunities that prepare all students to succeed in college, career, and life. In order to achieve these transformational outcomes, The CCSPP Framework leans heavily on the four established pillars of the community schools movement. Current statute regarding the CCSPP aligns well with the research. Specifically, community schools are defined in statute as public schools with “strong and intentional community partnerships ensuring pupil learning and whole child and family development,” including the following features:

- Integrated student supports, which can support student success by meeting their academic, physical, social-emotional, and mental health needs. Statute defines this as including the “coordination of trauma-informed health, mental health, and social services.” Effectively supporting students also requires that students be well known so that they can be well served.
- Family and community engagement, which involves actively tapping the expertise and knowledge of family and community members to serve as true partners in supporting and educating students. Statute defines this as including “home visits, home-school collaboration, [and] culturally responsive community partnerships.” Learning opportunities for family members as well as structures and opportunities for shared leadership are other important elements of authentic family engagement.
- Collaborative leadership and practices for educators and administrators that establish a culture of professional learning, collective trust, and shared responsibility for outcomes in a manner that includes students, families, and community members. Statute defines this as including “professional development to transform school culture and climate that centers on pupil learning and supports mental and behavioral health, trauma-informed care, Social Emotional Learning [and] restorative justice.”
- Extended learning time and opportunities that include academic support, enrichment, and real-world learning opportunities (e.g., internships, project-based learning). Statute refers to these opportunities as both “extended learning” and “expanded learning” and defines them as including “before and after school care and summer programs.”

Expanded learning opportunities can also include tutoring and other learning supports during school hours.

In coordination with the Kern County Superintendent of Schools and as part of FFPSA, outreach will be done to support this important initiative. Kern recognizes the importance of prevention of this type and done in coordination with school settings. This is a natural evolution of the FRC's, to continue this form of community based support for families. The expanded outreach needed for this program at this time is to highlight the schools and districts who have received funding for planning and for implementation and work with community partners who may offer a service identified through the needs assessment for what is needed in a specific community. This will be done with a standing agenda item in the monthly Kern CARES meeting that is comprised of community stakeholders focusing on prevention services.

### **Black Infant Maternal Health Initiative (BIMHI) – Outreach for Prevention Service**

Kern County has been identified as lacking the appropriate healthcare resources and has a rising population of children compared to the decline statewide. California overall has a mortality ratio for Black mothers six times higher than for white mothers. In Kern specifically, the percentage of premature black infants and underweight black infants is approximately 1.2 times higher than the state average and the black maternal death rate is 1.5 times higher than the state. Beginning in 2021, a steering committee was formed between local agencies to focus on addressing outcome disparities for black infants and mothers. This committee has grown and has now released a three year strategic plan for 2022-2025. The three goals are as outlined below:

1. By June 30, 2025, will increase by 3% African American/Black health care professionals in Kern County by hosting a public awareness campaign, creating a two-year paid internship, and creating an educational pathway through local colleges.

2. By June 30, 2023, mental health will be addressed as a factor for African American/Black infant and maternal mortality by facilitating focus groups and sister circles, while implementing a three-year phased public awareness campaign.

3. by June 30, 2025, provider awareness of African American/Black infant and maternal health disparities will be measurably increased by encouraging healthcare provider attendance at presentations and trainings.

The initiative works in coordination with the Black Infant Health Program through Kern County Public Health. The BIH program Services are no cost to families and are provided by a team of trained professionals, including a Public Health Nurse, Mental Health Professional, Family Health Advocates and Group Facilitators. The services include client-centered life planning; culturally centered education; case management with one-on-one support; empowerment-focused group support services during and after pregnancy; and linkages to community referrals and resources. The BIH Program focuses on Black women who are 16 years or older, pregnant, or up to six months postpartum at the time of enrollment and living in Kern County. There are no income requirements. Any woman that does not meet the criteria for BIH but would still like services

may be referred to the Perinatal Outreach Program; or, first-time parents can opt to enroll in the Nurse Family Partnership program.

The Black Infant Maternal Health Initiative (BIMHI) reported that they would most benefit from funding support to establish the outreach and education campaigns for residents in Kern. Through further outreach and program utilization, we hope to raise awareness for this program, support new mothers involved in child welfare with this service more frequently, and support the efforts to address these outcomes in Kern County.

## **Secondary Prevention**

### **Linkages – Expanded Prevention Service**

Linkages is a service coordination partnership between Child Welfare Services (CWS) and CalWORKs that addresses common barriers limiting parents' ability to work and keep their children safely at home. Linkages families are working toward becoming safe parents with Child Welfare Services while at the same time trying to achieve economic self-sufficiency through the employment services of the CalWORKs program. DHS has continued to grow and develop these concepts since the initial implementation with AB 429. If the county determines that services are necessary for Family Reunification (FR), AB 429 provisions allow the parent(s) to receive CalWORKs Welfare-to-Work (WTW) Supportive Services (i.e., WTW plan), substance abuse, and mental health services, if it is determined that such services are necessary for family reunification. DHS has fully implemented an innovative approach to AB 429 establishing close collaboration and workload sharing between the social workers who are working with the family.

Linkages has been identified as an area for expansion and growth to continue to collaborate at all levels of child welfare and CalWORKs involvement. A Linkages workgroup has been re-established and plans are under development for cross training, case collaboration, and liaison support.

### **Differential Response – Expansion for Prevention Service**

Differential Response (DR) is a promising evidence-based approach to ensuring child safety by expanding the ability of Child Welfare Service (CWS) agencies to respond differently to reports of child abuse and neglect that is used nationally. Its focus includes a broader set of responses for working with families at the first signs of trouble, including innovative partnerships with community-based organizations that can help support families that are in need.

The SDM then guides the determination if the family is a good candidate for the primary, secondary, and/or tertiary level prevention services that Kern's DR program provides countywide. Kern's DR programs serves Path 1/Evaluate referrals that do not receive an in-person response from CWS (primary prevention), Path 2 and 3 referrals that are unfounded (secondary prevention), and Path 2 and 3 referrals that are substantiated (tertiary prevention) when CWS determines that it is safe for a child to remain home with the support of DR services. The CWS social workers communicate family strengths, needs and services that they determine will benefit the family to the DR Case Manager.

Kern's Differential Response partners with Kern's Welfare To Work (WTW) program to assist DR families who are financially sanctioned, for not complying with WTW requirements, with curing their sanction. Curing their sanctions increases their family's cash aid income and renews their ability to participate in the other WTW support program. DR Case Managers assist sanctioned parents with building resiliency; problem solving and overcoming barriers; understanding the child care, job training, transportation, and education assistance that the WTW program offers; and, empowering them to not only increase their family's income by curing their sanction, but to work toward self-sufficiency in hopes that they can better meet the needs of their family and reduce related stressors. During FY 2021-2022, 33% of DR families who were sanctioned cured their sanction, increased their income, and were better able to financially meet the needs of their children.

In 2023, DR was restructured to a two-service hub model to better support expansion of prevention services county-wide. By using a geographical approach to DR service delivery, service activities are easily coordinated, practices can be standardized, staff resources are maximized, and families are better able to access and fully utilize community-based services. During FY 2021-2022, 3,572 families throughout the county received DR services. Since 2008, the year that DR services were expanded countywide, Kern's substantiated abuse rate has declined by 49%. Kern's DR providers serve all families referred by Child Protective Services, including those with substantiated abuse allegations but whose circumstances do not warrant formal intervention services. Although DR service providers meet with and offer services to all referred families, DR services are voluntary and some families choose to decline services. With the introduction of Parents As Teachers to target families at imminent risk of entering foster care, we plan to focus DR services to meet the needs of for families with more primary and secondary prevention concerns or children older than age 5. We are anticipating more families being successfully served and a continued reduction in future maltreatment with a more focused approach.

As part of the County Self-Assessment for Kern, it was noted that there was a significant increase in calls for domestic violence. From 2016 to 2020, there was an 86.5% increase. Our DR providers historically did not work with families experiencing domestic violence. We have worked to change this practice to better serve families struggling with domestic violence and increase preventative interventions.

#### **Peer Specialist – Outreach for Prevention Service**

Kern County has partnered with the Kern County Network for Children to fund Peer Support Specialists at the Dream Center in Bakersfield. Kern County is home to the Kern County Network for Children (KCNC) Dream Center, which is a unique "one-stop" resource center that provides critical transitional and educational support services for current and emancipated foster youth. Dream Center onsite agency partners include Kern County Department of Human Services' Independent Living Skills, AB 12 and MediCal and CalFresh programs, KCNC's Self Sufficiency Project, Kern County Superintendent of Schools' Foster Youth Services Coordinating Program (educational support and advocacy for foster youth and McKinney Vento Liaison for homeless children and families), Kern Behavioral Health and Recovery Services (BHRS) Department's

Transition Aged Youth Program (TAY), BHRS's Substance Use Disorder Team, Kern County Probation Department AB 12 and Placement Program, the California Department of Rehabilitation and Mexican American Opportunity Foundation (employment services and vocational training programs), Kern Regional Center, and staff from Bakersfield and Taft Community Colleges.

The Peer Support Specialists work with non-minor dependent and former foster youth who are homeless or at risk of being homeless. The Peer Support Specialists help youth obtain their vital documents required for housing programs, encourage them to complete a housing screening, to seek employment or school/job training, to understand the realities of the competitive rental market, to participate in mental health or other supportive services that can help remove barriers to avoiding homelessness. For fiscal year 2021-22, the Peer Support Specialist contacted 71 youth and 61 accepted services. Some of the highlighted services were helping 40 youth received assistance with finding a job, 25 with accessing mental health services, 25 with obtaining a driver's license or identification, 16 with housing assistance, 15 with school enrollment, and 15 with child care assistance. As part of FFPSA, this resource is being further developed for outreach, services and support to pregnant and parenting foster youth as well as black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth who are current/former foster.

