

**The County of Madera
Department of Social Services**

Comprehensive Prevention Plan

2022-2024




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**COMPREHENSIVE PREVENTION PLAN
COUNTY OF MADERA**

Signature Page

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Land Acknowledgment

We wish to acknowledge that the Madera County Department of Social Services is situated on the original homelands of the Mono, Yokuts which includes Chukchansi, Dumna, and Chowchilla, and Miwok peoples, who have stewarded these lands across generations.

Our respect extends to the tribal people, both past and present, of the North Fork Rancheria of Mono Indians, traditionally known as Nim and the Picayune Rancheria of Chukchansi Indians, the federally recognized Indian Tribes¹ in Madera County today.

We acknowledge the profound, and enduring connections the tribes maintain with these lands and waters and their vital role in shaping our region's history. We honor their indelible mark on our county through knowledge, traditions, and cultural contributions.

Recognizing the peoples of this land is a small yet crucial step in an ongoing journey towards building awareness, understanding and trust. Madera County remains committed to working in unison with Tribal Governments to foster a more equitable and inclusive community that values the diverse histories, cultures, and experiences of tribal people.

Introduction

Fully committed to preventing child abuse and its recurrence, Madera County (the County) has developed a Comprehensive Prevention Plan (CPP) to implement the Title IV-E Prevention Program, established by the Family First Prevention Services Act (FFPSA). This program introduces a significant shift in approach, prioritizing prevention and early intervention. The County's CPP, shaped by collaboration with interagency partners and Tribal Governments and community stakeholders, aims to strengthen family protective factors, address disparities, confront systemic and historical traumas, and improve the county's well-being of all children, youth, and families.

The County's CPP calls for developing the Community HOPE Network, prioritizing prevention and early intervention services in Madera County. The network, which includes interagency and community partners, tribal governments and tribal leadership, and native community stakeholders, envisions an inclusive, multicultural community where children and families thrive in safe, nurturing environments. Our collective mission extends beyond reducing the likelihood of involvement with Child Welfare and minimizing the need for children to enter Foster Care; we aim to develop upstream community support systems that address the root causes of child abuse and neglect.

Our vision and mission will guide the Community HOPE Network, which embodies HOPE. The HOPE Network is a prevention pathway that provides a holistic approach and organized supportive services and resources for all children and families in the county that utilizes evidence-based practices to meet the child's and family's needs.

Our Collective Work

Collectively we are guided by a shared HOPE and DREAM of transforming our service systems and empowering our community to nurture and support children and families holistically. The HOPE acrostic represents key aspects of Madera County's prevention pathways, specifically the pathways that provide a **H**olistic Approach, **O**rganized Support, and **P**revention focused, and **E**vidence-based.

¹ In this document, the terms "tribe", "tribal nation", and "tribal government" are used interchangeably. They all hold the same meaning and significance as the term "Indian tribes" as used in Article 1, Section 8 of the U.S. Constitution, which affirms and acknowledges Indian tribes as sovereign governments.

Our shared values inspire our DREAM. The DREAM acrostic communicates the core values that transform our service systems and empower our community to view, engage, nurture, and support children and families in Madera County through prevention and resilience-based perspectives.

Our shared values

- **Diversity through Inclusion:** We cultivate environments that celebrate diversity, equity, and inclusion, fostering belonging and ensuring all community members are valued, accepted, and connected.
- **Resilience through Restoration:** We commit to creating restorative, healing environments that promote resilience, self-efficacy, and collective well-being.
- **Empowerment through Education:** We encourage lifelong education through a culture that supports and balances individual autonomy, collective interdependence, resources, and services contributing to collective well-being.
- **Advocacy through Optimism:** We promote positive, hopeful interactions that empower individuals and communities, actively listening and amplifying our collective voices in a culturally sensitive manner.
- **Mastery through Partnership:** We foster relationships that prioritize reciprocity through shared experiences and resources that enhance service systems, empower caregivers, and establish children's well-being.

Inspired by our vision and mission and guided by our values, the Community HOPE Network and the CPP provide a robust foundation for advancing prevention work in Madera County. Building on this foundation, the CPP aims to transform Child Welfare from a reactive, protection-focused system to a prevention-focused one that enhances all children's and families health, well-being, and safety.

The County recognizes child abuse and neglect as a complex social problem that must be understood within the community's social, economic, and historical context. An inclusive and collaborative approach has been adopted to engage diverse stakeholders, including interagency partners, community members, Tribal Government, tribal leaders and native community stakeholders, and individuals with personal experience in the child welfare system. These collaborative efforts aim to identify and develop upstream strategies and resources for prevention and early intervention that address the root causes of child abuse and neglect. The following section highlights the County's social, economic, and environmental strengths and opportunities, establishing a contextual foundation for the County's CPP.

Profile and Demographics

Madera County offers a richly diverse communal backdrop in the heart of the Central San Joaquin Valley and the Central Sierras. The county stretches over 2,100 square miles, encompassing the agriculturally bountiful San Joaquin Valley lands and the breathtaking Sierra Nevada Mountains. Within the county are two incorporated, numerous unincorporated cities and several indigenous communities. The local economy is steadily growing, with a significant government sector and flourishing agricultural, manufacturing, and processing industries. In terms of education, Madera County hosts ten districts, five high schools, and over 40 public elementary and middle schools. Higher education opportunities are available at the Madera Community College Campus, nearby Madera Community College Oakhurst Site, Merced, Fresno, and Clovis Community Colleges, the nearby California State University, Fresno, and the University of California, Merced. The population composition mirrors the diverse landscape with 59.6% Hispanic/Latino, 31.0% White, 2.8% multi-race, 2.6% Black or African American, 2.3% Asian, 1.1% American Indian and Alaskan Native, 0.5% of some other race, and 0.1% Native Hawaiian and other Pacific Islander².

² Demographic Data Source: United States Census Bureau 2020 <https://www.census.gov/>

Despite the strength derived from its diversity, Madera County faces several barriers. One significant challenge is poverty, affecting roughly 19% of the population compared to California's 12.6%. The situation is even more consequential for those under 18, with over 26% living in poverty compared to the state's 15%. The county also contends with higher rates of domestic violence, violent crime, and deaths due to homicide, firearms, and motor vehicle accidents when benchmarked against California. However, the diverse peoples, cultures, strengths, and cross-sector partnerships in Madera County offer hope and opportunities for developing a prevention plan to enhance all community members' health and well-being.

Governance, Cross-Sector Collaboration, and Engagement

Promoting cross-sector collaboration and stakeholder engagement is critical to successfully developing and implementing FFPSA within the County's prevention plan. Often, legislative initiatives involve interagency partners like Social Services, Public Health, Behavioral Health, Probation, and the County Office of Education. However, FFPSA and the CPP broaden the scope of involvement to include all relevant community stakeholders, such as the local Child Abuse Prevention Council (CAPC), Family Resource Centers (FRC), Foster Family Agencies (FFA), and other Non-Profit and Community-Based Organizations. The CPP also requires the inclusion of local Tribal Government (tribal government leaders and native community stakeholders) and individuals with lived experience, including birth and foster parents and former foster youth.

The County acknowledges the importance of involving all relevant cross-sector community stakeholders and recognizes the opportunity to advance the ongoing multi-system changes in the State. However, we also understand the challenges that come with these new opportunities. It is essential to include the necessary contextual information in each section of the CPP to ensure all community stakeholders and partner organizations are informed and empowered to participate actively at every stage. This is especially vital for stakeholders and partners who may not be aware of the ongoing efforts over the past two decades for multi-system changes. Consequently, the CPP is written with this target audience in mind, providing the essential contextual information necessary to enable active participation in the County's Prevention Plan.

Governance Structure

In accordance with the Welfare and Institutions Code (WIC) §16585-16589 and All County Letter (ACL) 22-23, the governance structure of the County's CPP must include all required cross-sector collaborative partners and provide opportunities for meaningful participation in all decision-making processes. This design facilitates cooperation and engagement across the CPP's entire spectrum, including its development, training, implementation, fidelity monitoring, and ongoing quality improvement.

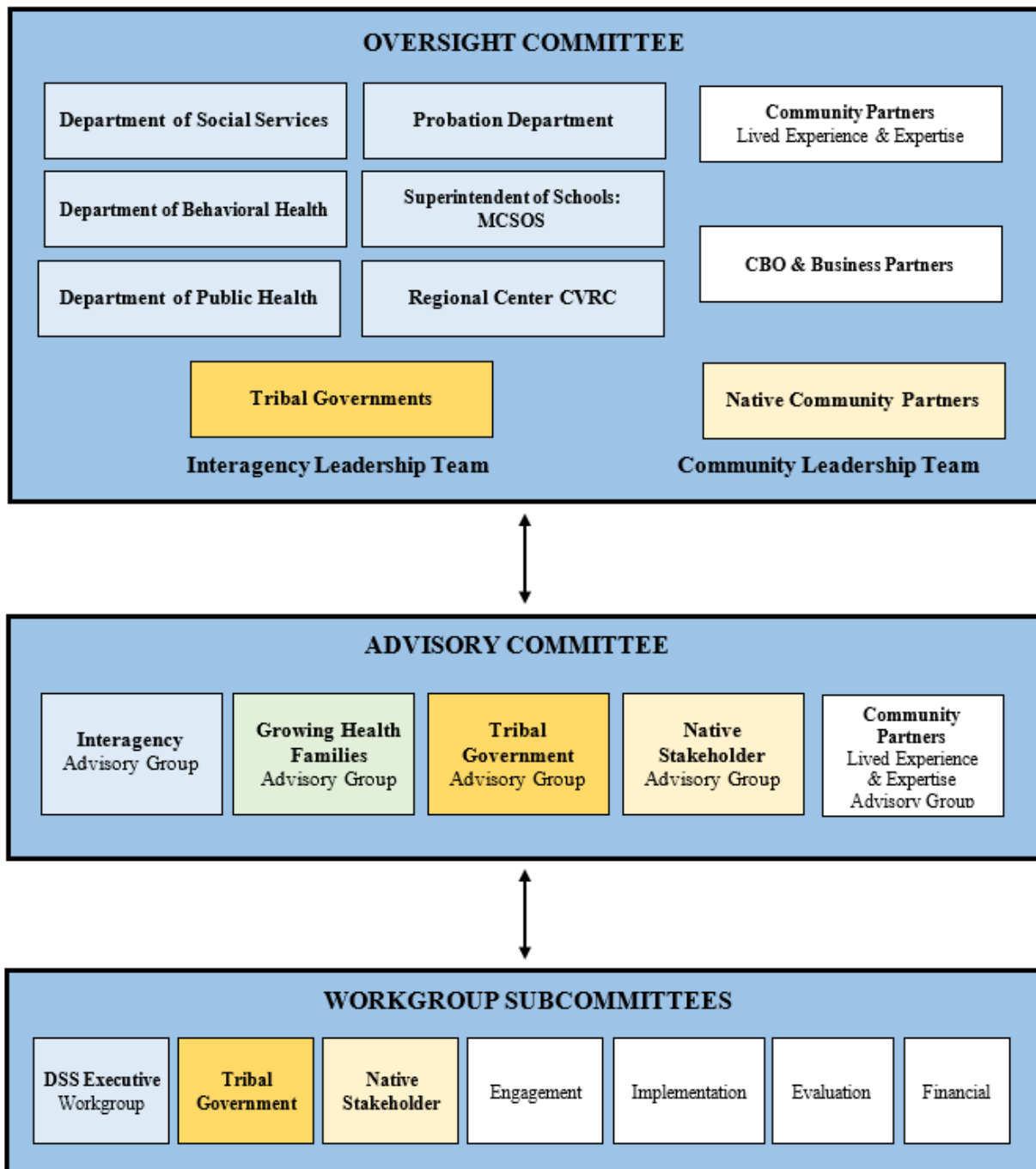
In compliance with AB 2083, the Interagency Child and Youth Services Council (ICYSC), an interagency group, strives to provide integrated, comprehensive, and culturally responsive services using evidence-based best practices to children, youth, and families, irrespective of their entry agency. The ICYSC operates under a Memorandum of Understanding (MOU), which designates the Interagency Leadership Team (ILT) as the governing board for this partnership.

Organized as a workgroup within Live Well Madera County's Community Health Improvement Plan, Growing Healthy Families (GHF) has been working to enhance Madera County's health landscape by specifically addressing child abuse and neglect. The group has been collaborating with cross-sector stakeholders to improve neighborhood conditions, enhance economic self-sufficiency, and address social inequities, as these factors potentially contribute to child abuse and neglect. Therefore, the GHF workgroup will be an important and valued asset to include within the CPP governance structure.

Leveraging these established collaborative relationships and existing structures, the ILT can provide oversight for the Community HOPE Network as part of the county's CPP. Through sustained collaborative efforts, these system partners have developed procedures to efficiently address cross-sector collaboration issues, including budgeting, data collection and sharing, and interagency decision-making. The ILT can leverage existing convening schedules and structures to review data on implementation efforts and ongoing program evaluation. Additionally, the ILT can guide the Continuous Quality Improvement (CQI) processes based on these comprehensive reviews.

Figure 1, displayed below, visually illustrates the Community HOPE Network's governance structure and identifies the cross-sector collaborative stakeholders involved in the CPP's various processes. This structure utilizes a three-tier distributed leadership model. The top tier (tier three) is the oversight committee, providing high-level leadership and sanctioned decision-making. Tier two is the advisory committee, offering mid-level supervision and support throughout the development and implementation stages of the CPP. The first tier comprises sub-committee workgroup teams and stakeholders responsible for jointly developing and executing the county's CPP. These stakeholder groups will continually contribute to the governance structure, actively participating in decision-making at all levels and across all implementation stages. Appendix 1 presents a description of the Community HOPE Network's governance structure.

Figure 1: The Community HOPE Network Governance Structure



Cross-Sector Collaboration and Engagement

In its primary strategy for engaging cross-sector stakeholders, Madera County Child Welfare Services (CWS) collaborated with ICYSC partner agencies. This collaboration capitalized on established partnerships with ICYSC partners involved in the collaborative engagement efforts required by several legislative mandates. This process enabled diverse stakeholders to participate and inform throughout the planning and drafting stages of the CPP. (Appendix 2 lists the ICYSC partner agencies and stakeholder groups engaged in these processes)

In addition to leveraging the collaborative efforts of ICYSC partner agencies, Madera County CWS also facilitated numerous stakeholder workgroups, including the annual Statewide Collaborative Prevention Convening on May 17, 2023. This included representatives from Child Welfare Services, other county agencies serving families and children, local community representatives, caseworkers, individuals and families with lived experiences, and tribal government, leaders, and native community stakeholders. (Appendix 2 lists the stakeholders who actively participated in this process).