#### **Home Visiting Program – Expanded Prevention Service**

Home Visiting Program is a Voluntary Early Head-Start Home-Based Program through CAPK that pairs new parents with a trained professional who makes regular visits to the participant's home to provide services including guidance in parenting skills and household order, access to prenatal and postnatal care, child-enrichment activities and health and social services resources. The program also offers monthly social activities and up to \$500 in health and safety items for the family. The HVP Program is available in Bakersfield, Delano, Lamont, Shafter and Taft. They plan to expand to East Kern. For parents who have CPS involvement at the secondary or tertiary level and are eligible based on the following criteria: individuals who are pregnant or a parent or caretaker relative of a child less than 24 months of age at the time the individual enrolls in the program and is a member of a CalWORKs assistance unit OR the parent or caretaker relative for a child-only case OR a pregnant individual who applied and would be eligible for CalWORKs aid within 60 calendar days prior to reaching second trimester of pregnancy OR an individual who is apparently eligible for CalWORKs aid. Previously this service was referred by CalWORKs staff only but will be expanded for consideration for families being served by both CPS and CalWORKs now as well.

#### **Dream Center – Outreach for Prevention Service**

In response to the needs identified by the group of foster youth who served as advisory members, the KCNC and local community partners formed the Dream Center in 2008, an innovative one-stop foster youth resource center that provides comprehensive, integrated services for Kern County foster and emancipated foster youth up to age 25. The KCNC Dream Center provides a safe place for foster youth to socialize, get their basic needs met, and participate in peer

supported activities. The KCNC Dream Center expanded in 2018 and now is comprised of two large adjoining buildings.

The KCNC Dream Center is specifically designed to enhance and implement timely and appropriate school or vocational training placement for foster youth, access housing services for homeless youth, and receive assistance with employment, provide peer support services, and assist foster youth with advocating for their needs. The staff inside the KCNC Dream Center assist both Child Welfare and Probation youth in care, and those who have emancipated, with accessing whatever services and/or supports they need to successfully transitioning to independent living. The following professionals are co-located at The Dream Center: DHS Independent Living Skills Program Social Workers, CalWORKS Human Services Technician, Kern County Superintendent of Schools Foster Youth Services staff, Kern Network for Children Staff including homeless youth outreach staff and case managers, Mental Health counselor, Probation Officer. Additional partners include the Department of Rehabilitation (DOR), Kern Regional Center, Mexican American Opportunity Foundation, Housing Authority of the County of Kern, Emergency Shelter facilities the Kern County Public Health Department, and Bakersfield College/ Next UP Program. In addition to providing staff at no charge, partner agencies, local businesses, faith-based groups and service organizations also contribute clothing, hygiene, cleaning supplies, food, and, bus passes for the youth. By weaving together resources available through multiple agencies co-located within the building, the KCNC Dream Center provides: comprehensive information and referral services; integrated outreach, housing assistance, housing navigation, and case management services for homeless youth; life skills workshops; counseling; bus passes; tutoring; educational advocacy; job training; peer support services; assistance with preparing for and enrolling in college; access to computers, phone, fax and copier; full access to public assistance services as well as access to shower, laundry facility, food and clothing. For many youth, this is the one stable place that they can come to daily. In addition to providing youth with a continuum of services and basic need items, the KCNC Dream Center also provides foster youth with opportunities to participate in and build informal support networks, and provide input in service delivery design, evaluation, and County policy development.

In addition, The KCNC Dream Center is a Coordinated Entry Site (CES) for the local Homeless collaborative. Kern County DHS has collaborated further with The KCNC Dream Center and invested additional THP funding. As a result, there are Housing navigation services as well as a Peer support mentor available to help youth secure housing and other services. Youth can access housing options including Family Unification and Homeless Foster Youth Housing Vouchers as well as other housing programs through the Kern's CES. The KCNC Dream Center is also the point of re-entry for any AB12 youth.

During FY 2021/2022, Dream Center helped served 709 (unduplicated) youth. They received the following types of services:

- 5,932 snack bags were distributed.
- 1,265 hygiene kits issued
- 3693 emergency food bags distributed.

- 999 computer uses
- Clothing & shoes donated by the community were distributed 1,931 times
- 78% of Dream Center youth who exited KCNC's homeless youth outreach services exited to permanent housing (PH).

As part of FFPSA, the many resources provided at the Dream Center are being highlighted for further outreach and a focus of support for pregnant and parenting foster youth as well as black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth who are current/former foster.

### **Cool Aunt Training Series – Expanded Prevention Service**

The Cool Aunt Series is an online course to address the epidemic of sex trafficking of youth. Using engaging and age-appropriate cinema, storytelling, lecture, and questions, the series walks teens through the STREAMS of Influence- - the 7 risk factors that lead to sex trafficking: Survival, Trafficker, Recruiter, Environment, Abuse, Media, Solicitation. After the series, teens have the opportunity to self-assess their risk factors and get 1-on-1 help if needed. The Cool Aunt Experience has been called "powerful", "amazing", "fun", and "life-saving" by teens, caregivers, and anti-trafficking experts. This series includes resources for caregivers, tweens, and teens.

Kern County has been providing access to this training for our at risk youth involved in the foster care system. Beginning this year, we will also provide the access to youth involved in Emergency Response investigations who may be at risk.

### **Housing Support Unit – Expanded Prevention Service**

The Kern County Department of Human Services participates in a variety of housing assistance programs for clients of Child Protective Services and Welfare to Work. In 2022, the Housing Support Unit was created to streamline the administration of these programs and provide a mechanism for screening of each client for the program that would best fit their needs and make the referral process as simple as possible. The Housing Support Unit's mission is to centralize CDSS homelessness programs and collaborate with the local Coordinated Entry System to understand and meet the needs of homeless families, individuals, and foster youth in our community. DHS and partnering agencies offer financial assistance and supportive services, including but not limited to: rental assistance, housing navigation, case management, security deposits, utility payments, moving costs, hotel and motel vouchers, and legal services.

The Housing Programs include:

Housing and Disability Advocacy Program (HDAP) - HDAP assists people experiencing homelessness who are likely eligible for disability benefits by providing advocacy for disability benefits as well as housing supports.

Family Stabilization Program (FSP) - FSP is an extension of Welfare-to-Work designed to help families experiencing crisis or additional barriers to work towards self-sufficiency.



Bringing Families Home (BFH) - BFH serves homeless families involved with the child welfare system and is designed to offer housing supports in order for families to successfully reunify.

CalWORKs Housing Support Program (HSP) - HSP provides housing stability and assists in securing and maintaining permanent housing for CalWORKs families experiencing, or at-risk of, homelessness without preconditions.

CalWORKs Homeless Assistance Aims to help CalWORKs families meet the reasonable costs of securing housing. The CalWORKs HA program serves eligible CalWORKs recipients, or apparently eligible CalWORKs applicants, who are homeless or at-risk of homelessness.

- Temporary Homeless Assistance (THA) - 16 days of temporary shelter including hotel or motel costs.
- Permanent Homeless Assistance (PHA) - Helps families secure housing and/or prevent eviction.

Since the creation of this unit, at the beginning of 2023, for HSP the data reflects a 150% increase in referrals, a 60% increase of referrals approved, and a 70% increase of families housed. For BFH, there was a 54% increase in referrals approved and a 178% increase in families housed.

#### **Family Stabilization Program CalWORKS – Expanded Prevention Service**

Family Stabilization Program (FSP) is a voluntary, 6-month program that allows parent/caregiver with barriers (children must be in the home), who meet eligibility, to temporarily forego their required Welfare to Work (WTW) participation in lieu of activities that will help them overcome their barriers.

FSP goal is to support remediation of a situation or crisis that is destabilizing the family. Through Intensive Case Management, FSP SSWs will work with parent/caregiver to overcome barriers by making weekly contact, providing transportation assistance, providing child care assistance, lifting WTW sanctions with parent/caregiver participation agreement, completing monthly budgets or referring parent/caregiver to a budgeting class, and assisting in paying for other miscellaneous items as deemed necessary for barrier removal. Some of the major concerns that would result in a referral for FSP include safety concerns due to domestic violence; untreated or undertreated behavioral needs, including mental health or substance abuse related needs; and serious legal issues impacting mental health which involve incarceration.

Family Stabilization Program eligibility includes all individuals required to participate in WTW, who have time remaining on their WTW 24-Month Time Clock and have a situation/crisis that is destabilizing the family are eligible including parent/caregiver that are non-compliant, sanctioned, recent non-citizen entrant, and drug felons newly eligible for CalWORKs assistance. Those who are ineligible include families that only include WTW customers who have exhausted the WTW 24-Month Time Clock prior to the basis for qualifying for FSP including cases where all adults have exceeded the CalWORKs 48-Month Time Limit; fleeing felons and probation/parole violators; ineligible non-citizens; non-needy caretaker relatives; and adults or children receiving SSI/SSP.

The FSP program provides an increased level of intensive case management and services. The FSP Social Service Worker (SSW) has a reduced caseload to provide intensive case management and allow more frequent contact with parent/caregiver, especially upon initial acceptance into the program. Services and assistance provided by the FSP Unit may include, but are not limited to a full explanation of services available to the family; a strength-based focused approach to build on the family's support system; linking customers to outside resources and community services, such as emergency shelters; transitional housing; treatment for family members if it interferes with a parent/caregiver ability to participate in WTW activities; intensive day treatment, non-medical outpatient drug free treatment, and residential treatment; community pantries; rehabilitative services and/or Substance Abuse/Mental Health counseling/treatment; legal assistance; homeless assistance; finding practical solutions to crisis situations; and additional services as needed to comply with their FSP including children's services (educational and recreational).