These stakeholders contributed to the community needs assessment and asset mapping. The CPP planning team and stakeholders identified the current service array, evidence-based practices (EBPs), and candidacy population by participating in these activities. These assessments also contributed to developing the community prevention pathway (HOPE Network), its processes, and governance structure. Through well-established cross-sector and interagency processes, the CPP planning team provided several opportunities for leadership within the CPP governance structure to actively participate in the development process of the CPP.

Tribal Government Consultation

Madera County is home to two federally recognized Tribal Nations: The North Fork Rancheria of Mono Indians and the Picayune Rancheria of Chukchansi Indians. Despite their location beyond the County's boundaries, Madera County's CWS also has opportunities to serve native Indian families of the Big Sandy Rancheria of the Western Mono Indians.

The County is positioned well to meet the requirement for local Child Welfare agencies to consult and engage Tribal Governments, tribal leaders, and native community stakeholders actively in developing the CPP. However, the County acknowledges that Native American Indian children, families, and communities often harbor doubts and concerns about engagement attempts by non-native institutions, agencies, and organizations. The impact of a traumatic history resulting from harmful laws, policies, and practices—especially those within the child welfare system—cannot be overlooked. The infamous Indian boarding school era and the Indian Adoption Project (1958), which forcibly assimilated Indian children and separated them from their families and culture have cultivated a deep mistrust of child welfare systems. The Indian Child Welfare Act (ICWA), was enacted to protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families. The lack of consistent implementation of ICWA has contributed to historical trauma and ongoing mistrust. Therefore, the County recognizes the importance of acknowledging this justified mistrust to maintain the authenticity and intent of its efforts to communicate progress in building relationships with both Tribal families and their Tribal Governments, leaders and native community stakeholders.

Tribal Collaboration

Ensuring equal access to services for tribal families and tailoring those services to their unique culture and needs requires ongoing work in unison between the County and Tribal Governments. The County prioritizes strengthening its relationships with tribal governments, to ensure their engagement in the development, implementation, and continuous quality improvement of FFPSA prevention services. These improvements provide assurance that prevention services in Madera County are culturally inclusive, appropriate, responsive, and representative of the native communities' beliefs, values, and practices. Furthermore, the County remains dedicated to collaborating with tribal government, tribal leaders, and native community stakeholders to ensure proper notifications are made when tribal families and children are evaluated for prevention services through the Community HOPE Network.

Understanding this, the county acknowledges and upholds the right of tribal governments and native community stakeholders to determine the conditions, context, and timing of these efforts

based on the level of trust rebuilt through the healing process. Consequently, the County actively engaged and invited Tribal Nations, leaders, and native community leaders to a series of learning conversations. These dialogues aimed to identify and develop a sustainable framework for an equitable, collaborative process that practices deliberate reciprocity, fostering deeper relationships and greater trust.

In recent years, the County has consciously worked to foster robust relationships with Tribal Nations, tribal government leaders, actively engaging with all native community stakeholders. We have jointly developed Policies, Procedures, and an Indian Child Welfare Act (ICWA) Social Worker Desk Guide. Madera County was an early participant in the California Department of Social Services (CDSS) ICWA Specialist Certification Program, with seven staff completing the intensive training. Madera also displays signage and message boards with ICWA contacts and the ICWA State Hotline throughout its Child Welfare offices.

Therefore, the County commits to a continuous process of repairing relationships, rebuilding trust, and reimagining how it supports the healing and well-being of its Native American Indian communities. This includes ensuring that tribal families have equal access to services and that these services are customized and adapted to meet their needs. Therefore, the County will ensure that all Evidence-Based Prevention Programs (EBP) eligible for FFPSA Part I funding are fully evaluated with tribal governments to include the adoption of adaptations as allowed per the Administration for Children and Families (ACF) Information Memorandum (ACYF-CB-IM-21-04). The County will continue to prioritize strengthening relationships with its tribal governments, exploring strategies for implementing FFPSA prevention services, and ensuring tribes are properly notified when tribal families and children are assessed for prevention services through the Community HOPE Network.

In accordance with WIC 16587 (d) (B) (3), the County must inquire if a child assessed for foster care and prevention services may be an Indian child. If the County has reason to believe that the child is an Indian child, as defined in Section 224.1, written notification must be provided to the Tribe. This initiates the process for tribal families and tribal governments to work in unison with County agency and service providers in the ongoing process of assessing child and family and in developing and implementing the written prevention plan.

The term "reason to know" is the threshold for ICWA compliance. Thus, families may voluntarily disclose their affiliation and membership with tribes during service intake, prompting the service provider's obligation to engage with the Tribe(s) for input in candidacy determination, service planning, delivery, and safety monitoring.

Engaging tribal governments and ensuring tribal participation can open doors to additional support services, benefiting the family and meeting their identified and unique cultural needs. Consequently, the CPP's governance structure reflects this commitment by involving tribal governments and native community stakeholders at all levels of leadership and throughout all development, implementation, and continuous quality improvement phases. Appendix 2 lists the Tribal Nations, leaders, and native community stakeholders actively engaged in planning and developing the CPP.

Integrated Core Practice Model (ICPM)

The County emphasizes the importance of keeping all stakeholders well-informed and equipped with relevant information. This helps to facilitate their active participation in every stage of the CPP's development, implementation, and evaluation. Therefore, this section provides a historical background of the Integrated Core Practice Model's (ICPM) development and evolution in California. We summarize essential core practice behaviors and strategies for all Community HOPE Network partners who support and serve Madera County's children, youth, and families.

The Child Welfare Core Practice Model (CPM)

California's Integrated Core Practice Model (ICPM) grew out of the Child Welfare Core Practice Model (CPM), a project initiated by the County Welfare Directors Association (CWDA) of California. The California Department of Social Services, the Child and Family Policy Institute of California, the California Social Work Education Center (CalSWEC), and the Regional Training Academies supported its development.

The Child Welfare CPM features a theoretical framework based on empirical research. This framework operationalizes the principles and behaviors shaping how Child Welfare work gets done, regardless of specific activities. The framework, principles, and behaviors apply across all interactions with Madera County's children, youth, and families, irrespective of the service systems they engage with (No Wrong Door), such as Child Welfare, Probation, Behavioral Health, or other community-based service delivery systems.

The Child Welfare CPM forms the heart of the Integrated Core Practice Model (ICPM) and is a vital element of the County's CPP. Consequently, all Community HOPE Network partners will receive the ICPM 101 workforce development training described in the state's training plan and in accordance with the County's Assurance to Meet the Workforce and Training Requirements listed on pg. 42.

ICPM Behaviors and Strategies

The Integrated Core Practice Model (ICPM) aims to provide a cross-sector, multisystem framework for ensuring children, youth, and families in Madera County receive trauma-informed, evidence-based, and culturally responsive services and support. The ICPM outlines practice behaviors and expectations for all Community HOPE Network service providers and staff, including those in direct service, supervision, and leadership roles.

- **Foundational Behaviors:** These behaviors form the basis for effective practice. They include building trust-based, respectful relationships, cultivating cultural humility, promoting family and youth voice and choice, and continuous learning and professional development.
- **Engagement Behaviors:** These behaviors emphasize active participation and collaboration with children, youth, and families, which involves active listening, validating experiences, and involving families in decision-making.
- **Assessment and Planning Behaviors:** These behaviors focus on conducting thorough assessments, gathering comprehensive information, and developing collaborative plans that address the unique needs and strengths of children, youth, and families.
- **Teaming Behaviors:** These behaviors pertain to interaction and collaboration within a team setting, contributing to effective teamwork.
- **Service Delivery Behaviors:** These behaviors involve implementing evidence-based practices and interventions tailored to meet individual and family needs. They also promote child safety, well-being, and permanency through effective case management and support services.
- **Transitioning Behaviors:** These behaviors acknowledge the importance of supporting children, youth, and families during change or transition. This includes planning and coordinating smooth transitions between services, placements, or life stages.

The County has developed complementary strategies for each category, guiding interaction with stakeholders and families, defining goals, and framing collaborative endeavors. The strategies reflect a commitment to open collaboration, accountability, and evidence-based practices. They emphasize active engagement, clear communication, strength-based and trauma-informed assessments, coordinated team effort, and support during transitions.

The strategies provide a roadmap for delivering effective, culturally sensitive, and trauma-informed services to Madera County's children, youth, and families (See Appendix 3). They foster an environment of trust, respect, and mutual learning while ensuring families remain at the center of decision-making processes.

Assessments, Asset Mapping, and Data Analysis Outcomes

The County conducted several assessment activities. These involved agency staff, system partners, CBOs, service providers, tribal government leaders and native community stakeholders, and individuals with lived experiences and expertise. Developing the County's CPP presented some unique challenges, especially related to agency and stakeholder engagement capacities and availability issues. This section explains the methodology and outcomes of these assessment activities.

Assessment Methodology

Madera County utilized an innovative data crosswalk process to conduct the readiness and community needs assessment, asset mapping, and gap analysis in developing the County's CPP. A "data crosswalk" is a method that identifies and merges common data points from various sources. This procedure contributes to a comprehensive understanding of the data. Our CPP data crosswalk used the Social Determinants of Health (SDoH), Structure Decision Making (SDM), and the Center for Disease (CDC) Risk Factors to develop a multi-perspective organizing meta-framework. This unique process identified overlapping data points from several county-level data sources. These sources included the County Self-Assessment (CSA), Community Health Assessment (CHA), and the Force of Change (FOC) assessment, the Mental Health Services Act (MHSA) Report, County Probation Department data, and multiple Local Control and Accountability Plans (LCAP). Figure 2 below visually depicts this process.

The CPP data crosswalk has two primary advantages. Firstly, it enhances data interoperability, enabling a more complete and accurate understanding of community needs. This process fills data gaps and promotes consistency across databases, improving data quality and usefulness. The data crosswalk proved especially beneficial in analyzing county-level datasets from traditionally disparate service delivery systems. Each of these systems has unique service mandates, goals, and objectives. The multi-perspective organizing meta-framework helped capture data from these systems, reflecting risk factors associated with child welfare and foster care entry. The data crosswalk process effectively turned diverse data sources into actionable intelligence, equipping the County to serve its community needs with an informed prevention plan.

Developing the County's CPP presented two unique challenges, stakeholder engagement capacity and time management issues. While the CPP was under development, partner agencies were also conducting outreach, engagement, and data collection for their specific plans and reports. Therefore, the second rationale for utilizing the data crosswalk methodology addresses this unique challenge by streamlining the engagement process. By maximizing existing resources and minimizing stakeholder fatigue, it integrated the community engagement efforts of interagency partners. It leveraged the information already gathered from cross-sector community-based partners and community members. Consequently, there was less need for multiple outreach and engagement efforts specifically for the CPP, reducing the time burden on stakeholders and increasing their capacity to participate. The County utilized this more strategic stakeholder engagement process to meet the unique needs of targeted populations. The CPP planning team met independently with Tribal Nations stakeholders consisting of tribal government leaders, native community members, organizations, service providers, and advocates. These focused conversations provided multiple opportunities to learn and share important information for developing the CPP. This Tribal Nations stakeholders group has agreed to continue to meet and participate in the CPP governance structure. Additionally, the CPP planning team held

learning conversations with foster youth utilizing the weekly Independent Living Program (ILP) regularly scheduled meeting. Resource parents were also engaged in utilizing the Resource Family monthly support group meeting. These meetings also provided valuable opportunities for engagement and feedback for developing the CPP.

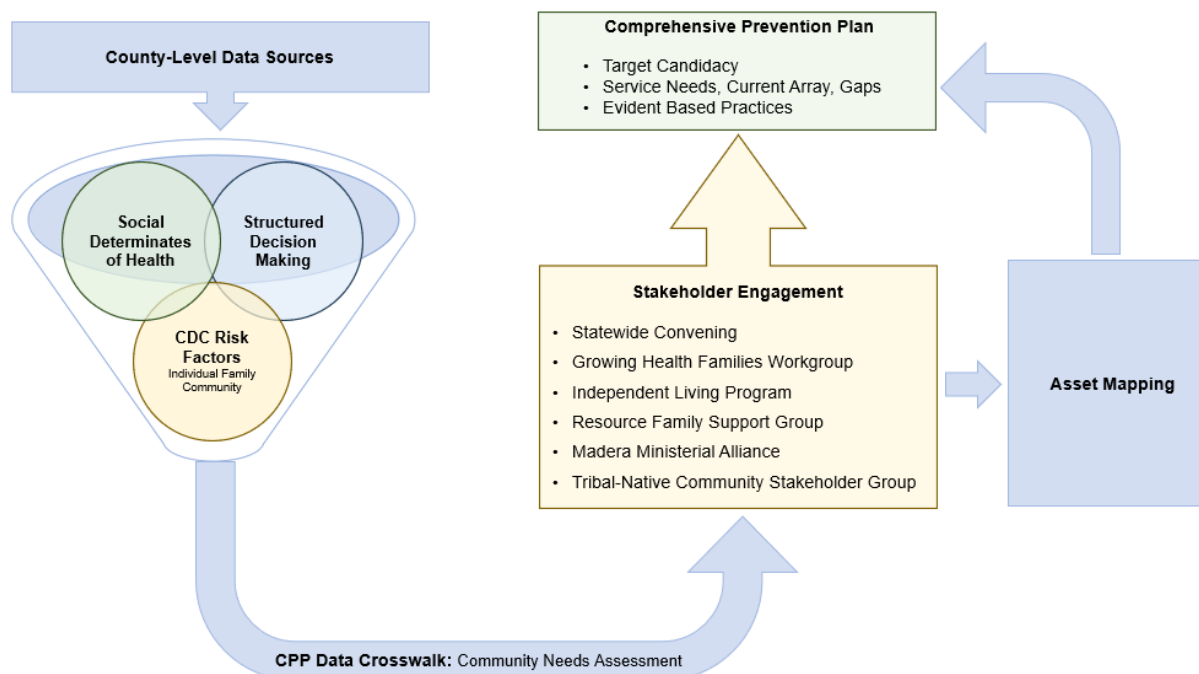
This engagement strategy culminated in a statewide convening on May 17th. The Annual Statewide Convening served as a unique platform for local and statewide engagement. This two-day hybrid event brought together state leaders and local counties to share experiences, learn from one another, and discuss the implementation of FFPSA.

The first day was a half-day and entirely virtual, allowing partners and stakeholders from Madera County to access vital workshops and engage with peers across the state. The second day was a full day comprised of virtual and in-person sessions. The virtual sessions provided key information concerning CPP planning and implementation. This was followed by in-person breakout sessions where local county CPP planning teams and stakeholders explored county-specific aspects of their CPP.

Madera County DSS hosted about 40 participants, including department staff, interagency and CBO partners, community stakeholders, Tribal Nations, Leaders and native community members, and individuals with lived experience. This statewide convening succeeded in unifying all previously engaged stakeholder groups, laying a strong foundation for collaborative efforts going forward. For a list of partners and stakeholder groups who attended the event, please refer to Appendix 2.

In summary, by gathering and comparing data from various sources, the data crosswalk process painted a more comprehensive and nuanced picture of community needs. Thus, it improved the quality of stakeholder input. In essence, the data crosswalk process facilitated a more efficient and inclusive stakeholder engagement approach enabling Madera County to develop a CPP that genuinely reflects its community's diverse perspectives and unique needs.

Figure 2. Data Crosswalk and Community Needs Assessment Methodology



Readiness Assessment

Completing the capacity and readiness assessment posed challenges due to stakeholder and staff engagement and time availability constraints. Given these obstacles, the CPP team decided to utilize the plan, do, study act (PDSA) process and to incorporate the capacity and readiness assessment as an essential component of the County's Continuous Quality Improvement (CQI) plan.

The initial capacity and readiness assessment evaluated the following three domains to determine the overall readiness of organizations and the wider community to transition toward a comprehensive, community-based prevention system:

- **Motivation:** The willingness or desire of individuals in an organization or community to change and adopt an intervention and is often reflected in the beliefs, attitudes, and commitment of those involved with the change.
- **General Capacity:** This captures aspects of an organization's or community's overall health and functionality. The general readiness of organizations and the community was assessed on the capacity-building dimensions of knowledge and skills, resources, infrastructure, culture and climate, and engagement and partnerships.
- **Intervention-Specific Capacity:** This represents the human, technical, and physical conditions necessary for the effective implementation of the CPP

Table 1 below presents the readiness strengths and capacity-building opportunities identified through the readiness assessment. These strengths and capacity-building opportunities, as well as the outcomes from the needs assessment, asset mapping, and CWS/CMS data analysis, guided the team's development of the prevention pathways, identification of the target candidacy population, and selection of EBPs. The CPP planning team aims to build on the community's strengths of connectedness and collaboration in the ongoing efforts to develop a service array that will have the ability to meet the diverse needs of children and families in Madera County.

Table 1: Readiness Strengths and Capacity-Building Opportunities

Components of Readiness	Strengths and Beliefs	Capacity-Building Opportunities
<p>Motivation for a Prevention-Oriented System</p>	<ul style="list-style-type: none"> • FFPSA provides a chance to develop a stronger, more cooperative vision of prevention within the community, one that actively empowers families. • CBOs have good collaborative relationships with cross-sector networks • Interagency partners and community stakeholders are committed to meeting and helping families where they are 	<ul style="list-style-type: none"> • Seek Intentional integration of interagency and community initiatives, breaking down silos • Communicate prevention vision in a way that expands beyond human services organizations to include all members of the community, including Tribal Governments, leaders and native community members, faith-based organizations, and individuals with lived experiences, especially parent and youth groups

Components of Readiness	Strengths and Beliefs	Capacity-Building Opportunities
<p style="text-align: center;">General Community Capacity</p>	<ul style="list-style-type: none"> • There are existing systems and structures that can support the effort • There is stability among leadership within interagency partners, CBOs, and community stakeholders • Initial needs assessment has identified the gaps in services and EBP's in the service array 	<ul style="list-style-type: none"> • Workforce availability and retention issues continue to be capacity and sustainability challenges that impact interagency partners, service providers, and community partners • These workforce challenges adversely affect cross-sector capacities to commit adequate time and resources to the task of planning and implementing the CPP
<p style="text-align: center;">Intervention-Specific Capacity</p>	<ul style="list-style-type: none"> • There are strong foundations for parental support programs • This effort will require more coordination and collaboration between providers and public agencies 	<ul style="list-style-type: none"> • Need support for the following: Training on EBPs and new processes and building a sustainable training the trainer- Support for monitoring EBPs for fidelity and any evaluations required - Support for understanding which funding sources pay for a service and when? - Support for building capacity for culturally responsive practice

In summary, the capacity and readiness assessment suggests that Madera County has a well-established foundation of readiness and motivation for shifting toward a comprehensive, community-based prevention system. The general and Intervention-specific capacities dimensions of readiness are areas of opportunity that will need to be addressed in the County's CPP. A key strategy in addressing these readiness dimensions will be utilizing a phased implementation approach and intentionally using the PDSA process to re-assess these domains. These assessments will guide the implementation process and help to ensure incremental and sustainable changes are made in the early capacity-building phases, thus improving overall CPP implementation outcomes.

Needs Assessment Outcomes

Social determinants of health (SDoH) refer to the various environments in which individuals grow, learn, work, and interact and significantly influence a spectrum of health and wellness outcomes. These determinants affect overall health and play an instrumental role in shaping protective factors against child abuse and neglect. For instance, quality education access empowers individuals with the knowledge, resources, and capacities to provide a safe, nurturing environment for children. Economic stability can alleviate stressors that may precipitate neglect or abuse, and a supportive neighborhood and built environment can offer resources and concrete community support that safeguard against harmful situations. The social and community context can foster a supportive relational network that mitigates risk factors and promote protective factors related to

child abuse and maltreatment. Finally, access to quality health care ensures early identification and prompt intervention of potential health issues before they rise to the level of abuse or neglect.

In this section, the outcomes of the needs assessment and stakeholder activities that informed the development of the CPP are organized and presented within the framework of the SDoH key areas. Each key area lists the results of the CPP data crosswalk that stakeholders identified as needs and risks that should be addressed within Madera County's CPP.

Education Access and Quality

The CPP data crosswalk meta-analysis and stakeholder feedback indicate that educational disparities in Madera County are apparent, with high suspension rates among African-American (10.9%) and American Indian/Alaska Native students (12.9%) and chronic absenteeism reaching up to 66.5% and 57.1%, respectively (CHA). Mental health education is also lacking, as 66.9% of respondents identified a lack of knowledge about mental health issues (MHSA). Implementing FFPSA includes strengthening families' ability to care for their children. Prevention efforts should include strategies for reducing disciplinary rates and absenteeism and improving mental health education, thereby enhancing stability at home and reducing risks of child abuse and neglect.

Further analysis of data from the California School Dashboard for the 2021–22 school year for Madera Unified School District (MUSD) indicates that suspension rates for African-American and Foster youth students are very high at 10.9% and 8.4%, respectively. The Chronic Absenteeism rate in MUSD for this period is also very high, at 47.8%, compared to the state average of 30%. The populations with the highest rates of chronic absenteeism are African-American (66.5%), Students with Disabilities (60.3%), Homeless Youth (58%), and Foster Youth (48.5%).

Similarly, in Chawanakee Unified School District (CUSD), located in the county's eastern region, the suspension rate for American Indian/Alaska Native students is considered very high at 12.9% compared to the state average of 6.4% during that same period. Other at-risk groups also experience high suspension rates, such as Homeless youth at 14.3%, Foster youth at 10%, and Students with Disabilities at 9.8%. Chronic Absenteeism rates for CUSD are high at 34.7% compared to the state average of 30%. The groups with the highest rates of chronic absenteeism are American Indian/Alaska Native students (57.1%), Homeless Youth (56.1), Students with Disabilities (46.3%), and Socioeconomically Disadvantaged Youth (48.5%).

Relevance to Prevention Efforts

The term “school-to-prison pipeline” refers to a complex issue resulting from multiple interconnected systemic factors leading to suspensions and expulsions that may push students toward the criminal justice system. Some of these systemic factors are zero-tolerance policies, racial and socioeconomic disparities, lack of support services, and the presence of police officers or school resource officers in schools. Research shows that students suspended or expelled for discretionary violations are nearly three times more likely to interact with the juvenile justice system the following year³.

Emerging research indicates a link between high suspension/expulsion⁴, chronic absenteeism⁵, and drop-out rates,⁶ and the increase likelihood of CW and Foster Care involvement⁷. Implementing comprehensive educational services that address these interconnected systemic issues could improve educational outcomes in Madera County. Specifically, preventive efforts to reduce suspensions and expulsions could decrease the likelihood of children and families entering or re-entering the Child Welfare (CW) system.

³ <https://csgjusticecenter.org/publications/breaking-schools-rules/>

⁴ <https://www2.ed.gov/policy/gen/guid/school-discipline/guiding-principles.pdf>

⁵ <https://www.ojp.gov/pdffiles1/ojdp/188947.pdf>

⁶ <https://www.researchgate.net/scientific-contributions/Victor-M-Rios-2163053285>

⁷ <https://sr.cd.onlinelibrary.wiley.com/doi/epdf/10.1111/cdev.13941>

Economic Stability

Economic stability is a key determinant of children's safety and well-being. As such, Stakeholder feedback on data identified poverty in Madera County as a significant issue that the CPP should consider. In Madera County, economic instability is pervasive and significantly impacts the risk factors associated with child abuse and neglect. Specific statistics from the CPP data crosswalk underscore this concern.

The Community Health Assessment (CHA) indicates that Madera County experiences a higher-than-average annual unemployment rate of 8.8%, compared to the state's 5.3% and the national average of 7.3%. The county's poverty rate stands at a significant 19.0%, again higher than California's average of 12.6%. Additionally, food insecurity, a critical aspect of economic stability, affects 12.6% of Madera residents.

The Mental Health Service Act (MHSA) 2023-2026 Plan also reflects that economic instability is a significant issue, with 53.4% of respondents indicating the need for financial assistance for healthcare or substance abuse treatment, signaling that economic barriers seriously hinder accessing necessary care. Moreover, 56% of respondents emphasized the necessity for basic needs support such as food, clothing, and affordable housing services.

Finally, the County Self-Assessment (CSA) from CWS highlighted the concerns of stakeholders regarding the association between poverty and child maltreatment. Specifically, issues related to economic instability, such as not being able to afford housing, health care, and other basic needs like food and clothing, can adversely impact child-parent dynamics due to overwhelming and excessive stress factors.

One of the most concerning outcomes for stakeholders related to economic stability is the fact that 26.8% of those living in poverty are children under the age of 18. Additionally, the fact that 21% of children live in households headed by a single parent was concerning. Research and data from the Office of Juvenile Justice and Delinquency Prevention shows that In 2021, children residing in single-parent households faced significantly higher poverty rates compared to those in two-parent households, with 31.7% living below the poverty level compared to 9.5%. This poverty risk was particularly heightened for children living only with their mothers, where the poverty rate was 35.0%, more than double that of children living solely with their fathers (17.4%). Furthermore, children in single-mother families were more likely to live in households receiving public assistance or food stamps, with rates higher than the overall percentages of 2.8% and 20.9%, respectively⁸.

Relevance to Prevention Efforts

The connection between economic instability and child abuse and neglect is well-established in the literature⁹. Economic hardship can lead to elevated stress levels within families, resulting in situations that might foster child maltreatment¹⁰. Parents or guardians struggling financially may lack the resources¹¹ to provide for their children adequately, leading to neglect. In more severe cases, financial stress might also provoke abusive behaviors. Therefore, stakeholders expressed that addressing economic instability within Madera County would be an essential prevention strategy to include in the CPP. By providing economic support, increasing access to affordable housing, and ensuring families have access to basic needs, it's possible to create a safer environment for children, reduce stress on families, and ultimately reduce the rates of child abuse and neglect.

Neighborhood and Built Environment

⁸ <https://ojjdp.ojp.gov/statistical-briefing-book/corrections/faqs/QA01203>

⁹ <https://www.sciencedirect.com/science/article/abs/pii/S0145213421002866>

¹⁰ <https://journals.sagepub.com/doi/10.1177/1524838020939136>

¹¹ <https://bettercarenetwork.org/sites/default/files/2020-02/1-s2.0-S0190740919308527-main.pdf>

The neighborhood and built environment significantly impact child safety and well-being. Stakeholder feedback identified several challenges in Madera County related to the built environment that are concerns associated with child abuse and neglect risk factors. Again, specific data identified through the CPP data crosswalk illuminate these worries.

The Community Health Assessment data suggests a concerning prevalence of exposure to substances and violence. For example, in Madera County, between 15.1%-20% of high school students have been exposed to indoor marijuana second-hand smoke in the past two weeks. Additionally, the data revealed that the violent crime rate for Madera County is significantly higher than in California. Particularly concerning is the fact that calls for domestic violence assistance have increased from 3.9 to 6.4 per 1,000 adults since 2015, suggesting an increasing trend of domestic violence in the community.

The Mental Health Service Act (MHSA) data further underlines the problems in Madera County's built environment. A recurring theme was the need for housing and homelessness services, including sober living, transitional living (49.1% respondents), and short-term substance abuse facilities (39.4% respondents). This reflects the lack of local facilities and services, which significantly impact community mental health which may contribute to high-risk environments for child abuse and neglect.

Data from the MHSA Plan and stakeholder feedback identified the lack of resources for Substance Use Disorder (SUD) treatment in Madera County as a significant concern. Despite the high prevalence of SUDs in the community, 61.6% of MHSA respondents reported inadequate services to promote recovery and prevent relapse of drugs/alcohol. Moreover, there is a lack of a SUD residential facility, suggesting that many people struggling with addiction might not be getting the help they need. The report further indicates that substance use is a significant mental health concern, with 78.6% identifying alcohol and drug abuse as the most important mental health issue in the community.

The County Self-Assessment (CSA) report from CWS as well as stakeholder feedback groups, identified difficulties in accessing services due to the lack of public transportation in rural communities, making it harder for families to access essential resources and support services. Particularly, tribal government leaders and native community stakeholders expressed the limited availability of local resources and support services in eastern Madera County is intensified by the lack of public transportation.

Relevance to Prevention Efforts

The connection between the neighborhood and built environment and child abuse and neglect is complex but well-documented¹². High crime rates, domestic violence, and substance abuse in a community can increase stress levels among families and expose children to traumatic events, increasing the likelihood of neglect and abuse. Furthermore, inadequate housing conditions and lack of access to local services due to transportation issues can contribute to situations of neglect and hardship¹³.

In developing the CPP for upstream prevention services in Madera County, stakeholders agreed that addressing the neighborhood and built environment factors is a crucial priority. Feedback suggested that the strategies could include investing in community resources, increasing the availability of local services, improving transportation access, and implementing initiatives to reduce crime and domestic violence. Finally, stakeholders stated that improving the built environment and creating safer neighborhoods could promote healthier family dynamics and significantly reduce the risk associated with entrance into CW and the Foster Care system.