As part of Linkages and FFPSA, FSP services for families involved in investigations will be assessed and referrals will be completed.

### **Tertiary Prevention**

#### **Parents as Teachers – New Prevention Service:**

Parents as Teachers (PAT) will be utilized as Kern's Evidence Based Practice (EBP) for new tertiary prevention services for FFPSA. Kern will be implementing PAT as a pre-placement prevention services as well as a post placement prevention service. This program was chosen by the Kern Implementation Workgroup that included community partners such as Kern Behavioral Health and Recovery Services, the Kern County Network for Children, the Kern County Superintendent of Schools, and Kern County Probation.

Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills to promote positive child development and prevent child maltreatment. PAT offers services to parents with children up to age 5 with the goal of increasing parental knowledge of early childhood development, improving parenting practices, promoting early detection of developmental delays and health issues, preventing child abuse and neglect, and increasing school readiness and success. The PAT model includes four core components: personal home visits, supportive group-connection events, child health and developmental screenings, and community resource networks. PAT is rated as a well-supported practice by the Title IV- E Prevention Services Clearinghouse.

The Parents as Teachers model offers a cohesive package of services for families with young children and is framed around four dynamic components: Personal Visits, Group Connections, Child Screenings, and Resource Network. These components are guided by explicit fidelity and quality standards that guide program service delivery and successful replication of the program. A rigorous training and robust curriculum with ongoing implementation support, guide the home visiting professionals who work with families. During visits, parent educators assess family needs and partner with parents to set family goals. Home visitors provide necessary information and resources to ensure that parents are confident in the emotional, behavioral and physical development of their children. Each personal visit includes a focus on Parent-Child Interaction,

Development-Centered Parenting and Family Well-Being. Parent educators use partnering, facilitating and reflecting in their work with families to: promote parental resilience; knowledge of parenting and child development; and social and emotional competence of children to strengthen protective factors.

The goals of the program are:

- Increase parent knowledge of early childhood development and improve parenting practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and school success

The goals and model match the needs of Kern County well and fill a gap for intensive services for families with children at imminent risk of entering or re-entering foster care that can be provided by a community based organization.

### **Non Dependent Wraparound Services (NDWS) – Expanded Prevention Service**

Kern County has adopted a model for voluntary wraparound services for families who have identified safety concerns related primarily to youth behavior and needs rather than parental case plan needs. Kern County plans to expand this limited service, doubling the availability for families for voluntary services to prevent further involvement with child welfare or youth probation. While Voluntary Family Maintenance revolved around a case plan for parents, NDWS focuses on difficult behaviors of the youth and services to address those concerns through a Child and Family Team meeting model with a parent partner, youth partner, facilitator, and child welfare social worker to improve family functioning in a voluntary case. Most NDWS cases last three to six months.

### **Court Ordered Family Maintenance – Expanded Prevention Service**

Historically, Kern has utilized a limited set of interventions with families in child welfare, limited to voluntary cases or warrants for removal. With a renewed focus on prevention and assessment of practices, it was noted that non-custody petitions for Court Ordered Family Maintenance (COFM) cases were rarely sought. To provide a wide array of services and intervention that will meet family needs, additional COFM cases will be requested when appropriate opening most availability for other prevention services and eliminating wait list for services such as Voluntary Family Maintenance and Non-Dependent Wraparound Services.

### **Voluntary Family Maintenance (VFM) – Expanded Prevention Services**

VFM is the provision of non-court, time-limited protective services to families whose children are in potential danger or abuse or neglect when the child can safely remain in the home and the family is willing to accept services and engage in corrective action. It is anticipated that even with more NDWS and COFM cases, the need for VFM will continue to be high for our families. With the addition of PAT to Kern County, Kern County recognizes that Voluntary Family Maintenance

cases can be strengthened using this new evidence based service and we can successfully serve families with very high risk and needs while preventing court involvement.

### **Jamison Children's Center Group Counselors– Expanded Prevention Services**

Most children are introduced to foster care through our Jamison Children's Center. Jamison is a one stop emergency shelter, group counselor staff work closely with local mental health, schools and medical staff, all onsite to ensure holistic care of the children.

It is a full time facility that operates to provide care for children until an appropriate placement can be located. For most children, that occurs quickly, but for some children with complex care needs, that placement that fits their needs is difficult to locate. The staff that work directly with the children at Jamison are classified as Group Counselors. These staff work shifts any time of the day or night to oversee the children, provide direct interventions, and to meet their immediate needs. Group Counselors provide care through a trauma informed lens to recognize behaviors and trauma generated behaviors. They are able to build rapport, learn about the child's needs, and be involved with placement assessment. This work can also inform the services needed to prevent a higher level of care for children returning the Jamison from a placement termination. Many youth that frequent Jamison have not been in placement for some time and are on run away designation. Due to the relationships they have formed with staff, they feel safe to return for a short time to shower, eat, or sleep. This is an opportunity for intervention, safety planning or harm reduction. Many of these youth are designated as Commercially Sexually Exploited Children, have substance abuse disorders, or significant mental health issues. Group Counselors are the first responders for these youth. In order for these vital staff to have the skill needed to meet youth needs, they currently have training in the following:

Blood borne pathogens, Trauma informed care overview, Trauma care and ACES, CPR, Managing Aggressive Behavior (MAB), Mandated reporting, Sexual harassment, Civil Rights, LGBTQ / Gender Identity and Expression, Autism, MRSA, Car Seat Installation, Medication Distribution, CDC Extreme heat, Warning Signs of Suicide, Direct Supervision of residents, Confidentiality and PII, Resiliency, Coping Skills, Secondary Trauma and Self-Care.

In order to improve the prevention focus of these staff, we will be providing enhanced training on topics related to the goals of our CPP to Jamison Staff including Motivational Interviewing training, LGBTQ issues, and issues impacting complex care needs including developmental delays.

All core representatives participated in the self-assessment and system improvement plan in various capacities, including participation in the planning team, focus groups, data sharing, stakeholder meetings, and/or strategic planning meetings. Representatives from the following agencies participated:

## **Candidacy Population**

Families with children, ages 0-5, with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened and an SDM tool indicating a child is at

imminent risk of entering foster care, will be the candidacy population for FFPSA Prevention Services. All families with children 0-5, who are referred and open cases in Voluntary Family Maintenance will also be included in the candidacy population.

The children in Kern County with the highest rates of substantiated referrals are those 0-5 years old. Children under the age of one have the highest percentage of all allegations and of substantiations, likely due to being born with a positive toxicology for drugs and/or alcohol. Of all ethnicities, the children with the highest percentage of substantiations are Black while they represent some of the smallest overall population of children. The data on allegations and substantiations of child maltreatment shows that African American children have a significant and disproportionately high rate of allegations (104) and substantiations (24.4) (per 1000 children in general population) compared to their representation in the population at 5.6% of the child population and to other ethnic populations. Of the children receiving allegations, African American children are over 10% of all children with allegations, over 12% of children with substantiations, and almost 16% of entries to foster care.

Per Safe Measures, from January 2022 to December 2022, a total of 12,503 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 1,607 (12.9%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 1,394 (11.1%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of those referrals that were found to be substantiated or inconclusive (3,001), 1,482 were for children under five years old. Of the substantiated dispositions, 947 (58.9%) were closed after investigation with no case opened. For inconclusive dispositions, 925 (66.3%) were closed after the investigation. Of those closed, with a substantiated finding or inconclusive outcome, 883 were for children under 5 (47.1%).

For fiscal year 21/22, there were 982 entries into foster care, of those 451 were for children ages 0-5. Of those children in foster care, 34% are ages 0-5 and for children re-entering foster care, 31% are ages 0-5.

This would include substance-exposed newborns who are also determined to be at imminent risk of entering foster care, using an approved assessment tool, but can safely remain in the home.

Data also shows that 61% of all first entries into foster care in Kern County is for children 0-5 years old. By ethnicity, Latino children most frequently enter foster care. While Latino children have the highest rate of first entry, African American children are over-represented at 13.4% of first entries. Of those children in foster care, 34% are ages 0-5 and for children re-entering foster care, 31% are ages 0-5.

Families, with children ages 0-5, receiving Court-Ordered Family Maintenance services (FM) or who have a pending FM case will also be included in the candidacy population to receive FFPSA Prevention services in Kern County. The goal will be to reduce re-entry into foster care, a measure that Kern has struggled with and includes as a measure for improvement in the current System Improvement Plan. In the CSA data, Kern fluctuated from a high of 15.8%

to a low of 6.7% of re-entry to foster care. Of those, almost 62% were children ages 0-5 years old.

In an effort to improve outcomes for older youth, FFPS services will include pregnant and parenting foster youth, in the candidacy population for prevention services. According to “Strong Families” published by Casey Family Programs, parenting youth in foster care are “twice as likely to be reported for abuse and neglect and have their children removed from their care when compared to older mothers, and twice as likely as their peers to have a child by the age of 19.” Kern County data reflects that the rate of youth ages 15-19 who become mothers in Kern County is almost double that of the state in the last five years of data available. For fiscal year 2021-2022, Kern County provided services to 17 parenting youth with a total of 21 children.

Kern County utilized multiple data sources to plan and develop the Comprehensive Prevention Plan including data collected during the recent County Self-Assessment, Safe Measures, the California Child Welfare Indicators Project, Kidsdata.org, the U.S. Census Bureau, the 2021-22 Kern First 5 Annual Report, various focus groups, and stakeholder feedback.

Data was also gathered to identify children at greatest risk of entry or re-entry to foster care through two convenings of community stakeholders; focus groups for those with lived experience, both youth and parents; Safe Measures; community metrics from census information; the California Child Welfare Indicators Project; and the Kern County Self-Assessment, the Kern System Improvement Plan 2022-2027, and the Infant Care Supplement payments to determine the current population of the parenting foster youth.

In review of capacity for Kern, the needs assessment, and asset mapping, it was determined that in-home support services were the best fit for Kern County. In review of those EBP’s available, the Parents As Teachers program provided the most targeted services for the ages identified, flexibility for services, and ability to meet family needs as they emerge.

## Theory of Change/Logic Model

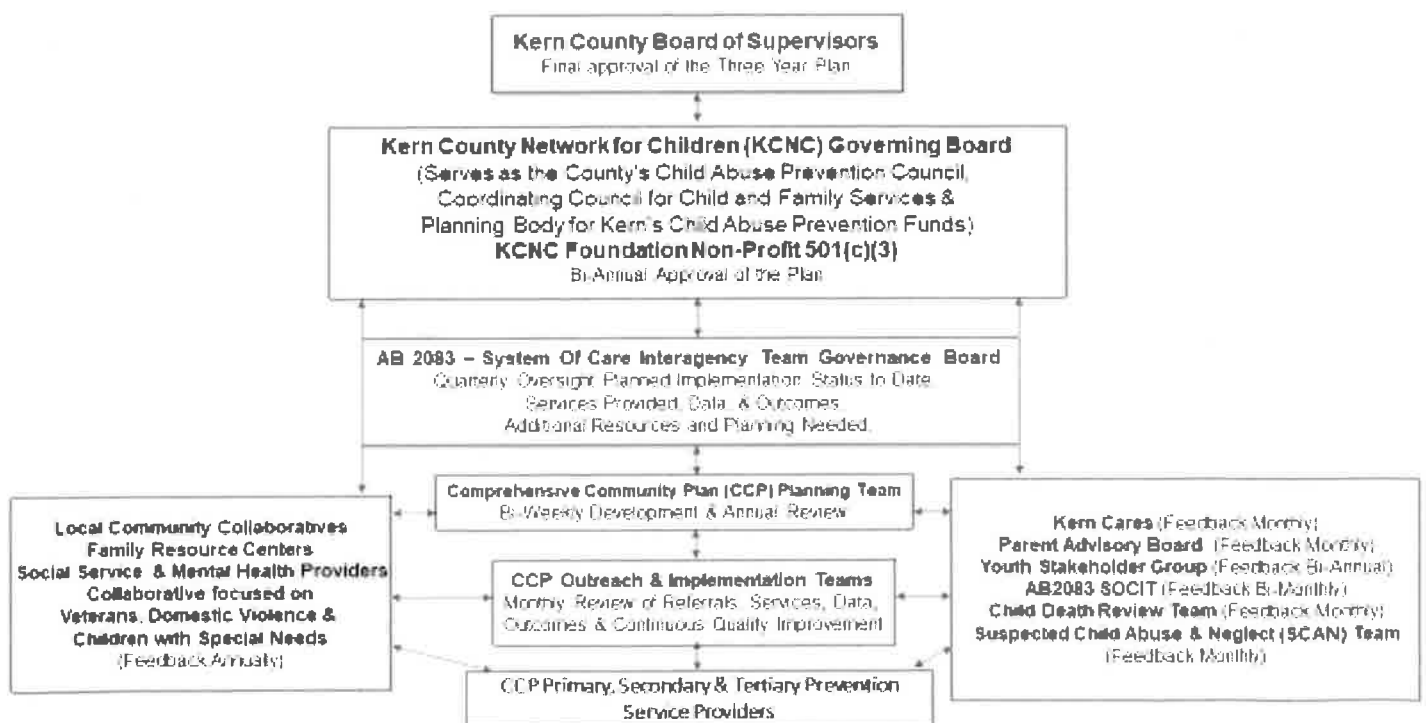
**The theory of change or logic model which describes the activities and intended outcomes for children, youth, parents, caregivers, and families. The logic model helps to connect the goals of the cross-sector partnership to align with the intent of both the state and federal legislation.**

Kern developed a logic model to describe efforts to describe the activities and outcomes for children and families in Kern with the goal of eliminating child abuse in our community. Please see [Attachment C](#) for the Logic Model that connects the goals of our prevention partnerships to align with FFPSA.

## Governance Structure

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

Kern's Comprehensive Prevention Plan was developed, reviewed, and approved by the governance structure. The following is the proposed Governance Structure that Kern County will follow for the implementation of the plan that includes our Prevention structure as well as the planned cross sector collaboration for the CPP:



The executive oversight is governed by the Child Abuse Prevention Council/Kern County Network for Children (KCNC) Governing Board. This committee is comprised of the Directors and Administrators from the major local agencies including the Kern County Administrative Officer, the Kern County Superintendent of Schools, Kern County Public Health Department, the Presiding Juvenile Court Judge, the Public Defender's Office, First 5 Kern, Kern County Probation Department, the Housing Authority of Kern County, the Kern High School District, Kern Behavioral Health and Recovery Services, Veteran's Assistance Foundation, Henrietta Weill Memorial Child Guidance Clinic, the Bakersfield Police Department, Foster Youth Services, the Kern County Sheriff's Department, Kern County Board of Supervisors, Professors from California State University, Bakersfield, and a community/youth representative.

Kern County also has a strong AB2083 Interagency Leadership Team (ILT) which reports information to the Executive Board. The ILT is comprised of Leadership from the Kern County Department of Human Services, the Kern County Probation Department, the Kern County Superior Court, the Kern Regional Center, the Kern County Network for Children, the Kern County Superintendent of Schools, Kern Behavioral Health and Recovery Services, and the California Department of Rehabilitation (San Joaquin Valley District).

Beginning in 2019, the Kern Prevention Council was formed. At the time, the focus of the collaborative group of child welfare, probation, law enforcement, family resource centers, mental health, and education was the 93307 area of Bakersfield. This zip code has the highest level of poverty, crime, and child welfare involvement. The group focused on prevention efforts in this community. With the Covid 19 pandemic, efforts by the group stalled. The group was disbanded in 2022 and reformed later that year to be developed as the direct oversight group for the FFPSA. This group is now Kern CARES. Meetings will be held monthly by a collaborative group of agencies and stakeholders, with Child Welfare as the lead, to support the implementation of the CPP.

The Kern County Network for Children has supported the development of both a Youth Stakeholder Group and a Parent Advisory Board. Both groups provide feedback on community projects and services. Both have also been involved in a focus group during the development of the Kern CPP for feedback and insight. The groups will continue this advisory role for prevention services in Kern for feedback and review of implementation of CPP to the Implementation Team and to the Executive Board.

Kern County's Comprehensive Prevention Plan began development in 2021 based on the information provided in AB 153 and All County Letter 22-23. The Implementation Workgroup was comprised of Kern County Department of Human Services, Kern County Probation, Kern Behavioral Health and Recovery Services, Kern County Superintendent of Schools, and the Kern County Network for Children. Various sub-groups were also held to focus on specific aspects of the plan, requiring more discussion and development. Meetings were held bi-weekly for this group. This group will continue on a smaller scale to work on the detailed aspects of outreach and implementation of the changes to child welfare policy and procedures, collaboration with mental health, and the rollout of the FFPSA programs throughout Kern County. This will continue to be a bi-weekly meeting while new processes are developed and implemented.

Kern County also held two convenings to further engage community stakeholders in the development of the CPP. As Kern CARES continues to develop, a standing agenda item is to identify groups or representatives not currently involved and ideas for engagement to continue to grow the prevention community and a full spectrum of involvement.



## Tribal Engagement

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

Kern County has made efforts through the development of the Comprehensive Prevention Plan to include and engage our local Indian Tribe, The Tejon Tribe of California. It has been imperative to include representation from the tribe in our stakeholder engagement process, including our Needs Assessment and Asset Mapping. On-going, representation from the Tejon Tribe will be included in the governance structure and cross-sector collaboration.

Kern values tribal partnership and continues to make efforts to further develop and strengthen collaboration. On February 21, 2023, Kern County DHS and our local tribal partners from the Tejon Tribe, the Tübatulabal Tribe, and the Bakersfield American Indian Health Project met to discuss the questions specifically outlined in the Comprehensive Prevention Plan template. Resource sharing and prevention discussions were very fruitful.

The questions included Comprehensive Prevention Plan Template were adapted and asked of our Tribal partners. The following is a summary of those questions and answers:

What do you see as positive child maltreatment prevention services, for Native American families, in Kern, to prevent children from entering foster care?

Accessibility, education, cultural awareness. FRCs are a vehicle to create a hub. Grants to support cultural education. Owens Valley Career Development Center has language education with a goal of self-sufficient. (state funded) Working with BIHP has been important given the lack of tribe-specific health access options. Pregnancy prevention services are available. Full-family support is a key to prevention. Cultural accessibility is particularly important. Reservation system in Kern County tended to amalgamate a variety of tribes and people feel that their own culture needs to be valued.

What gaps and/or needs are you aware of?

Cultural education, mentors. Lack of awareness of health care. Building a relationship between tribal members and the community.

How would you like to be notified and engaged when an American Indian/Alaskan Native (AI/AN) child has been identified as a candidate for prevention services?

Continue to follow ICWA notification system. They have a relationship with Tule River tribe to provide ICWA services.

How would you like to have information be disseminated to you about programs and practices available to children, youth, parents, and families?