¹² <https://www.oecd-ilibrary.org/sites/6a006a25-en/index.html?itemId=/content/component/6a006a25-en>

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207936/>

Social and Community Context

The Social and Community Context category of SDoH encompasses several critical issues that stakeholders viewed as increasing the risk associated with child abuse and neglect in Madera County. Data from the CHA revealed significant concerns around discrimination, higher rates of Adverse Childhood Experiences (ACEs), and racial disparities. Specifically, children in Madera County are exposed to more ACEs, with 31% of children experiencing at least one and 19% experiencing two or more, compared to 21% and 15%, respectively, in California.

Data from the MHSA Plan further emphasizes the social context of mental health and substance use disorders in the community. Social stigma and negative views of mental health were identified as significant barriers by 49.1% of respondents. ACEs are traumatic experiences during childhood that can lead to long-term health and social problems, including substance use disorders, mental health issues, and perpetuating cycles of abuse and neglect.

Moreover, the CSA data points towards significant child abuse and neglect rates in the region, suggesting that a proportion of these cases may involve parents with untreated SUDs and their own history of ACEs.

Relevance to Prevention Efforts

The high prevalence of ACEs in Madera County, high substance use rates, and limited access to mental health services create a complex social environment that can exacerbate the risk of child maltreatment.

The prevalence of ACEs among parents is also a critical concern, as parental trauma can directly influence children's experiences and contribute to subsequent allegations of child abuse and neglect. A study published in 2021 found that children whose parents experienced four or more ACEs are 3.25 times more likely to experience the same number of ACEs¹⁴.

Stakeholders agree that it's important to ensure that the CPP includes strategies to address these social and community context issues head-on in order to break the generational cycle of ACEs and child maltreatment. Prevention and early intervention efforts should include educational resources and services about ACEs, trauma, mental health, substance use treatment services, family support programs, and community-based initiatives aimed at reducing violence and discrimination. Stakeholders affirmed that prioritizing these measures in implementing FFPSA can help foster safer, healthier environments for Madera County children and families.

Health Care Access and Quality

The Health Care Access and Quality SDoH category can impact the risk factors associated with child abuse and neglect. Disparities in healthcare accessibility and quality can perpetuate a cycle of neglect and abuse, especially in already marginalized populations.

For instance, African Americans in Madera County reporting more significant difficulty understanding their doctor is an alarming issue (CHA). According to the Institute of Medicine, effective doctor-patient communication is crucial for delivering high-quality health care. Lower comprehension can lead to lower adherence to treatment plans, unmanaged medical conditions, increased health complications, and overall poorer health outcomes. These challenges can contribute to parental stress, an established risk factor for child abuse and neglect.

Survey respondents from Eastern Madera County, where lack of transportation and distance makes it harder to access healthcare services or medication, highlight the risk of medical neglect (MHSA). A study published in the Child Abuse & Neglect journal suggests that lack of access to healthcare increases the risk of medical neglect, which involves failing to meet a child's basic health needs, potentially resulting in serious health issues or developmental delays.

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8466272/>

Concerns raised by the LGBTQ+ focus groups about fear and distrust in medical providers underscore another barrier to healthcare access and quality (MHSA). These concerns could prevent individuals from seeking necessary medical care or sharing critical health information, potentially leading to undiagnosed or untreated health conditions. Parental health concerns, including untreated mental health issues, are associated with an increased risk of child abuse and neglect, as supported by research from the American Journal of Psychiatry.

Relevance to Prevention Efforts

The data highlighted in the Health Care Access and Quality SDoH category underscore the interplay between healthcare disparities and risk factors for child abuse and neglect¹⁵. From the perspective of prevention efforts, it is crucial to understand how these disparities can be mitigated to safeguard the welfare of children.

First, enhancing health literacy is a critical prevention effort, particularly in the African American community in Madera County, which reports the most difficulty in understanding their doctors. Effective communication can foster better adherence to treatment plans, manage medical conditions more effectively, and reduce the associated stress, thereby indirectly mitigating the risk of child neglect or abuse.

Second, improving healthcare access is paramount. For example, in Eastern Madera County, the challenges of transportation and distance to healthcare services may predispose families to medical neglect, a form of child neglect. Addressing these barriers, possibly through mobile clinics, telehealth services, or transportation assistance programs, can mitigate this risk.

Third, building trust and culturally competent care in medical providers, particularly for the LGBTQ+ community and other marginalized groups, can enhance healthcare engagement, thereby managing health conditions that might otherwise indirectly contribute to abuse or neglect due to parental stress or decreased availability.

Finally, systemic health disparities, such as higher rates of cardiovascular disease among Black (non-Hispanic) and American Indian/Alaskan Native communities, signify the need for targeted healthcare interventions. The associated parental stress decreased parental availability, and the potential financial strain of managing chronic health conditions could elevate child neglect and maltreatment risks. Intervention strategies might include community-based health initiatives, improving access to primary care services, and implementing culturally appropriate health education programs. Stakeholders expressed that reducing these disparities can lower the risk factors associated with child abuse and neglect.

In summary, the needs assessment outcomes emphasize the critical role of SDoH in shaping protective factors against child abuse and neglect in Madera County. It sheds light on educational disparities, lack of mental health education, economic instability with higher unemployment and poverty rates, and exposure to violence and substances in the built environment. Moreover, the presence of discrimination, high ACE exposure, mental health stigma, and healthcare disparities accentuate the need for targeted prevention strategies. By focusing on improving these areas, Madera County can strengthen its prevention efforts and reduce child maltreatment risk.

Asset Mapping Outcomes

Utilizing the CPP data crosswalk, program and service mapping surveys, and stakeholder engagement, the County collaborated with the Growing Healthy Families work group to conduct asset mapping activities. The goal of these activities included assessing and identifying the strengths and gaps in the Title IV-E service areas of mental health, substance use, and parenting support services. The data analysis and stakeholder feedback reveal that parenting support services is an area of strength, while the mental health and substance use services areas have

¹⁵ <https://psycnet.apa.org/record/2021-45611-001>

been identified as having the greatest service gaps. The analysis and stakeholder feedback identified gaps in these two service areas both in terms of the number and type of services being offered as well as accessibility, where services are offered geographically. In general, the counties diverse service needs far exceeds the capacity of the current array of services available to children and families in Madera County. Additionally, the data and feedback from stakeholder groups identified the eastern region of the county as a service desert. Furthermore, stakeholders expressed a major concern in the lack of culturally relevant, identity-affirming prevention services for children and families, especially Black and Indigenous people of color (BIPOC) and other marginalized groups like LGBTQ and individuals living with disabilities. Table X below presents a summary of the asset mapping outcomes.

Table 2: Asset Mapping Outcome

Service Area	Identified Strengths	Identified Gaps
<p>Mental Health Services</p>	<p>The MHSA shows that MCDBH offers divers array of MH services and programs.</p> <p>Adults and Older Adult Full Service Partnership Programs</p> <ul style="list-style-type: none"> • Children and Transition Age Youth (TAY) Full-Service Partnerships Programs • Intensive Care Coordination (ICC) and Child Family Team (CFT) Meetings • Intensive Home-Based Services (IHBS) • Intensive Case • Management/Intensive Outpatient Adult Outpatient • MHSA Housing Program • Suicide Prevention • School-Based Services 	<ul style="list-style-type: none"> • Inadequate Access: Stakeholders identified the need for more available appointments and a quicker process to begin services; access is insufficient. <ul style="list-style-type: none"> • The demand extends to mild onset mental health conditions, not only severe ones. • Cultural Sensitivity and Stigma Reduction: There is a gap in destigmatizing mental health services and improving cultural sensitivity, especially in communities where mental health issues may be less recognized or stigmatized, such as the Hispanic community. <ul style="list-style-type: none"> • Lack of Services for Specific Populations: Gaps are identified in specific population services, such as for the elderly who experience loneliness and isolation, for youth (particularly LGBTQ+ students), and for individuals dealing with grief and loss. Seek
<p>Substance Use Services</p>	<ul style="list-style-type: none"> • Wellness Program and Centers: HOPE House & Mountain Wellness Center • Community Outreach and Engagement 	<ul style="list-style-type: none"> • Insufficient Treatment Facilities and Programs: Stakeholders noted a lack of sufficient residential facilities for substance use treatment, including sober living communities.

Service Area	Identified Strengths	Identified Gaps
	<ul style="list-style-type: none"> • School Based Services 	<ul style="list-style-type: none"> • Limited Adolescent Substance Use Treatment: There's a gap in substance use treatment options for adolescents, which is a crucial need considering the concern about substance abuse in schools. • Lack of Early Intervention and Prevention Programs: Stakeholders express the need for more prevention programs to avoid the onset of substance use among teens and the progression of substance use disorders.
Parenting Support Services	<p>The MHSA shows that MCDBH will offer an innovative parent support service</p> <ul style="list-style-type: none"> • DAD Project <p>The program and service survey found that CBO and agencies provide the following parenting support services</p> <ul style="list-style-type: none"> • *Parents as Teachers • *Healthy Families America • 24/7 Dad • Positive Youth Development • Play Groups • Positive Indian Parenting • Abriendo Puertas/Opening Doors • Frog street ECE Curriculum/Protective Factors 	<ul style="list-style-type: none"> • Parental Mental Health Education: Stakeholders identified a lack of resources for parents to better understand mental health issues, which often obstructs children's access to needed mental health services. <ul style="list-style-type: none"> • Support for Parents of LGBTQ+ Youth: Parents often lack the knowledge or resources to support their LGBTQ+ children adequately, leading to these youth feeling isolated and unsupported. <ul style="list-style-type: none"> • Support for Military Veterans' Spouses: Spouses of military veterans are noted as needing additional resources and support that is currently lacking.

* Indicates the program or services is an EBP approved in California's Five-Year Plan

Gap Analysis Outcomes

The County conducted a gap analysis using the CPP data crosswalk, program and service mapping surveys and stakeholder engagement. One of the key data sources utilized in the CPP crosswalk was the Force of Change (FOC) assessment conducted by the Madera County Department of Public Health (MCDPH). The FOC is a strategic planning tool used to identify and analyze external factors or conditions that have the potential to affect an organization or

community. It operates with the intent to understand emerging trends, threats, and opportunities that could impact the community or system's future state.

In this context, the FOC assessment identifies significant threats and gaps that pose challenges to the successful implementation of the Family First Prevention Services Act (FFPSA) in the assessed community. These challenges are observed across economic, legal, environmental, ethical, and scientific categories and have significant implications for the capacity, infrastructure, cultural appropriateness, and the ability to meet community needs - all crucial for the prevention of child abuse and neglect and in preventing children's entrance into foster care. They also underscore the importance of building cross-sector and community capacity to ensure effective implementation and sustainability of the FFPSA.

Economic conditions in the community present a major obstacle. High unemployment, low median income, increasing inflation, and high dependency on social services collectively contribute to heightened parental stress and home instability, identified risk factors for child abuse and neglect. These conditions also indicate a substantial demand for prevention services, placing strain on existing infrastructure and revealing a significant gap in service provision.

In the legal category, legislation such as the CA flavored tobacco ban, and issues around immigration, the legalization of cannabis, and the proliferation of illicit drugs underscore the urgent need for culturally appropriate preventive services, including education, awareness, and early intervention programs. The environmental category highlights threats posed by factors like climate change, air quality, service deserts, and lack of transportation which exacerbate health outcomes and hinder access to care, underlining the need for robust infrastructure, innovative solutions, and effective cross-sector collaborations.

Ethical issues such as the high cost of pharmaceuticals and the prevalence of human trafficking compound these challenges, underscoring the importance of accessible medication and community awareness programs in reducing risk factors for child abuse and neglect. The scientific category further illuminates gaps in community education about crucial health matters, such as medication usage and vaccine understanding, essential in promoting preventive care and reducing risk factors.

In conclusion, to effectively implement and sustain the FFPSA, concerted efforts are needed to address these identified threats and gaps. These efforts should involve capacity building, strengthening infrastructure, providing culturally appropriate services, enhancing cross-sector collaborations, and importantly, aligning strategies to meet the unique needs of the community. Only through such a comprehensive and collaborative approach can we accomplish our collective mission of implementing upstream community support systems that address the underlying root causes of child abuse and neglect, and significantly reduce the number of children entering the foster care system.

In summary, the asset mapping in Madera County identified parenting support as a strength, while revealing significant gaps in mental health and substance use services, notably for marginalized communities. The gap analysis underscores economic, legal, environmental, ethical, and scientific challenges impeding the implementation of the Family First Prevention Services Act (FFPSA). Addressing these gaps is vital for successful child abuse prevention and FFPSA implementation.

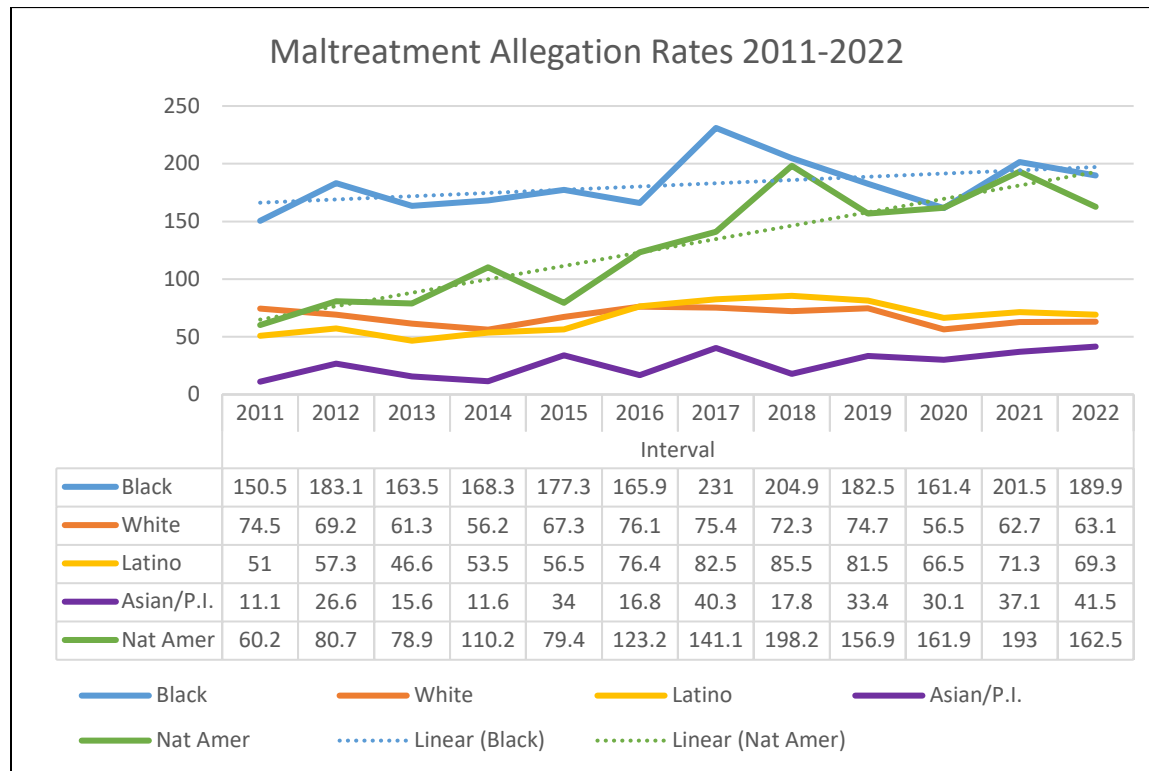
Child Welfare Data Analysis

The CPP team analyzed data from Child Welfare Services / Case Management Systems (CWS/CMS) from the California Child Welfare Indicators Project (CCWIP) to identify areas that need to be addressed related to disproportionality and disparity within Madera County CWS. According to Evident Change, a nonprofit that uses data and research to improve our social systems, racial disproportionality compares the proportion of one racial group to the same racial

group in the general population. On the other hand, racial disparity is used to describe inequitable outcomes experienced by one racial group when compared to another racial group.

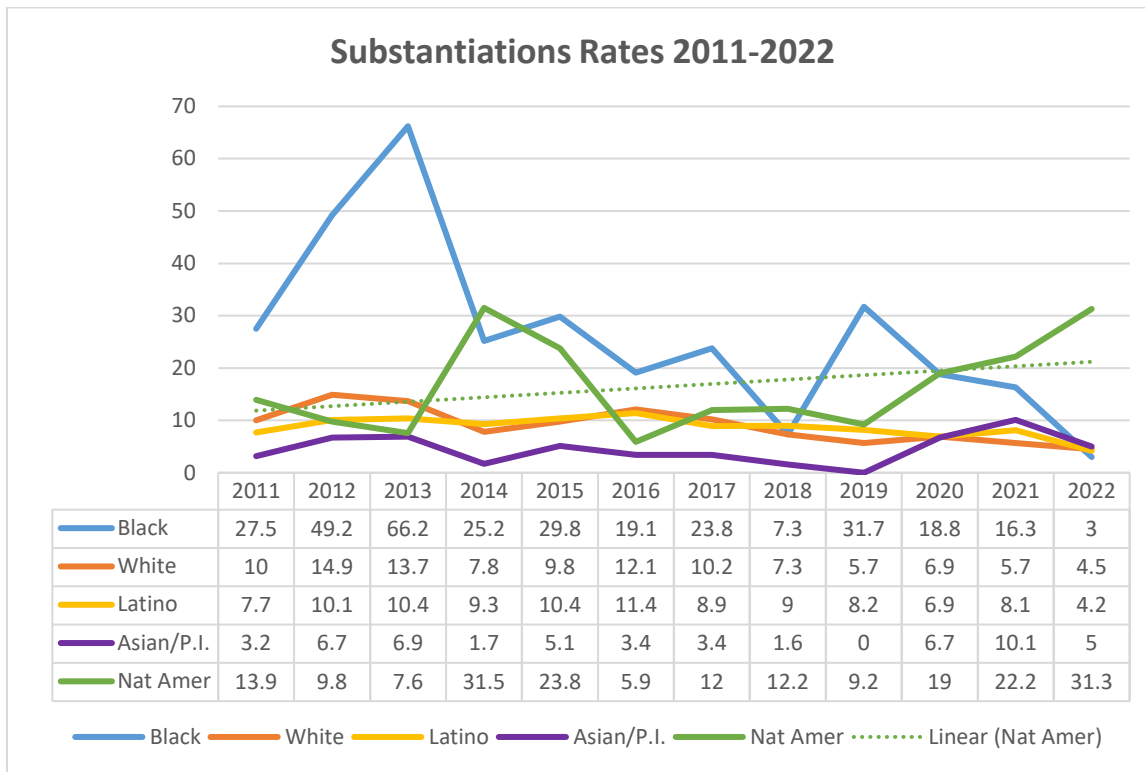
The following graphs represents the disproportionality and disparity in Madera County as reflected in the CWS/CMS data.

Graph 1: Maltreatment Allegation Rates 2011-2022



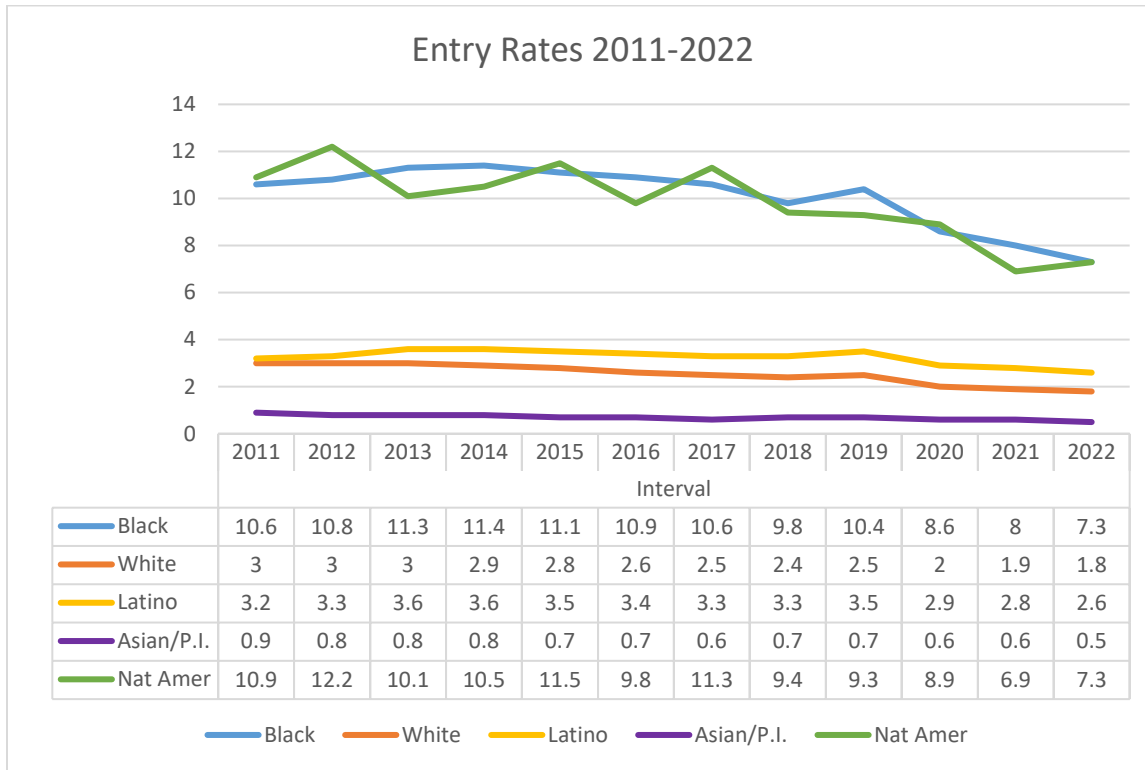
According to the CCWIP data, child maltreatment allegation rates are significantly higher for Black and Native American Indian children compared to Latino, White or Asian children in Madera County. While allegation rates for Latino, White and Asian/P.I. children have remained relatively consistent, rates for Black and Native Indian children have increased since 2011. The graph highlights the disproportionate representation of Black, and Native American Indian children in the child welfare system.

Graph 2: Substantiations Rates 2011-2022



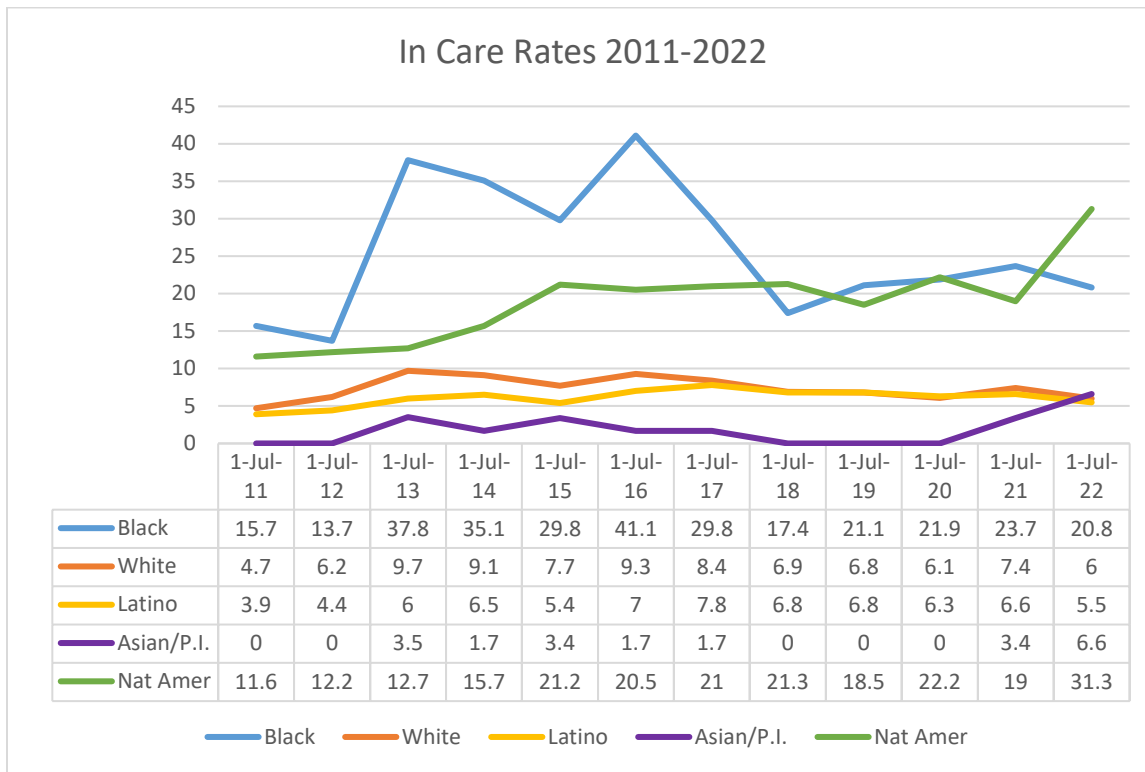
The data from CCWIP in Graph 2 indicates that Native American Indian children have the highest substantiation rates of all racial groups. The data also show that substantiation rates for Black and Native American Indian children show the greatest variability. Additionally, while substantiation rates overall have been trending downward since mid-2021, rates for Native American Indian children have trended upward significantly since 2019.

Graph 3: Entry Rates 2011-2022



Graph 3 demonstrates that Black and Native American Indian children experience higher rates of entry into the child welfare system. Although the data indicates that entrance rates for all racial groups have relatively been trending downward for the past 10 years, Black and Native American Indian children have extremely higher rates of entry than all other groups.

Graph 4: In Care Rates 2011-2022



Graph 4 above illustrates the in care rates of children based on ethnicity. While rates for Whites, Latino, and Asian/P.I. have been relatively consistent, the number of Asian/P.I. in care in 2022 has increased over all. Again In Care rates for Black and Native Indian children show the greatest variability compared to other racial groups. Although Black children in Care have decreased slightly since 2021, rates for both Black and Native Indian children are extremely higher than all other racial groups. As evidenced by earlier graphs, there is an overarching disparity in the number of Black and Native American Indian children and youth within the child welfare system.

Disparity Index

As stated earlier, while racial disproportionality compares the proportion of one racial group to the same racial group, racial disparity describes inequitable outcomes experienced by one racial group when compared to another racial group.

Graph 5 below presents racial disparity Indices in the allegation, substantiation, entry and in care rates for children in all racial groups compared to white children. It is important to note the ways that the Disparity Index (DI) can be interpreted:

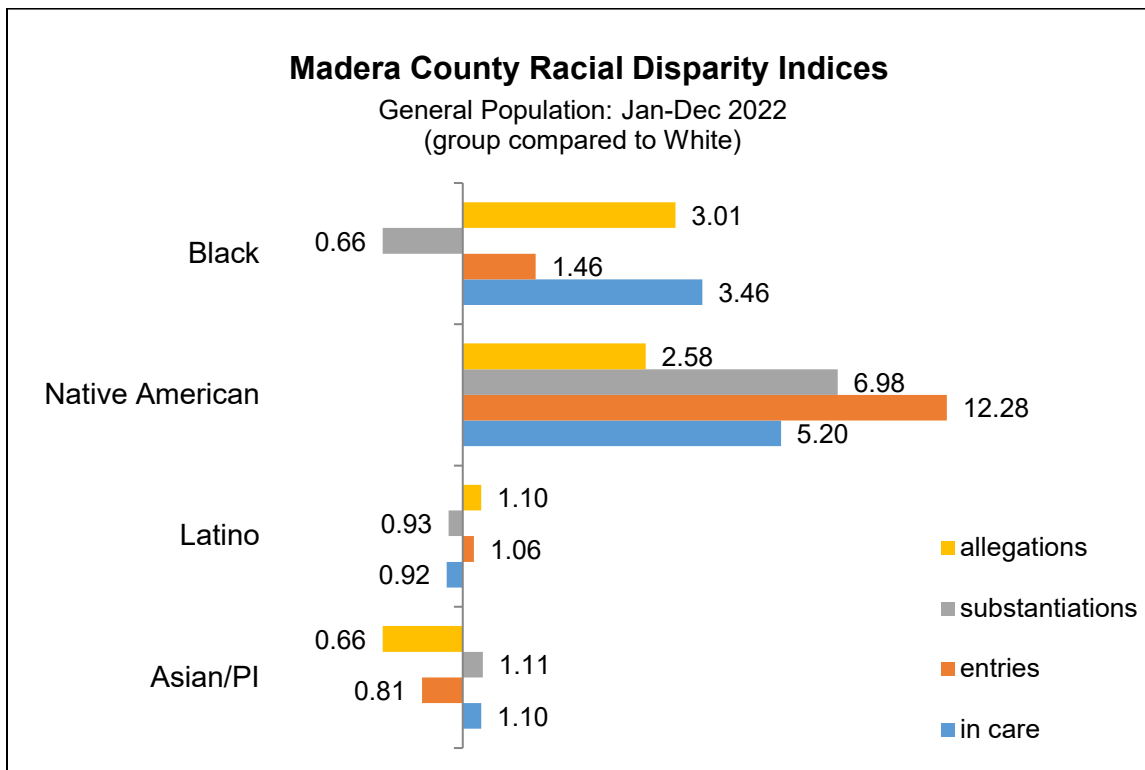
A DI less than 1.00 means the risk is lower in the selected group than in the comparison group (White). For example, a DI of 0.30 indicates the risk for the condition (Allegation, Substantiation, Entry, and In Care) in the selected group is reduced by 30%. Alternatively, a DI of 0.30 can also be expressed as indicating that the selected group has a 70% less likelihood of experiencing the condition.