Email is easier than snail mail. Introduction of the prevention service provider so they know who families will be receiving services from. Maintaining these types of meetings to continue relationship building.

How would you like to be engaged in discussions regarding changes to policies, practices, and/or programs related to comprehensive prevention?,

Regular meetings, maybe once a month.

Other suggestions for partnership included training on native community issues and concerns as well as the importance of relationships and possibly partnering with local nature preserves such as the Wind Wolves Wildlands Conservatory. Our tribal partners have also been included in the governance structure of CPP oversight including the Kern CARES community group.

One unmet need within the tribal community was the role of a liaison between our agency and the tribal community. This new position is outlined in the service array section of this report.

Indian children and their families may be referred to FFPSA services under any of the potential categories listed in the Candidacy Section. Kern County Child Welfare will collaborate and partner with the child's tribe to ensure that the tribe is involved in the assessment process. Tribal communities have unique concerns such as access and invisibility which will require a candidacy assessment and determination specifically tailored to an Indian family's circumstances and needs. When Kern County Child Welfare knows or has reason to know a child who is being assessed as a candidate for foster care is an Indian child (as defined in 25 USC 1903), Kern will provide written notification to the child's tribe inviting the tribe to partner with in the initial and ongoing assessments of the child and family. Kern County will partner with the child's tribe to identify prevention services as necessary for the child to remain in their home, including the non-foster care home of an Indian custodian or kin caregiver. For fiscal year 2021-2022, there were 24 total referrals involving a client identified as Native American. Of those 24, 17 were evaluated out, 4 were responded to as an Expedite within 5 days, and 3 were coded as a 10 day response. One investigation was for a child already in an open case, one resulted in opening a new case, four were closed after investigation and one was evaluated out after further information was gathered. Currently there are five Native American youth identified as having open cases; two in Family Reunification services and 3 in Permanent Placement.

Kern County recognizes the need for a tribal considerations for FFPSA services. Our Child Abuse Hotline screeners inquire whether a child is or may be an Indian child. During the investigation and assessment for services, inquiries as to status or possible status as an Indian child will continue. If at any point during this process, or during a case, if information is received that a child or family may have Indian ancestry, Kern will notify the child's tribe with an invitation to partner in the initial and ongoing assessments of the family and the development and implementation of the family's prevention plan. Furthermore, Kern County child welfare will ensure that prevention services to Indian children and families are provided in a manner consistent with active efforts as described in state and federal law. These requirements reaffirm Kern's commitment to meeting the unique needs of Indian children and families by ensuring that services are provided in a manner consistent with the Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.) and implementing state statutes.

## Workforce and Training Requirements

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

Please see [Attachment D – Assurances Section](#).

## Cross Sector Collaboration

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

The cross sector collaboration in Kern County includes the Department of Human Services, Kern County Probation, Kern Behavioral Health and Recovery Services, Kern County Superintendent of School, the Kern County Network for Children, our Tribal partners, the Parent Advisory Board, the Youth Stakeholder Group, and local partners including Family Resource Centers and Community Based Organizations. Kern had an enthusiastic response to our outreach for partnership on prevention and there were no barriers in engaging partners. The plan for consulting with cross sector partners on monitoring and improvement is outlined in the governance structure as well as review and input to the plan.

## Evidence Based Practice

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

Please see [Attachment D – Assurances Section](#).

## Safety Monitoring

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

**service contracts that describes this process to ensure that roles and responsibilities are clear.**

Please see Attachment D – Assurances Section.

## **Integrated Core Practice Model**

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

The Integrated Core Practice Model is a framework that promotes partnership between agencies that supports the current best practices for the delivery of timely, effective, and collaborative services to children and families. The five key components within the ICPM model include engagement, assessment, service planning and implementation, monitoring and adapting, and transition. Kern County has included the Integrated Core Practice Model through the CPP process beginning in the teaming used for planning and implementation. Utilizing ICPM teaming and engagement behaviors and involving staff from agencies that have already been involved in Kern’s AB 2083 initiative, have also supported the ICPM throughout the process of our Title IV-E Prevention Program collaboration and development. ICPM language and concepts can be found throughout Kern’s Comprehensive Prevention Plan as well. Cross training of ICPM will be developed and provided to the Community Based Organizations that will provide Title IV-E Prevention Program, as well primary and secondary prevention services to support the effectiveness of practice and impacts on outcomes.

The Kern County Department of Human Services assures that the CPP was developed and will be implemented using the ICPM framework.

Using an ICPM framework, Kern County Department of Human Services engaged our tribal partners in Kern, assessing our current practices and opportunities for growth, and began development of strong partnerships to plan and implement new strategies for collaboration.

In consideration of our candidacy population, ICPM was incorporated into a thoughtful and purposeful process of partnering with stakeholders to identify and assess strengths and needs of families, specifically in the candidacy population, and implement new approaches to work in coordination to improve outcomes.

## **Spending Plan**

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

Please see Attachment E - Spending Plan, for the details of proposed spending for Kern County’s Comprehensive Prevention Plan.

One area of concern is there the final allocation for the State Block Grant has not been provided to counties and that the current spending timeframe is unrealistic to fully develop, implement, and utilize the funding provided to meet the goals outlined in the state plan for FFPSA. As such, Kern County has developed a CPP and spending plan that includes contingencies for a possible extension of spending into fiscal year 2024/25 and spending beyond the current allocation. If the current allocation and timeframe remains as is, the contracts for additional prevention services will not extend beyond fiscal year 2023/24 aside from the costs associated with Parents As Teachers development and implementation.

## **Mental Health Coordination**

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

Please see Attachment D – Assurances Section.

## **Sustainability**

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

Kern County has included a spending plan, Attachment E, for review for prevention services. Included in that plan were all expenditures for planning, development, and delivery of services for prevention services in Kern.

The State Block Grant will be used for planning, development, and delivery of services included in the primary, secondary and tertiary services for FFPSA.

Parents as Teachers will be the primary service that will utilize Title IV-E funding for Kern’s prevention plan. Other funding sources such as Calworks, CBCAP, CAPIT, First 5, and Public Health were also leveraged for comprehensive planning. We will continue to partner with other agencies and funding sources to support the implementation of the comprehensive plan. There are no current barriers to sustainability as Kern County has identified funding internally to continue to support Parents as Teachers. In addition, Kern County has identified Linkages as a long term support for prevention services implementation and delivery

## **Assurances/Attachments**

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

Please see Attachment D – Assurances Section.

## **Attachment A- ASSET MAPPING AND NEEDS ASSESSMENT**

### **Gap/Needs Assessment**

The Stakeholder Meeting on August 23, 2022, included the collection of participant's experiences of absolute, expressed, perceived and relative needs related to preventing child maltreatment. A need is a gap between the current circumstances and what should be the circumstance; simply put the gap between *What Is* and *What Should Be*. The facilitators provided a framework for considering needs/gaps by providing the following possible types of needs:

- Perceived needs – Based on what people feel their needs are.
- Expressed needs – Defined by the number of people that sought specific forms of assistance.
- Absolute needs – Universal needs, including those deemed necessary for survival, and
- Relative needs – Needs that are necessary to support equity.

Participants provided a large volume of responses. The following table summarizes those responses.

<b>Perceived Needs</b>	<b>What is?</b>	<b>What should be?</b>	<b>Who is affected?</b>
Mental Health	lack of knowledge/awareness/access	accessible treatment, no stigma, hope and healing	everyone
Mental health	limited for children	more providers and child specialists	Non-Medical, children
Child Care	Expensive, Lack of centers	Safe, Affordable daycare	Parents and children
Meaningful Activities	nothing for kids to do	Activities available for all youth	Lower Socio-economic groups
Support Systems	Lack of support	Available mentoring	Homeless, Foster/Probation youth
Special needs	lack of resources	available	everyone
Sense of community	polarized	respect and tolerance of differences	whole community
Love/ Validation	seeking love in negative situations	Support, understanding, options for leaving negative	all walks of life
Poverty/Income	high rate of poverty/child poverty	Universal financial resources	parents/children
Racial Justice	Disproportionality in foster care	representative of population	ethnic minorities
lack of services/staffing	long wait times, slow response; inconsistent	less staff turnover	everyone
gang prevention	too many youth shot and killed	youth should see opportunities for a future	everyone
AOD Tx for youth	inadequate or nonexistent Tx options	Trauma informed comprehensive Tx and family support	Parents/caretakers/youth
Belonging	lack of community support	community connections	families, children, seniors
services for undocumented	lack of community support	community connections	families, children, seniors
mentoring/coaching	limited	unlimited	children and families
Being heard	their concerns are not listened to	better staff training, more resources	client/staff
Control/Choice	lack of appropriate services	variety of services, culturally appropriate	clients
<b>Expressed Needs</b>	<b>What is?</b>	<b>What should be?</b>	<b>Who is affected?</b>
Health	Inaccessible/confusing	Accessible	Everyone
confusing legal issues	not clear/ no explanation	legal assistance, streamlined processes	Juvenile Justice Youth
Distrust of LEA	Feeling police are unsafe/corrupt	Police trained to be helpers	Juvenile Justice, homeless, Lower Socio-economic groups

transportation	lack of access, not affordable	available and affordable	Those with limited resources, disabled population
broken justice system	slow response from LE	more support for LE to improve community response	victims of crime
relatable education	culturally aware	culturally affirming	Everyone
pedestrian safety	high death rate	safe streets	pedestrians
income	unable to afford basic needs	basics affordable to all	lower and middle class
parks, recreational activities		free, accessible	
in patient treatment	unattainable	easier access especially in crisis	everyone
localized services			
sidewalks			
labor trafficking			
Advocacy			
communication w/service providers	not enough	supportive, timely, accessible	client/children/agency
support from service providers			client/children/agency
Services take too long			client/children/agency
Inclusive Services	barriers to those seeking services	representation, well trained staff	LGBTQ community
preschools/after school programs	waitlists, expensive, limited schedules	more	working families
<b>Relative Needs</b>			
<b>Relative Needs</b>	<b>What is?</b>	<b>What should be?</b>	<b>Who is affected?</b>
Language Barriers	lack of or incorrect translation	info and assistance available in all languages	Non-English speakers
lack of Technology			
Educational Resources			
Black Infant Resources			
Access to Internet			
transportation in outlying areas	difficulty accessing transportation	increased lines and hours of operation	families in rural information
knowledge of school system	families do not understand school system	more education for families	Families new to the US
childcare			
Non-academic vocational paths for youth	Not enough Vocational Training for HS students	youth to graduate according to their strengths/interests	HS students who are not strong academically
Dental insurance		coverage for all dental needs	Lower Socio-economic groups
Higher education	lack of higher education in rural areas	local college access in all communities	everyone



citizenship/deportation	loss of safety, family income	access to affordable legal services	non-citizens and their families
<b>Absolute Needs</b>	<b>What is?</b>	<b>What should be?</b>	<b>Who is affected?</b>
food	heathy food scarcity/expense	affordable/ healthy choices	everyone
health	lack of access to quality health care	readily accessible and available	everyone
housing	lack of affordable housing	affordable housing	everyone
water	lack of clean water, unsafe for children	available clean water	everyone
safety	high crime, lack of Law Enforcement, graffiti	safe communities	everyone
clothing	lack of affordable clothing resources	affordable clothing/vouchers	Lower Socio-economic groups
A/C-Heat			
employment/living wage	Unequal pay	living wage / job security	Lower Socio-economic groups
Infant items	parents can't afford diapers, stroller etc.	free or low-cost baby items for parents	Lower Socio-economic groups

The Stakeholders also contributed input into how needs are experienced in the community. This provides a key insight into how people will see in fulfilling needs in Kern County.

## How are needs are experienced?

- Isolation, Fear, Instability, Domestic Violence, Intergenerational violence, homelessness
- Increased mental health issues, issues are band aided not fully addressed
- Parents can't work, Children left alone stress
- Joining gangs, crime, drug use
- Loneliness, Isolation, Anxiety, Crime, Obesity, Drug use
- child abuse/neglect, lack of self-worth, mental health
- relationships, mental health, negative interpersonal communication, family disputes
- emotional voids, physical, mental and emotional damage
- unable to have basic quality of life
- injustice
- loss of trust, families/individuals stop seeking services
- sense of immediate safety and normal life. Loss and helplessness without a positive future
- emotional distress, families without support
- isolation, hopelessness, don't feel valued
- isolation, hopelessness
- depression, hopelessness
- dropping out of services, no progress, hopelessness
- distrust, forced compliance, resentment
- Unable to get doctor appt/vaccines, poor health, poor school attendance
- don't follow court orders, recidivism
- Not calling for help, retaliation, aggression towards LE, avoidance of LE
- inability to obtain services
- feeling unsafe/abandoned
- feeling unseen, unheard, trauma, fear
- broken streetlights, lack of enforcement of traffic laws
- inadequate housing and food, mental and physical health, stress
- fear, instability, unsafe home, crime
- clients give up, poor outcomes, negatively impactful experience
- don't feel valued
- situations worsen
- unable to communicate, cannot access services, parentified children used as translators
- lack of access to services, jobs, parents' involvement in school
- distrust, lack of engagement of school system, children drop out
- Youth not attending and dropping out of school
- poor dental hygiene, loss of time at work/school
- less opportunities, lower paying jobs
- fear of separation, deportation. Fear of accessing services, education
- Hunger, stress, health, cognitive functioning
- inability to address health concerns before they worsen
- homelessness, stress, poverty, crime
- dehydration, poor health, hygiene
- violence, fear, cycle of violence

- shame at worn out clothing, bullying
- disadvantages to undocumented, unskilled workers, youth
- Parents struggle to meet baby's basic needs, stress

### **Capacity Assessment**

During the Stakeholder Meeting on August 23, 2022, participants were asked to complete a *Prevention Planning Capacity Assessment Tool*. The survey tool asked participants to assess the motivation and readiness for change needed to successfully engage in comprehensive prevention planning and programming. Given the feedback from the capacity assessment survey conducted with participants at the Focus Group meeting, the facilitators provided the following analysis:

1. Kern County seems capable of successfully engaging in comprehensive planning due to identified capacity in:
  1. Established meeting frequency
  2. Organizational Stability
  3. Organizational Equity
  4. Shared values
2. Kern County may be able to rely on additional capacity in the following areas but may require additional resources to do so successfully:
  1. Information sharing and exchange
  2. Communication strategy
  3. Transparent communications between cross sector partners
  4. Feedback loop
  5. Adaptability
  6. History of Cross-sector partnerships
  7. Community engagement strategy
  8. Community involvement
  9. Data Collection
3. Due to ambiguous survey results, Kern County may want to further investigate their capacity in the following areas:
  1. Cross-sector partner investment
  2. Needs assessment
  3. Expertise in data analysis and accessibility
4. Kern County will be most challenged by insufficient capacity and additional resources will be required in the following areas:
  1. Implementation support for CQI
  2. Adequate staffing
  3. Infrastructure

A second convening was held on 2/14/23 to focus on Primary and Secondary prevention in Kern County. Family Resource Centers were identified as the best source of primary and secondary prevention services for families in Kern County. Please see Attachment B for a detailed description of the scenarios presented and the feedback from participants.

## **ATTACHMENT B - 2/14/23 CONVENING**

<b>Table Exercise:</b>
<b>5 Scenarios were provided to the 9 tables for feedback.</b>
<b>Questions for each Scenario:</b>
1. What is the family worried about?
2. What protective factors does the family possess and what could be strengthened?
3. What services would assist this family?
4. What agencies can provide those services to families in East Kern, in South/West Kern, in North Kern, and in Bakersfield Metro (Split regions between tables)?
5. What barriers might families face in accessing services?
6. Are there additional resources to address the barriers?

<b>Scenario 1:</b>
<b>Family:</b> Father, Mother, Child 1 (9-year-old/Female), Child 2 (2-year-old/Male).
Neighbors have reported hearing the parents arguing and it is known that they have a medically fragile daughter in the home. The family is living paycheck to paycheck and Father recently lost his job, which included their health insurance, after he was in a car accident that totaled his vehicle and he could no longer get to work. The oldest child is deaf and the family has had additional expenses due to transporting the child to doctor appointments, out-of-town medical visits, and purchasing medical supplies not covered by health insurance. Now the family is behind on bills and is at risk of having their utilities shut off. The parents are feeling very overwhelmed and stressed. The family moved here for the father's job and do not have any family or friends in the area. The family is Spanish Speaking only.

<b>Table 1:</b>
1. Worries included the father's job, finances, insurance, the car, a sick child who is deaf, no support from family or friends, and language barriers.
2. Protective factors identified were that the father is employable, but needs transportations, the family was accessing medical care, the family currently has a home, but the family needs a support network.
3. Services Identified included HEAP and the CARE program.
4. Agencies identified included the schools, CalWorks, MediCal, CalFresh, Welfare to Work, CCS, Public Health Nurses, KRC, Respite Care, IHSS, Salvation Army, DHS for Family Stabilization Program, DR if a CPS referral was made, Housing through HACK, the Boys and Girls Club.
5. Barriers identified were financial, transportation, inability to pay for food and utilities, a lack of information, isolation and language barriers for ASL and Spanish languages.
6. Additional Resources identified were churches, financial resources centers, Salvation Army, Parenting Classes, Community events, food banks, Community Connection for Child Care, MVIP, Family Therapy through CCS/CSV/Women's High Desert/CSO, MAOF, Vocational Training, Americans Job Center, West Tec and Independent Living Center
<b>Table 2:</b>

1. Worries identified were income, health insurance, residential stability, lack of transportation, no support system, language barrier, and family conflict.
2. Strengths include a two parent household resilience, willingness to relocate, knowledge of medical needs, and work history.
3. Services Identified include SSI, DHS w/; Calfresh, CalWorks, Medi-Cal, welfare to work); behavioral health, language line, transportation through health insurance, CA Children's Services, CAPK or HEAP, FRC for the child under 2, and IHSS.
4. Family Resource Centers based off geographical locations, Hearts Connection, Delano Behavioral Health, CCS Wasco, Local DHS office, and 211.
5. Barriers include language, where agencies are located, ability for family to advocate for themselves, fear and trust issues, and emotions attached to situation.

**Comments/Feedback:**

Caring Corner also provides services for medically fragile children. Also, schools have a parent coordinator now through the community schools funding and every district is allowed to have busses to take children to Bakersfield, District buses will coordinate on weekends as well at no cost.

Concerns: We ask families to go to so many different agencies. What agency could help them access all services.

There are 13 Family Resource Centers in the county funded by First 5 Kern. They are funded to do one stop referrals however the challenge is when they turn 6 they are age to have services by the school district. Then the school SW or Coordinator is supposed to help with the external services.

There is a language line to help however they have to try to bridge gap. How do we get these resource to people who do not speak the language?

Local school districts have Community Program Coordinators that can take you to a spare room and go over available resources for families. They will help go through

West Kern has 4 schools with 5 coordinators other sites have at least 1.

Welfare to work has many resources.

Motivational Interviewing is a great foundation for working with clients.