A DI that is greater than 1.00 means that the risk is greater in the selected group versus the comparison. When the DI is greater than 1.00 but less than 2.00, the index may be interpreted as indicating that the selected group has a greater likelihood expressed as a percentage. For

example, a DI of 1.30 would indicate that the selected group has a 30 % greater likelihood of experiencing the condition than the comparison group.

When the DI is greater than 2.00, the index should be interpreted as indicating how many times as likely the selected group is to experience the outcome. For example, a DI of 2.30 would indicate that the selected group is 2.30 times more likely to experience the condition than the comparison group.

Graph 5: Madera County Racial Disparity Indices



■ **Allegations:** Indicates that Black children are 3.01 times more likely to experience having an allegation than White children. Latino children have a DI of 1.10, meaning they are 10% more likely to experience having an allegation than white children. Asian PI children have a DI of 0.66, meaning they are 34% less likely to experience having an allegation than white children, and Native American Indian children are 2.58 times more likely to experience having an allegation than white children.

■ **Substantiations:** Indicates that Black children have a DI of 0.66, meaning that they are 34 % less likely to experience a substantiated allegation than White children. Latino children have a DI of 0.93, meaning they are 7% less likely to experience a substantiated allegation than White children. Asian PI children have a DI of 1.11, meaning they are 11% more likely to experience a substantiated allegation than white children, and Native American Indian children are 6.98 times more likely to experience a substantiated allegation than white children.

- **Entries:** Indicates that Black children have a DI of 1.46, meaning they are 46% more likely to experience entering into care than White children. Latino children have a DI of 1.06, meaning they are 6% more likely to experience entering into care than white children. Asian PI children have a DI of 0.81, meaning they are 19% less likely to experience entering into care than white children, and Native American Indian children are 12.28 times more likely to enter care than white children.
- **In Care:** Indicates that Black children are 3.46 times more likely to be in care than White children. Latino children have a DI of 0.92, meaning they are 8% less likely to be in care than white children. Asian PI children have a DI of 1.10, meaning they are 10% more likely to be in care than white children, and Native American Indian children are 5.20 times more likely to be in care than white children.

In conclusion, while the CWS/CMS data from CCWIP reveals clear racial disproportionality and disparity within Madera County's child welfare system, it's important to note that these disparities cannot be fully attributed to individual biases and discrimination within a single system. Instead, they are likely the manifestation of broader institutional and historical variables that extend across multiple governmental institutions and community sectors. These include state, county and municipal institutions, education, juvenal justice, primary and behavioral health as well as philanthropy and business sectors. For instance, the high rates of maltreatment allegations and child welfare entries among Black and Native American Indian children may reflect systemic issues such as socioeconomic disparities, inadequate access to resources, and the enduring impacts of historical trauma. This inference is consistent with the identified service gaps from the asset mapping and needs assessments, suggesting the need for comprehensive and cross-sector approaches to effectively address these systemic inequities and ensure more equitable outcomes for all children and families in Madera County across all sectors and systems.

Target Candidacy and Services

Madera County's prevention plan focuses on early interaction with children and families, directing them toward pertinent prevention services. This strategy aims to reduce these families' dealings with Child Welfare Services (CWS) or Juvenile Probation and decrease maltreatment incidents and foster care placements. The plan's phased implementation ensures that no one misses out on necessary services due to the scheduling of candidacy phases. Accordingly, an assessment determines children's and families' FFPSA eligibility. Those not meeting FFPSA candidacy criteria will be referred to appropriate community service providers. This section outlines and describes the County's approach, defining the candidacy phases, prevention strategies, services, and EBPs included in the plan.

Phases of Candidacy

Identifying prevention service candidates—children and youth at risk of foster care but can safely remain at home or in kinship placement—is crucial to FFPSA planning. The County's phased approach starts with children and families already known to CWS, then expands to include all eligible candidates. The phases of candidacy are outlined below and depicted in Figure 3.

Phase 1 (Year 1): Children and families known to CWS and Probation:

- Children with a substantiated or inconclusive disposition but no case opened (hotline, emergency response units)
- American Indian or Alaska Native Indian children identified by a tribe
- Children exposed to domestic violence

- Children or youth experiencing other serious risk factors combined with family instability or safety threats.

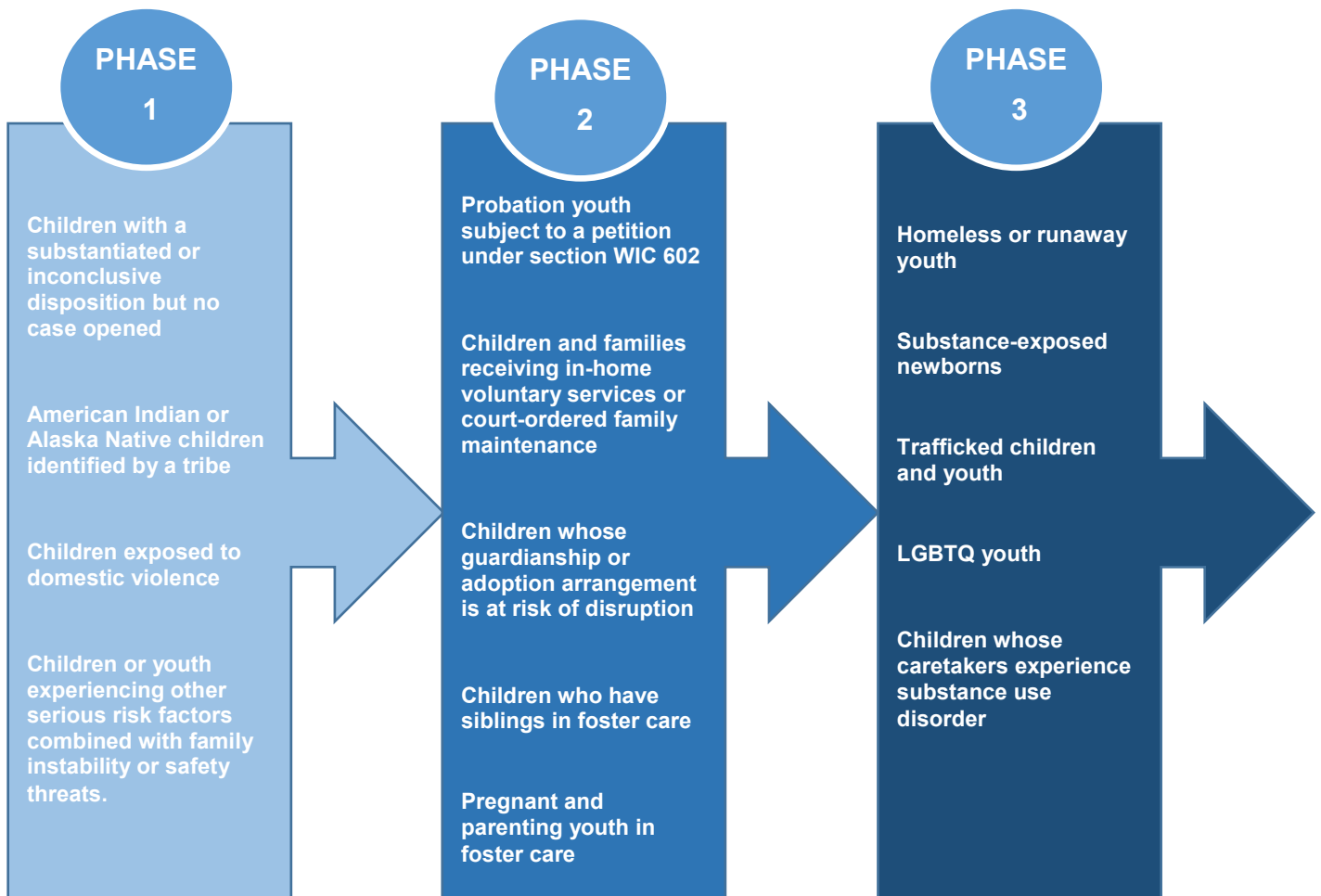
Phase 2 (Year 2): This phase will expand prevention services to include children, youth, and families known to CWS in the following categories:

- Probation youth subject to a petition under section WIC 602
- Children and families receiving in-home voluntary services or court-ordered family maintenance
- Children whose guardianship or adoption arrangement is at risk of disruption
- Children who have siblings in foster care
- Pregnant and parenting youth in foster care

Phase 3 (Year 3): Implementation of the Community HOPE Network, which will expand services to all candidate populations with a potential overlap of the candidates listed below within Phases 1 and 2:

- Homeless or runaway youth
- Substance-exposed newborns
- Trafficked children and youth
- Children whose caretakers experience substance use disorder
- LGBTQ youth

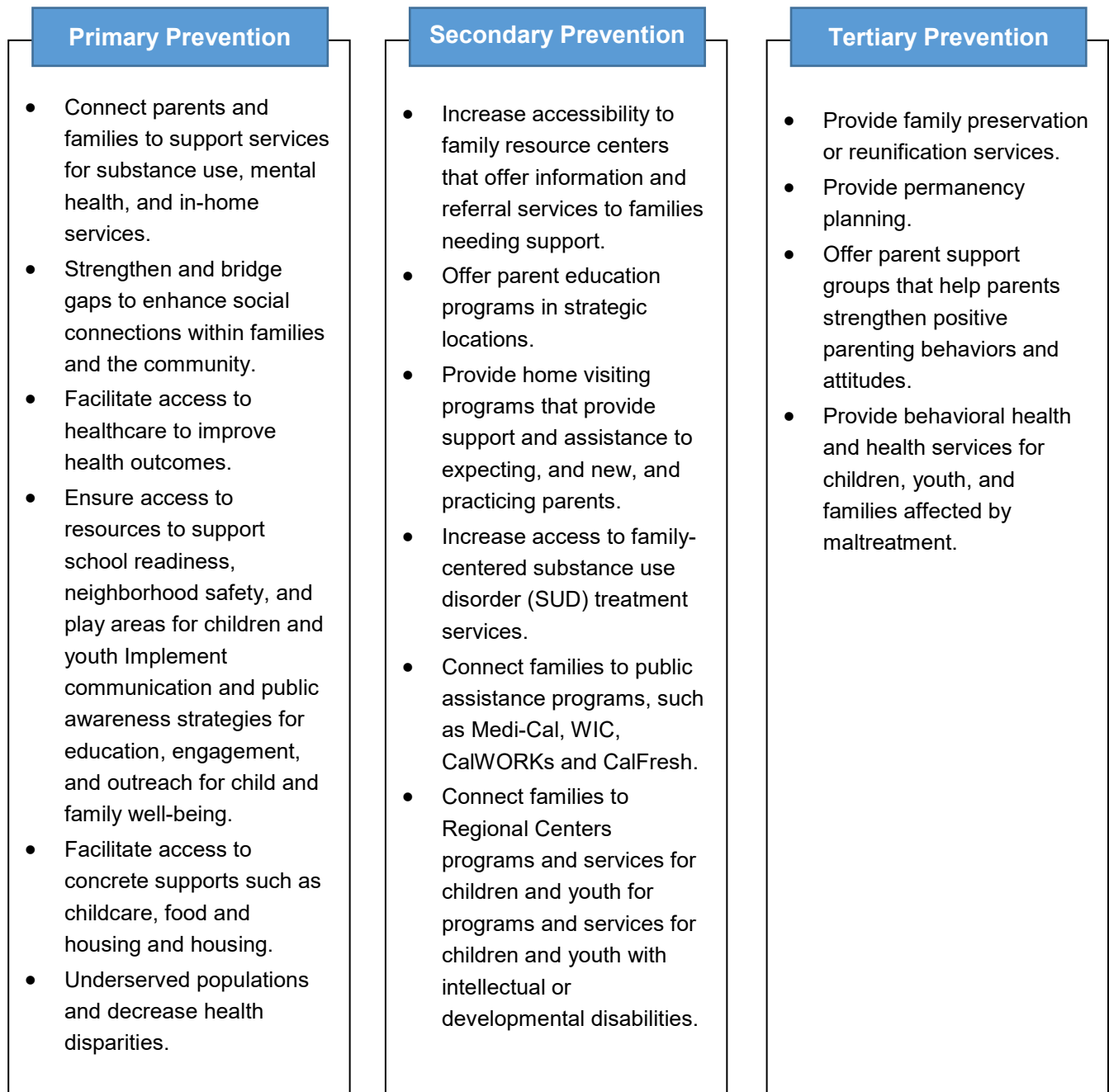
Figure 3: Phases of Candidacy



Prevention Strategies

Madera County has strategically leveraged opportunities, resources, and collective efforts with interagency partners to develop a robust continuum of prevention services. Additionally, the County has made significant investments in various services and programs to reduce risk and strengthen protective factors within families. Figure 4 below illustrates Madera County's strategies across the prevention continuum.

Figure 4: Prevention Strategies



Prevention Services

Madera County has made strategic and significant efforts in developing supportive services that help to remove barriers, promote protective, and mitigate risk factors within families.

- **Prevention Services Program (PSP)** was implemented in March/2023. This referral is submitted by the Social Work Supervisor (SWS) to the Employment & Training Supervisor (ETS), who screens the referral and clears the referral in CalSAWS. If the individual being referred has an open WTW case the referral is forwarded to the assigned Welfare-to-Work (WTW) Employment & Training Worker (ETW) to make contact and provide services or referrals needed. If there is no open WTW case, the ETS makes contact with the family and refers the family to community-based resources.
- **Bridge Program**, the Child Care Bridge for Families Reunifying with Their Children Program, is intended to remove barriers to the placement of foster care children with resource families by allowing counties to provide financial assistance for childcare upon an emergency placement or when the need for childcare arises. The Bridge Program can provide childcare vouchers and navigation services to parenting-dependent and non-minor youth. In addition to financial assistance, the Bridge Program includes childcare navigation services for families and trauma-informed care training and coaching for childcare providers.
- **Linkages Program** is designed to promote safe and stable homes for children identified as at risk or as substantiated victims of abuse and neglect by coordinating and leveraging services between Child Welfare Services (CWS), CalWORKs, Foster Care Eligibility, and Employment Services. Specifically, Linkages services streamline case plan activities, eliminate duplicated services and requirements, and leverage resources while providing a platform for multidisciplinary collaborations to monitor the progress of the children and their families.
- **Bringing Families Home Program** requires a Multi-Disciplinary Team between County Departments, Tribal members, non-profit legal providers, and Community Partners to provide temporary or permanent housing to families including but not limited to biological parents, guardians, or kinship guardians receiving child welfare services at the time of eligibility is determined who are experiencing or at risk of homelessness. CWS services may include but are not limited to Family Reunification, Family Maintenance, Emergency Response services, or families' receipt of voluntary supervision to prevent the need for the child's or children's removal.