**Scenario 2:**

**Family:** Mother, Child 1 (17-year-old/Male), Child 2 (14-year-old/Female).

The mother has cancer. The 14 year old daughter has been isolated and refuses to follow directions at school. She has been seen and heard crying often in the school bathroom and on the school bus. Her behavior has now escalated and she has been arrested but ordered into diversion. The 17 year old child is questioning his sexuality and this has caused conflict with his family. The mother lacks transportation to her medical appointments or any other services. Child 1 has not been seen by a doctor for over a year. Child 2 is not linked to behavioral services. The family has Medi-cal but is sanctioned. The mother is unable to work and does not receive any other kind of financial assistance. The mother sells homemade food online to pay for

utilities and rent. The Family is behind on all utility bills and risking eviction. The mother has reported concerns about the neighborhood the family lives in and community violence.
<b>Table 3:</b>
Worries includes the children worrying about the mother, the mother's concerns about the daughter's legal issues and son's mental/emotional health, transportation, utility bills and financial stress, potential loss of housing, and the living environment/safety.
Strengths include that they currently have housing, the family has some income, the children are attending school, the family has health insurance, and the family is together. They need assistance with better housing and health support.
Resources identified include Disability/SSI, FRC's, 211, transportation, DHS (can assist with GET bus pass), Behavioral Health through KBHRS/School/Managed Care Plan, Housing Assistance through CAPK for utilities/Open Door Network for at risk of homelessness/Flood Ministries/CalWorks, Legal Assistance through the Public Defender's office or the Bakersfield Law Library.
Some of these may services may not be available in East Kern. More resources would include CAPK, Utility assistance through 211, DHS has Get Bus passes, Kern Behavioral Health and schools under managed care plan would be able to assistance in some of them, Homeless Prevention Programs, DHS Social Workers, Legal Assistance GBLA. Public Defenders office or Bakersfield Law Library.

Comments/Feedback:
Concerns: Bureaucracy- It is extremely hard to access some of these services. Ex: SSI is difficult.
Comments: We want to focus on some of the communities that don't have as many resources that they may be in Bakersfield. We are finding more youth dealing with youth who are struggling with Gender and Sexuality. What would we do to help support the youth. Center for Sexuality and Gender Diversity is located in Bakersfield however they have sites throughout the entire county that assists with youth and families as well includes all age groups.
Legal Services: GBLA may be in Bakersfield only but Family Justice Center is county wide.
Many of these things can be addressed in Family Therapy.
Communities may know more locally versus county wide.
School districts can address some of these issues as well.
PAL has support for youth.
Probation has programs to help pay for youth programs.
Barriers. How do we get this information to families how would they navigate the resource booklets? Receive broken information. Can families even figure this information out on their own? Advocates may also receive broken information and get pieces of what he family actually needs.
Stigma of asking for assistance.
The goal is to connect the dots of the families to the people who have all the knowledge of resources.
Community Collaboratives are regional and join all of the services in an area together.

<b>Scenario 3</b>
<b>Family:</b> Mother, Child 1 (6-year-old/Female).
The mother and father recently separated after an unreported domestic violence incident. The family moved here from Arizona last year. The mother is a registered member of the Navajo Nation but her relationships are strained with her family since she left. The child is not enrolled

in school and may be on the Autism spectrum. The mother has no income and has to move as she lives with the father's extended family. The mother is unemployed and working on getting her high school diploma. The mother has applied for jobs but lacks transportation and child care.

**Table 5**

1. Worries include housing, finances, mental health, education, child care, and transportation.

2. Strengths include that the mother is registered with her tribe, she is working on her diploma and she left the domestic violence relationship.

3. & 4. Services include Housing Authority, Family Stabilization program, CalFresh, CalWorks, CAPK (Community Action Partnership), Tehachapi Wellness Center, College Community Services, Bakersfield American Indian Health Project, KRC, Schools, Community Connection for Child Care.

5. Barriers include accessing services, distance to services, no transportation, no income, no trust, and health issues.

6. Additional Resources include TANF Prevention, Navajo Nation, Kern Indian Educational Center, Owens Valley Child Development Center for family literacy and employment services, HEARTS Connection, and Kern Autism network.

**Table 6:**

1. Worries include a lack of concrete supports like housing, employment, income, transportation, custody, and domestic violence services. A lack of social connections as the mother is displaced from her tribe/family/friends. The Social/Emotional needs of the child as they are not in school, assessment for spectrum disorder and possible link to services. Also mental health services for the exposure to domestic violence.

2. Strengths include the tribal connection, the mother leaving a domestic violence environment, the mother looking for jobs, the mother's high school diploma, and showing resilience.

3. & 4. Resources include the Family Justice Center and the Bakersfield American Indian Health Project. At the FJC, the mother would be able to access DHS eligibility (coming soon for BAIHP) including cash aid, WTW, and food stamps as well as Emergency Shelter, and Legal Assistance. Bakersfield American Health Project does what Family Justice enter does but will help connect her to her home tribe and assist with relocation. Also has a clinic that will be able to handle some services as well as provide transportation. GBLA would be able to help establish Child Custody at no cost.

**Comments/Feedback:**

Sometimes word of mouth referrals are the most trusted.

Language is very important when working with Indian families. Connection is vital to relationships with tribal families.

If child is registered in school the district could offer services. They could help register child in school as well.

Sometimes to connect with family is a way to help with stigma of seeking assistance.

**Scenario 4**

**Family:** Mother, Child (2 month-old/Female).

The mother is 18 and was in foster care until her last birthday. She recently gave birth and reports no relationship with the father. The mother was removed from her parents when she was 6 years old and is currently residing with her mother but wants to move out. The mother dropped out of school when she was 16 years old. She previously received mental health treatment but is no

longer connected to services. She states that she thinks she may have had post-partum depression but isn't really sure. The mother reports fears about parenting as she did not have any models for good parenting growing up. The mother has no income or health insurance and the baby has not had any checkups since birth.

**Table 7:**

Worries include parenting skills, mental health, living situation, no income, no health insurance, no baby well child check-ups, lack of social connection, lack of education and lack of skills.

Protective factors impacted include social connection, parental resilience, knowledge of parenting.

Services include AB12 Services, AFLP, CalWorks/Medi-Cal, Kern Behavioral Health, DR, Dream Center, Parents as Teachers, FRC's, DHS Housing Unit, TAY.

Barriers include regional issues. The Dream Center is only in Bakersfield.

Other resources needed include WIC, The Bakersfield Adult School, Community Connections for Child Care, the Nurse Family Partnership, Housing Authority,

**Table 8:**

1. Worries include the baby's health, parenting, the mother's health, the living situation, and repeating unhealthy cycles.

2. Strengths include having a place to live, awareness of mental health and areas of growth as a parent, insight, self-reflection, resilience, a relationship with the grandmother/mother, and knowledge of parenting/child development.

3. & 4. Services include Family Resource Centers, First 5 case management, Nurturing Parenting Classes, General Assistance benefits, KBHRS for mental health including assessment and linkage to geographic providers, the Dream Center, College Community Services, and the Primary Care Physician.

5. Barriers identified include transportation.

6. Additional resources that would help are co-located services and telehealth/virtual services.

**Comments/Feedback:**

Who is going to help her access these services?

Advocates can help find services

Medi-cal Community Health workers

Blanton Child Development Center through KCSOS assist youth with help with child care and getting units and hands on parenting skills. They assist with transportation as well.

BC has programs for Child Care as well for parent to continue education.

DOR has services as well.

AFLP through Clinica Sierra Vista for pregnant or parenting teens.

High pregnancy rate in Kern County.

-Prevention services in high schools?

-Potential need for community prevention pregnancy

Dream Center can assist with helping youth re-enter foster care system as a NMD.

**Scenario 5**



**Family:** Mother, Child 1 (10-year-old/Male), Child 2 (5-year-old/Female), Child 3 (1-year-old/Female).

Child 1 has been missing many days of school, when he does come to school he is wearing the same clothes for multiple days at a time, but his hygiene is fine as he does take showers. Child 1 mentioned he doesn't have a home. The mother separated from the children's father 1 month ago. The family left the home and only took 3 pairs of clothes with them. The family moved into the maternal aunt's home which is on the other side of town. The mother struggles to take Child 1 to school and make it to work on time. The mother has been very overwhelmed and does not want to lose her job due to tardiness, therefore Child 1 has been watching the children while the mother is at work. Child 2 is not registered in school. Child 2 has speech delays but no services. The mother reports that she isn't sure how to help her children and is not familiar with developmental milestones. The family is African American and the mother reports that she would like to have more cultural involvement. The family gets CalFresh and MediCal but does not get CalWorks because Father is still in the family Welfare case. The mother is wanting to apply for housing assistance programs but does not know where to begin. The mother reports feeling isolated and sad most days.

**Table 9:**

1. Worries identified include the mother keeping her job while juggling her family needs including child care and transportation. The mother is overwhelmed about how to access services. The mother wants to secure stable housing. The 5 year old is not in school and needs support for speech development. The oldest child is missing school days. The possible high risk factors that led to the family leaving the home quickly.
2. Protective Factors identified include positives for the mother's resilience, employment, and some family support from the aunt. Negatives include knowledge of child development and milestones, social connections, concrete support in times of need, social and emotional competence of the children, and needing information on accessing services.
3. & 4. Services and agencies identified include Special Education, Community Connection for Child Care, attendance coordinator will help get child to school and link with social worker, Women's High Desert Center for housing assistance and mental health, and FRC's. Also Black infant health with the public health department.
5. Barriers include transportation, financial instability and stress, time, unstable housing, lack of child care and support, accessibility of services including hours and locations, lack of awareness of agencies and services available, and emotional distress.
6. Other resources include ETR for career advancement, loving solutions, and CPS DR.

**Table 10**

1. Worries include housing, child care, employment, transportation, child development, and cultural connection.
2. Protective factors include the aunt, the mother is working, Medi-cal, and CalFresh.
3. & 4. Resources and services include KRC, Search and Serve, DHS Housing, Operation School Bell, Family Resource centers, CCCC, GBLA, FRC, McKinney/Vento, First 5, Kern Behavioral Health, assist with ASQ through the school districts, Public Health including the Black Infant Health program, Open Door Network, and City Serve.
5. Barriers include transportation, education, father on case, culture, mental health stigma.

Comments/Feedback:

-Support services based on race are limited and can be difficult to find.

-Search and serve can complete the ASQ and the ASQ SE for social/emotional development.

-Help Me Grow offers free developmental screening free online or by phone as young as 3-4 months old until age 6 available outside school district. [Helpmegrowkern.org](http://Helpmegrowkern.org)

One overall concern noted was that a family would not disclose all of the concerns include in a scenario. Sometimes it would come out over weeks or months or to different providers.

Protective Factors Brochure and Next Steps Discussion:

-Plan is to develop a brochure. Discussion to customize based on their needs or service area.

-Goal is to take feedback and put something general for the county so agencies can create and provide resources for the families. Who would want to be involved? Goal is to be meaningful and helpful. If agency is interested how should we really do outreach? Where are they getting their information? Reframe concept of protective factors, how do we build upon current strengths. How would we get this information to clients we work with?

Group feedback included focus on the FRC's and the 26 collaboratives.

Unite Us Platform is a great tool

Idea for geomapping services or FRC's for ease of use.

Health Care providers may be a good target for distribution.

## **ATTACHMENT C – LOGIC MODEL**

An Increase in Child Wellbeing in Kern County

### **New Prevention Services/Partnerships**

Protective Factors Brochure  
Bakersfield American Indian Health Project  
Family Advocate  
Parents As Teachers

### **Expanded Prevention Services/Partnerships**

Motivational Interviewing Training  
Family Resource Centers  
Linkages  
Home Visiting Program  
Non-Dependent Wraparound Services  
Court Ordered Family Maintenance  
Jamison Children's Center

### **Outreach for Prevention Services/Partnerships**

Help Me Grow  
CA Community Schools Partnership Program  
Black Infant Maternal Health Initiative  
Differential Response  
Dream Center

Resources Needed: Staffing, Funding, Outreach, Program Expansion, New Program Development, and technology

### Impact on children, parents, and families

- Elimination of Child Maltreatment
- Reduction of Children Entering Foster Care

### Outcomes

- Development of Prevention System of Care
- Targeted Services to meet family needs
- Reduction in Recurrence of Maltreatment
- Early Interventions
- Reducing Disproportionality

### Outputs

- Improvement in S2 – Recurrence of Maltreatment
- Improvement in P4 – Re-Entry to Foster Care
- Improvement in Disproportionate Outcomes

## **ATTACHMENT D- ASSURANCES**

### **Family First Prevention Services (FFPS) Program Assurances**

#### **County of Kern**

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 or 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), the **Kern County Department of Human Services**, 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 **Kern County Department of Human Services** assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including periodic risk assessments throughout the period of service delivery. 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 **Kern County Department of Human Services** assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community based and Title IV-E pathways.

#### **Trauma-Informed Service Delivery Assurance**

The **Kern County Department of Human Services** 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 **Kern County Department of Human Services** 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 Title IV-E Prevention Services State Plan, the **Kern County Department of Human Services** assures the advancement of fairness and equity strategies that can address systemic and institutional racism. 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 **Kern County Department of Human Services** 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.

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(Date)

(Signature of Authorized CWS Representative)

# ATTACHMENT E - SPENDING PLAN

Kern County Superintendent of Schools (KCSOS), administrative agent for Kern County Network for Children (KCNC)/Kern's Child Abuse Prevention Council																					
A	CPP Advisory Board - Youth and Parent	Kern County DHS	FY2023	FY2324	FY						\$7,200.00	\$7,200.00									
A	Program Planning - Staffing costs	Kern County DHS	KCDHS	FY2122	FY2223						\$89,354.00	\$89,354.00									
X	Program Development - PA Training	Kern County DHS	KCSOS-KCNC	2324			20,000.00				\$510,856.00	\$530,856.00									
I	Program Development - Staffing Costs	Kern County DHS	KCDHS	FY2122	FY2223						\$89,354.00	\$89,354.00									
I	Program Development - Workforce Development - Convening/Conference	Kern County DHS	KCDHS	FY2223							\$6,000.00	\$6,000.00									
I	CPP Consultant	Kern County DHS	Shared Vision Consultants	FY2223							\$200,000.00	\$200,000.00									
D	Preplanning	Kern County DHS	KCSOS-KCNC Network Development	FY2122						\$32,283.00		\$32,283.00									
X	Motivational Interviewing Training	Kern County DHS	KCSOS-KCNC	FY2223	FY2324						\$317,500.00	\$317,500.00									
X	Diversity, Equity & Inclusion Training	Kern County DHS	KCSOS-KCNC	FY2223							\$2,500.00	\$2,500.00									
W	Protective Factors TAT Training	Kern County DHS	KCSOS-KCNC	FY2324							\$25,000.00	\$25,000.00									
Preplanning Subtotal											\$89,594.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Development of Plan Subtotal											\$1,240,554.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total from Planning and Development											\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ALLOCATIONS:											\$6,487,097.00	\$2,392,999.00	\$1,618,435.00	\$896,092.00	\$712,289.00	\$275,763.00	\$1,101,889.00	\$1,580.00	\$333,151.00	\$504,000.00	\$665,000.00

Preplanning/Development of Plan	Activity/Service Name	Fiscal Agent	Grantee/Contractor Name	Spending Time Frame	GF State Block Grant Child Welfare CDOSS (Required)	GF State Block Grant Probation CDOSS (Required)	FFTA CDOSS	ARPA-CBCAP CDOSS	CAPT CDOSS	PSSF CDOSS	County Children's Trust Fund CDOSS	CalWORKS CDOSS	County General Fund CDOSS	First 5	Child Welfare Outcome Improvement	Total Cost Per Service	
Q	Staffing - Program Implementation	Kern County DHS	KCDHS	FY 23/24	\$770,148.00											\$770,148.00	
U	EBP Program - PAT	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25	\$2,197,317.00		\$1,847,524.00									\$4,044,841.00	
Q	Family Advocate for Tribal Families	Kern County DHS	BAHP	FY 23/24	\$100,442.65											\$100,442.65	
V	Program Evaluation	Kern County DHS	KCDHS	FY 23/24	\$265,713.00											\$265,713.00	
R	Program Evaluation	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25			\$63,970.00								\$227,132.00	\$311,102.00	
R	Agency & Provider Management	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25			\$63,970.00								\$227,132.00	\$311,102.00	
S	Staffing for Eligibility Determination	Kern County DHS	KCDHS	FY 23/24	\$468,383.91											\$468,383.91	
Q	FRC Program Support Expansion	Kern County DHS	First 5	FY 23/24	\$200,000.00											\$200,000.00	
Q	BAHP Program Support Expansion	Kern County DHS	First 5	FY 23/24	\$200,000.00											\$200,000.00	
Q	Non-Dependent Waparrour Services Expansion	Kern County DHS	Aspienet	FY 23/24	\$265,000.00											\$265,000.00	
Q	Lineages Expansion	Kern County DHS	KCDHS	FY 21/23 FY 23/24	\$178,708.20											\$178,708.20	
Q	Home Visitation Program Expansion	Kern County DHS		FY 23/24								\$3,414,061.00				\$3,414,061.00	
R	Differential Response	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25	\$664,349.00			\$275,379.00		\$611,512.00		\$333,151.00	\$504,000.00	\$595,000.00	\$806,485.00	\$3,989,876.00	
Q	Behavioral Health/Mental Health	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25	\$95,112.00					\$269,999.00						\$365,110.00	
Q	Prevention Network Development	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25							\$70,289.00					\$70,289.00	
Q	Adoptions Promotion and Support Services	Kern County DHS	KCDHS	FY 22/23 FY 23/24 FY 24/25						\$220,378.00						\$220,378.00	
Q	Emergency Homeless Funding	Kern County DHS	KCDHS	FY 23/24	\$300,000.00											\$300,000.00	
Q	Homeless Youth Services	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25	\$3,656,366.40			\$499,033.00								\$4,155,399.40	
Q	Program Implementation - Group Counselor	Kern County DHS	KCDHS	FY 22/23 FY 23/24													
Q	Prevention Education Services	Kern County DHS	KCSOS-KCNC	FY 22/23 FY 23/24 FY 24/25							\$162,683.00					\$162,683.00	
	MOE	Kern County DHS	KCDHS		\$55,000.00											\$55,000.00	
				Subtotal from Delivery of Services Implementation	\$9,636,530.16	\$0.00	\$167,940.00	\$469,033.00	\$0.00	\$275,379.00	\$1,101,888.00	\$262,972.00	\$504,000.00	\$595,000.00	\$1,260,749.00	\$19,267,469.00	
				Subtotal from Planning and Development	\$1,240,594.00	\$0.00	\$0.00	\$998,006.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,240,594.00
				GRAND TOTALS	\$10,877,094.16	\$0.00	\$167,940.00	\$1,467,039.00	\$0.00	\$275,379.00	\$1,101,888.00	\$262,972.00	\$504,000.00	\$595,000.00	\$1,260,749.00	\$19,267,469.00	
				ALLOCATIONS:	\$6,487,097.00	\$2,302,999.00	\$1,618,436.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	