These programs are an example of the services currently provided by the County that will be essential components in the Title IV-E Prevention Pathway that will continue to help support and strengthen children and families that come to the awareness of CWS.

Madera County's current Community-Self Assessment (CSA) reveals that since 2016, CWS has seen a reduction in child abuse and neglect allegations and has successfully decreased the number of children entering foster care. This achievement reflects the County's strategic investment in building its current service array. Although these services have contributed to this progress, the county's service needs far exceeds the capacity of its service array.

Therefore, in collaboration with interagency partners, community-based service providers, and other stakeholders, Madera County intends to develop and launch the Community HOPE Network as its Community Prevention Pathway. Through the Community HOPE Network, the County aims to increase its capacity to deliver EBP prevention services in its ongoing efforts to reduce the number of children entering foster care and to address racial disparity issues.

The Madera County Department of Social Services (DSS) is committed to being the catalyst for creating a paradigm shift in child and family serving systems. A shift away from service delivery

systems that react to problems to relational development systems that respond to people and their needs.

Through the collaborative work of the Community HOPE Network, Madera County aims to rebuild its relationships with families and community members, earn their trust, and increase its ability to provide primary, secondary, and tertiary prevention EBPs that meet the diverse needs of children and families across the county.

Prevention EBPs

While California's Five-Year Prevention Plan encompasses only well-supported EBPs from the Title IV-E Prevention Services Clearinghouse, the County's prevention continuum will expand services offered to families beyond FFPSA eligibility to include a wider array of services, including those that are culturally inclusive, appropriate, responsive, and representative of the County's diverse population.

It's important to note that researchers¹⁶ have identified at least three potential challenges with using EBPs, especially in addressing racial disparities. First is the lack of data for EBPs with ethnic/racial minority populations. The second is the limited research on the generalizability of the evidence, which is mostly based on a Euro-American middle class. The third challenge is related to sociocultural considerations in the context of EBPs¹⁷.

An emerging area of inquiry is exploring Community-Defined Evidence Practices (CDEP) as a valid approach that prioritizes the involvement and perspectives of the community being served. It recognizes that communities possess valuable knowledge and expertise regarding their own experiences, needs, and preferences, which should be incorporated into the design, implementation, and evaluation of interventions, services, and programs.

EBPs and CDEPs play an important role in providing culturally relevant, identity-affirming prevention services to children and families. Therefore, the County's CPP will ensure that the services across the prevention continuum account for our communities' diverse beliefs, values, and practices—especially those of our Native American Indian children and families. Furthermore, the County is committed to exploring with all partners, stakeholders, and service providers how to include both EBPs and CDEs in the evaluation and continuous quality improvement (CQI) plan.

The County has identified four EBPs that will be implemented in phases over the three-year plan, including Motivational Interviewing (MI). MI will be utilized as cross-cutting case management EBP and gradually integrated into the County's overall strategy in serving children and families through the Title IV-E Prevention Pathway. Initially, the County plans to introduce MI within the Emergency Response (ER) and Hot Line Units. Using the Plan-Do-Study-Act process, the county will implement MI within the Title IV-E Prevention Pathway and then expand the use of MI across all Prevention Pathways within the Community HOPE Network.

The County will move towards expanding the use of these EBPs from California's state plan. It will collaborate with interagency partners, community-based service providers, and stakeholders to add EBPs and CDEPs to the prevention service array.

Table 3 below provides an overview of the initial selection of prevention EBPs, including the service type, target population, their rating on the Title IV-E Prevention Services Clearinghouse, funding source, and FFPSA claim ability.

¹⁶ <http://lib.ajaums.ac.ir/booklist/ARN142.pdf>

¹⁷ https://www.clasp.org/wp-content/uploads/2022/01/Evidence-Based-Practice-Brief_05152020.pdf

Table 3: Madera County Initial Selection of Prevention EBPs

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
<p>Family Check Up Well-Supported</p>	<p>Parenting Support Services</p>	<p>Caregivers of children 2-17 years old with adolescent adjustment and problem behavior</p>	<p>1-4 months, depending on the individual needs of the family</p>	<p>The program will be funded through FFPS</p>
<p>Healthy Families America Well-Supported</p>	<p>Parenting Support Services</p>	<p>Families are eligible to receive services beginning prenatally or within three months of birth. This program is designed to serve the families of children with increased risk for maltreatment or other adverse childhood experiences.</p>	<p>The program aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.</p> <p>Families are offered weekly home visits for a minimum of 6 months after the birth of the baby.</p>	<p>Currently being funded through Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding</p>
<p>Motivational Interviewing (MI) Well-Supported</p>	<p>Mental Health Services Substance Use Services Parenting Support Services Prevention Plan Management</p>	<p>Designed to promote behavior change for all ages, with a range of target populations and for various problem areas.</p>	<p>Particularly effective for engagement models and shows effectiveness with adolescents. It can be administered in 1 to 3 sessions for clinical uses.</p> <p>It can be used in practice as the primary method to engage and</p>	<p>Currently, MI is not maintaining fidelity to the model.</p> <p>MI is currently funded through County dollars</p> <p>Implementation of MI to fidelity as a</p>

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
			manage family prevention plans and can be delivered in any setting.	cross-cutting case management strategy will be funded through FFPS
Parents as Teachers Well-Supported	Parenting Support Services	Families with an expectant mother or parents of children up to kindergarten entry (usually five years). An agency may use the Parents as Teachers model to focus services primarily on pregnant women and families with children from birth to age three or through kindergarten.	Programs are designed to provide at least two years of service to families with children from prenatal to kindergarten.	Currently being funded through CAPC CBCAP

The County's initial selection of EBPs, where thoughtfully selected to be implemented using the Plan-Do-Study-Act (PDSA) process as part of its evaluation and continuous quality improvement (CQI) plan to ensure model fidelity. The selected EBPs also allow the County to pilot and evaluate the implementation process within the Title IV-E pathway, which can provide essential insight for expanding the delivery of EBPs through the Community HOPE Network.

Finally, the Implementation Team will review the EBPs for effectiveness and compatibility with community needs. The team will present recommendations to the Advisory and Oversight Committees on the potential expansion of EBPs services to continue building the capacity of the county's prevention service array.

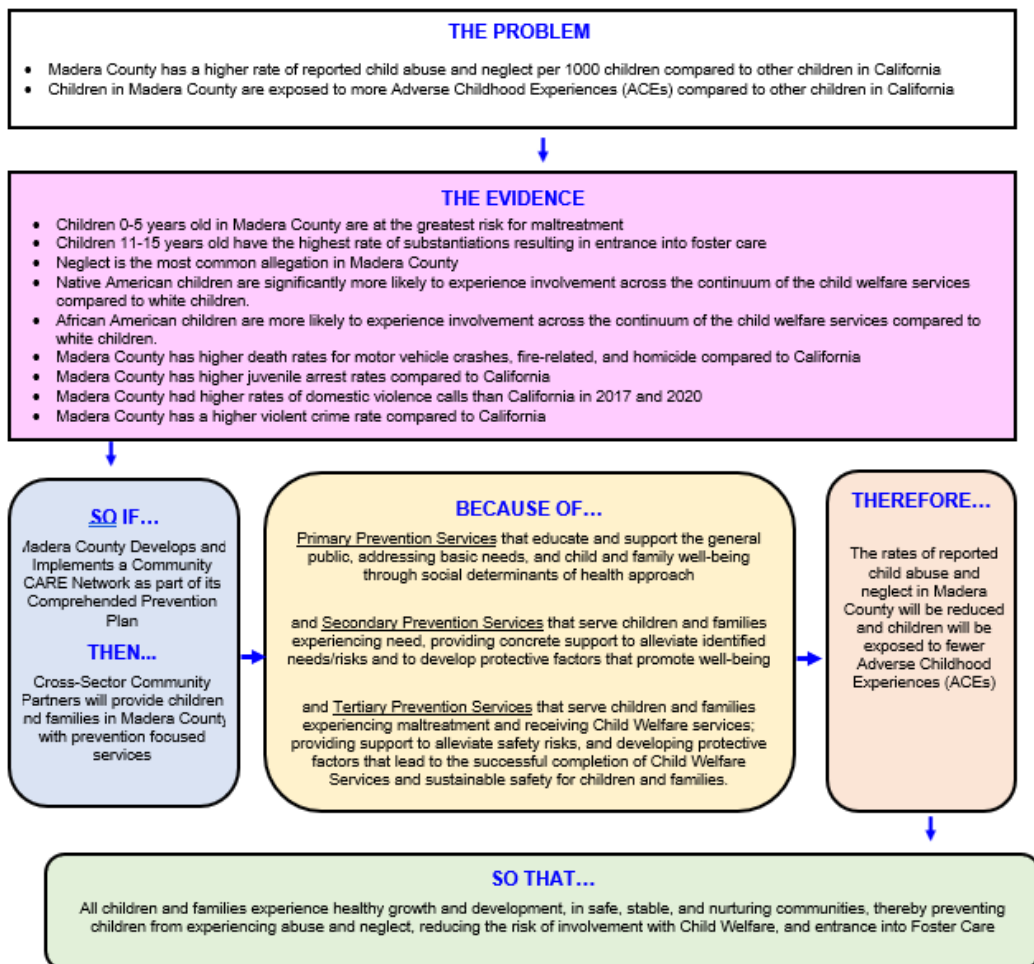
Theory of Change

The Community HOPE Network’s theory of change assumes that if Madera County develops and implements a comprehensive prevention plan, then cross-sector community partners can:

- Provide primary prevention services: These services will educate and support the general public, address basic needs, and promote child and family well-being through the social determinants of health approach.
- Offer secondary prevention services: These services will cater to children and families in need, providing support to alleviate identified needs/risks and foster protective factors that promote well-being.
- Deliver tertiary prevention services: These services will assist children and families experiencing maltreatment and receiving CWS. They will provide support to reduce safety risks and develop protective factors that facilitate the successful completion of CWS, ensuring sustainable safety for children and families.

These efforts ensure that all children and families experience healthy growth and development within safe, stable, and nurturing communities. This approach also intends to prevent children from experiencing abuse and neglect, reduce the risk of involvement with CW, and minimize the likelihood of entry or re-entry into Foster Care.

Figure 5: The Community HOPE Network Theory of Change Diagram

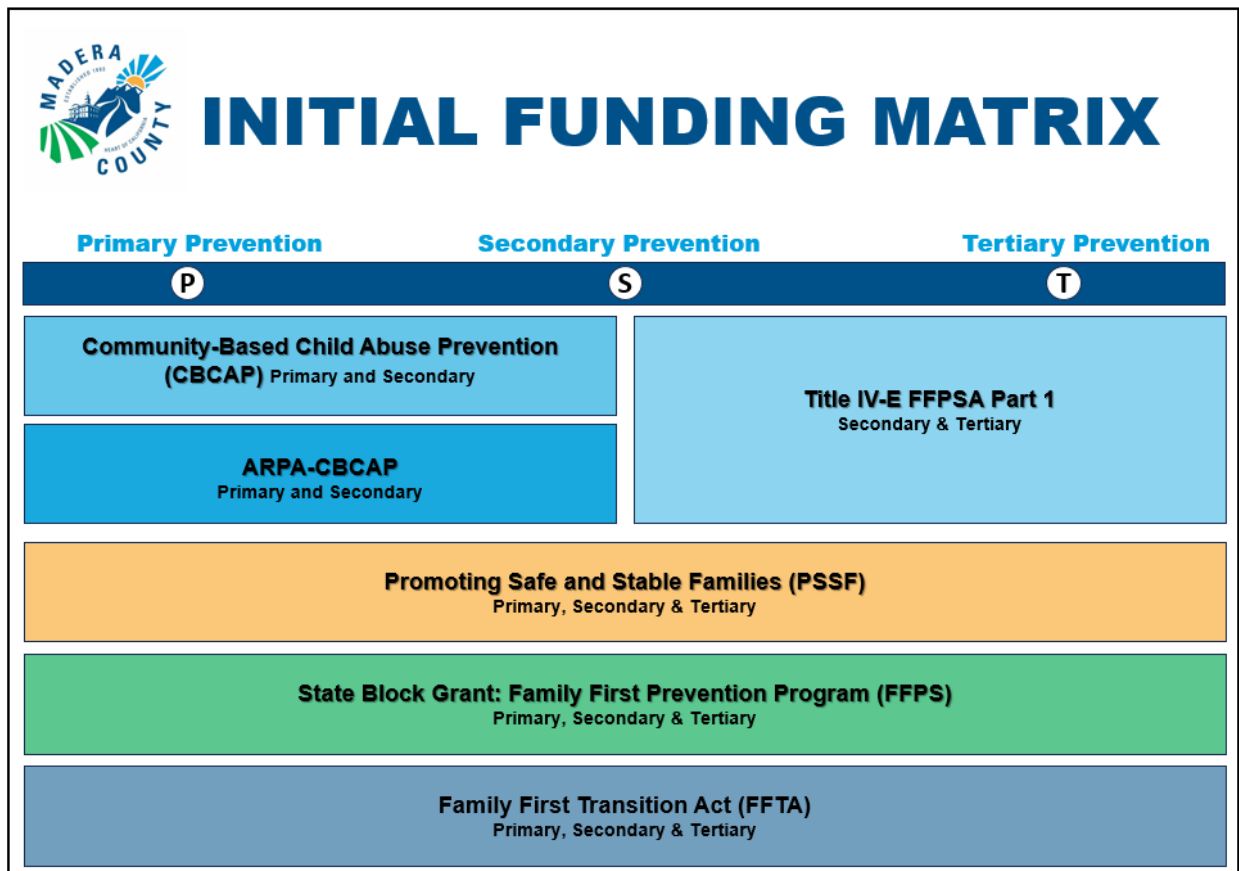


Spending and Sustainability

Madera County has committed to providing extensive services to children and their families, supported by federal, state, and county funding. This funding primarily streams through the Office of Child Abuse Prevention (OCAP), which provides resources such as the PSSF, CBCAP, CAPIT, and Children’s Trust Fund. In the current fiscal year, over \$346,615 has been designated for programs and services aimed at family preservation and sustaining intact family systems whenever possible. In addition, the County allocates \$119,635 of local funds to uphold the mission of ensuring child safety within their homes. Thus demonstrating that the Title IV-E agencies are maximizing federal, state, and county resources to enhance prevention services.

The Initial Funding Matrix shown in Figure 6 and the Spending Chart presented in Table 4 below provides an overview of the County’s initial funding and spending plan for the implementation of the CPP.

Figure 6: Initial Funding Matrix



The Madera County Department of Social Services (DSS) plans to use State FFPS Program Block Grant for the following:

- Motivational Interviewing training for County staff and community partners
- Training for Trainers certification in Motivational Interviewing for County staff
- Establishing training and purchasing of materials for Family Check Up, evidence based parenting program
- Piloting the My Two Aunties (M2A) a program that exemplifies the power of tribal family ways and Indigenous knowing that is culturally appropriate
- Administrative cost
- Establishing training, purchase of material and evaluation services for providing Parents as Teachers evidence based parenting programs to fidelity
- Purchasing direct services and supports for families in need which will help the family achieve or maintain stability
- Piloting of strength-based life skills curriculum for transitional age foster youth in the Independent Living Program (ILP), includes training, and purchase of material

Please note that these amounts are estimated and will be adjusted as final cost are determined through the contracting process

See the initial spending plan chart in Table 4 below:

Table 4: Initial Spending Chart

Funding Name / Source	Total Allocation Amount Prevention Program	Program Estimated Cost
<p>State Block Grant: FFPS</p> <p>CW & Probation Combined Allocations</p>	<p>Total Amount \$ 1,175,674</p>	<p>Estimated Cost</p>
	<ul style="list-style-type: none"> • *Family Check-Up includes implementation training, staffing, and evaluation 	<p>\$ 374,555</p>
	<ul style="list-style-type: none"> • Motivational Interviewing Implement to fidelity: Starting with Emergency Response & Hotline 	<p>\$200,000</p> <p>Note: ToT may be included in this projected cost</p>
	<ul style="list-style-type: none"> • MI Training for Trainers (ToT) • Additional contracts, services, and support for families in primary and secondary 	<p>\$50,000</p> <p>\$551,119</p>

Funding Name / Source	Total Allocation Amount Prevention Program	Program Estimated Cost
	prevention efforts include the following: <ul style="list-style-type: none"> • *Pilot Program – Family Spirit and or My Two Aunties; to include training, consulting, and program evaluation • *Parents as Teachers evidence-based parenting programs delivered to fidelity 	Budget TBD Budget TBD <i>(Pending determination of additional cost necessary for the contracted vendor to meet Title IV-E fidelity requirements)</i>

* Sustainability of these programs, beyond the allocated State funding are dependent upon leveraging FFPSA Title IV-E matching funds and the availability of future prevention funding.

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

Child Welfare Family First Transition Act FFTA	Total Amount \$274,637	Estimated Cost
	Funding for FFPS implementations, training CPP development, and other primary and secondary prevention service	\$274, 637
CAPC: CBCAP-ARPA	Total Amount \$154,511	Estimated Cost
	Funding focused on primary and secondary prevention services	\$ 154,511
CAPC CBCAP	Total Amount \$38,494	Estimated Cost
	CAPC CBCAP provides prevention services for children 0 to 5; Strengthening Families (SFP) parenting; Public education; Parent Education	\$38,494

Funding Name / Source	Total Allocation Amount Prevention Program	Program Estimated Cost
CAPC Children's Trust Fund	Total Amount \$ 80,808	Estimated Cost
	Community outreach and services	\$80,808
Child Welfare CAPIT	Total Amount \$196,775	Estimated Cost
	CAPIT provides parent and public prevention education support services	\$196,775
Promoting Safe Stable Families PSSP	Total Amount \$153,661	Estimated Cost
	Prevention services for children 0 to 5; Adoption promotion support; Concrete supports; CFT family reunification support Victim services; Substance abuse services; Transportation; Strengthening Families (SFP) parenting classes	\$ 153,661

Beyond the dedicated funding and programs mentioned in the Initial Spending Chart, Madera County also invests in prevention efforts through a variety of services and programs. These include the CalWORKs Home Visiting Program, Linkages, CalWORKs Family Stabilization Services, CalWORKs Housing Services Program, Child Welfare Bringing Families Home Program, and realignment funds designed to maintain a substantial Voluntary Family Maintenance program.

Additionally, the Madera County of Department of Behavioral Health Services (DBHS) and Department of Public Health (DPH) invest in a wide range of prevention services, including those funded by MHSA, and home visiting programs, including evidence-based Healthy Families America. Furthermore, the Probation Department invests in an array of prevention services to support youth and their families, including mental health and substance use services as well as parenting support programs.

Finally, Madera County has developed an existing continuum of prevention and support services that strongly emphasizes collaboration across agency boundaries that support children and families through inter-agency projects that utilize existing resources and funding streams.

Sustainability

Interagency partners are devoted to collaborating and sharing resources, aiming to augment services for children and families in Madera County. This funding may come from federal, state, local, or private resources, and the process of securing, applying for, planning, monitoring, and distribution will be a joint venture whenever practical. The partners are committed to keeping potentially affected members of the Community HOPE Network informed about available funding streams and any service impacts in the county due to funding changes.

The partners also plan to make the most of potential reimbursements available through managed care plans, the county mental health plan, and other federal reimbursement access points. Financial responsibility for eligible children and families will be maintained by each party according to their respective obligations within the care continuum.

Interagency partners, along with community-based providers, have many diverse responsibilities. These include tracking, monitoring, evaluating, and reporting their services to various entities, including state and federal agencies. They also carry the additional responsibility of evaluating contractors and vendors. Despite the unique forms and processes these requirements may entail, the partners' shared goals can be enhanced in critical areas, and potential cost savings can be realized.

Madera County is committed to prioritizing strategic, sustainable planning. This includes establishing shared data practices and creating a joint evaluation process. The primary obstacle to sustainability is the uncertainty of future funding through Title IV-E and State block grant. Madera County's sustainability depends on leveraging FFPSA funds and future preventative funding availability. The County's CPP focuses on short-term system enhancements that build capacity using one-time funding and prepares the system for claiming Title IV-E funds once they become available.

Moving forward, the workforce will need to expand to sustain increased service delivery. However, this expansion will rely on sustainable long-term funding either through future State block grant funding or the ability to claim Title IV-E dollars. Specifically, funding that can support additional direct service providers, or increase the number of social workers or therapists, will enable the system to create a wider network of services and support.

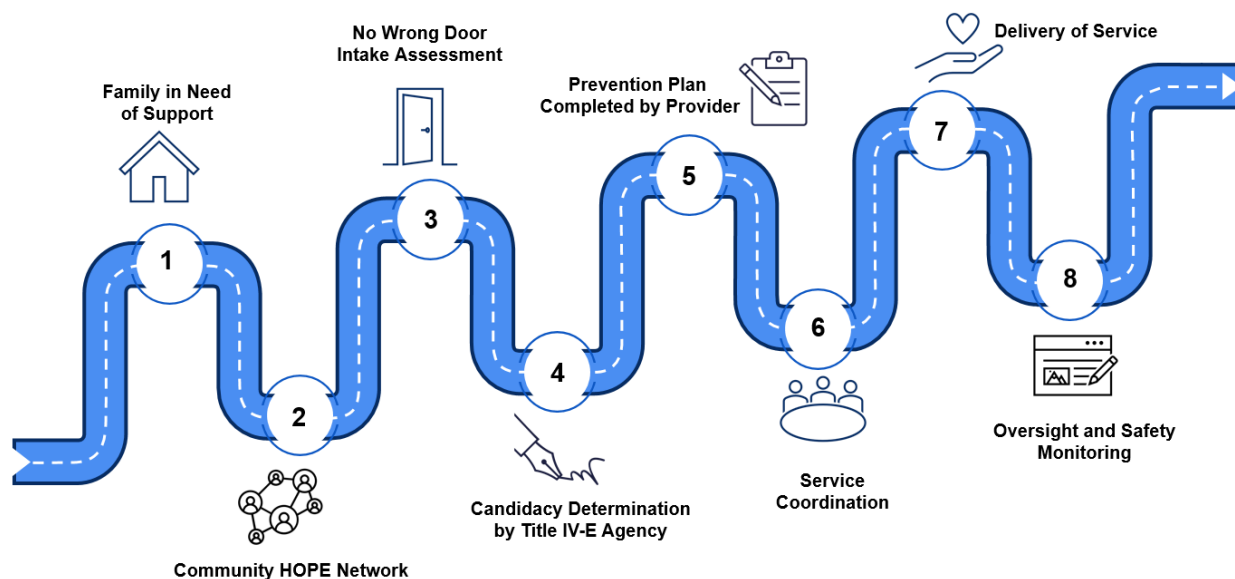
Besides providing direct services, it is expected that additional administrative staff will be needed. They will help with ongoing tasks related to compliance with Title IV-E requirements, such as model fidelity oversight, data entry, training development, and other support types for direct service providers.

Additional Assurances

A1: Assurance of Child Safety Monitoring

Figure 7 represents Madera County's Community HOPE Network Prevention Pathway and demonstrates that there is "No Wrong Door" through which prevention services may be accessed. The "No Wrong Door" approach is intended to provide an opportunity for families to access comprehensive prevention services throughout the County. Recognizing that FFPSA prevention services may not be a match for all children and families, there may be "off-ramps" that families can use to access other prevention services that best meet their needs or potential.

Figure 7 Community HOPE Network Prevention Pathway



Child safety monitoring will occur throughout the Community HOPE Network as families engage with the Prevention Hub, CBOs, and tribal governments. The Prevention Hub will be responsible for conducting the strengths and needs assessment upon intake, interim (if appropriate), and closure of the prevention plan.

A2: Assurance to Meet the Workforce and Training Requirements

The County of Madera will participate in all three tiers of the state’s training series. It will work with the state to ensure that the County’s Training Unit is included in curriculum development, Training for Trainer sessions, and access to e-Learnings and curriculum to upload to the County’s Learning Management System. This will allow the County to facilitate training for its staff. Training for community agencies will be coordinated as described in the state’s training plan.

- **Tier 1:** Prevention Principles lays the foundation by outlining best practices for prevention networks. It paves the way for a system-wide shift towards preventive investment. A wide audience, including local service providers, leaders at all levels, and cross-sector partners, can benefit from this system-oriented training.
- **Tier 2:** The second tier of training splits into two categories. One focuses on local prevention providers and partners, focused on community pathways. The second targets Title IV-E caseworkers. For the latter, training involves tribal engagement, ICWA, and active efforts. We center this tier on specifics of FFPSA prevention service delivery, adhering to federal requirements for candidate determination, prevention plan development, and safety monitoring. We also ensure that staff from child welfare, Juvenile Probation, tribal government agencies, and local service providers can proficiently develop prevention plans. This includes learning how to connect and engage with families and Tribes, assessing needs, and facilitating access to evidence-based services. Participants also learn to conduct risk assessments, develop safety plans, and continually assess the appropriateness of prevention services.

- **Tier 3:** EBP Webinars are comprehensive training resources for Title IV-E agencies and local service providers. These webinars cover the EBPs listed in the CPP. Local cross-sector planning entities can use this knowledge to assess, select, and confirm appropriate EBPs for their community candidates. The training creation process will focus on strength and needs assessment, prevention planning, data collection, quality assurance, and fiscal reporting and claiming processes. The goal is to equip future CBOs and agency staff with the skills and knowledge to support the Community HOPE Network.

The workforce development initiative targets several audiences to meet its requirements. These include interagency partner staff, local community-based and tribal prevention service providers, and other prevention partners like personnel from law enforcement, schools, and medical care providers. This development aims to enhance the understanding of the broad range of prevention resources available in the community, the usage and access of the Community HOPE Network, referral protocols, and the processes of conscientious mandated reporting and supporting.

The County guarantees the inclusion of its workforce in the statewide training series via coordination with the state, as per the guidelines mentioned above and any future directives. It will also ensure that contracted providers participate in the statewide training series pertinent to their roles. For EBP providers, the training requirement and minimum qualifications needed to deliver the EBP services will be explicitly stated in their contracts.

A3: Assurance of Adherence to Model Fidelity for EBPs and CQI

Madera County plans to contract for Evidence-Based Services under FFPSA to strengthen existing prevention services. Contracted Community-Based Organizations for Parents as Teachers will track, monitor, and report services, expenditures, and duration information. Madera County CWS will monitor and track case status and allegations throughout service provision. Child welfare will track service success and allegations for two years post-candidacy. Once completed for use, the Child Welfare Services- California Response and Engagement System (CWS-CARES) system will collect and report child, service, and program-level data required by the FFPSA. As this system is not currently available, staff within Child Welfare will be tasked with this oversight and monitoring fidelity to the model, outcomes, and reporting requirements.

Madera County is committed to improving practice, service delivery, and outcomes with its Continuous Quality Improvement (CQI) program. CQI evaluates county performance compared to standards, transforming mandates into action. The FFPS Lead for Madera County will monitor fidelity through feedback loops, outcome evaluations, and co-created goals. CQI will assess service delivery and effectiveness to improve future practice.

Madera County will collect data on family demographics, prevention plans, and outcomes. Pre- and post-assessments will determine initial risk factors and strengths. Services aim to reduce foster care entry, which will be monitored. Disproportionate entries and outcome distribution will be analyzed. Madera County will coordinate with CDSS for necessary corrections or program redesign based on evaluation findings.

In addition to local fidelity monitoring efforts, the County will participate in state-level fidelity oversight and coordination. This may include providing timely submissions of relevant fidelity indicator data through the statewide automation system (assumed to be CWS-CARES).

A4: Coordination with the Local Mental Health Plan

In Madera County, strong coordination and collaboration exist between the Department of Behavioral Health Services (DBHS), the Department of Social Services (DSS), and the Probation Department. Regular meetings are held between leaders and staff of these agencies to discuss joint efforts aimed at addressing the needs of children, youth, and families in the community.

Both the DSS and DBHS understand that Title IV-E must be the payer of last resort and are eager to receive future directions and clarifications from the state on this process.

A5: Assurances of All Other Requirements under the State Title IV-E Prevention Program Plan

In addition to following through with the assurances mentioned above, Madera will follow the requirements outlined for the Title IV-E Prevention Program Plan.

Please refer to the signed Family First Prevention Services (FFPS) Program Assurances attachment.

Summary Conclusion

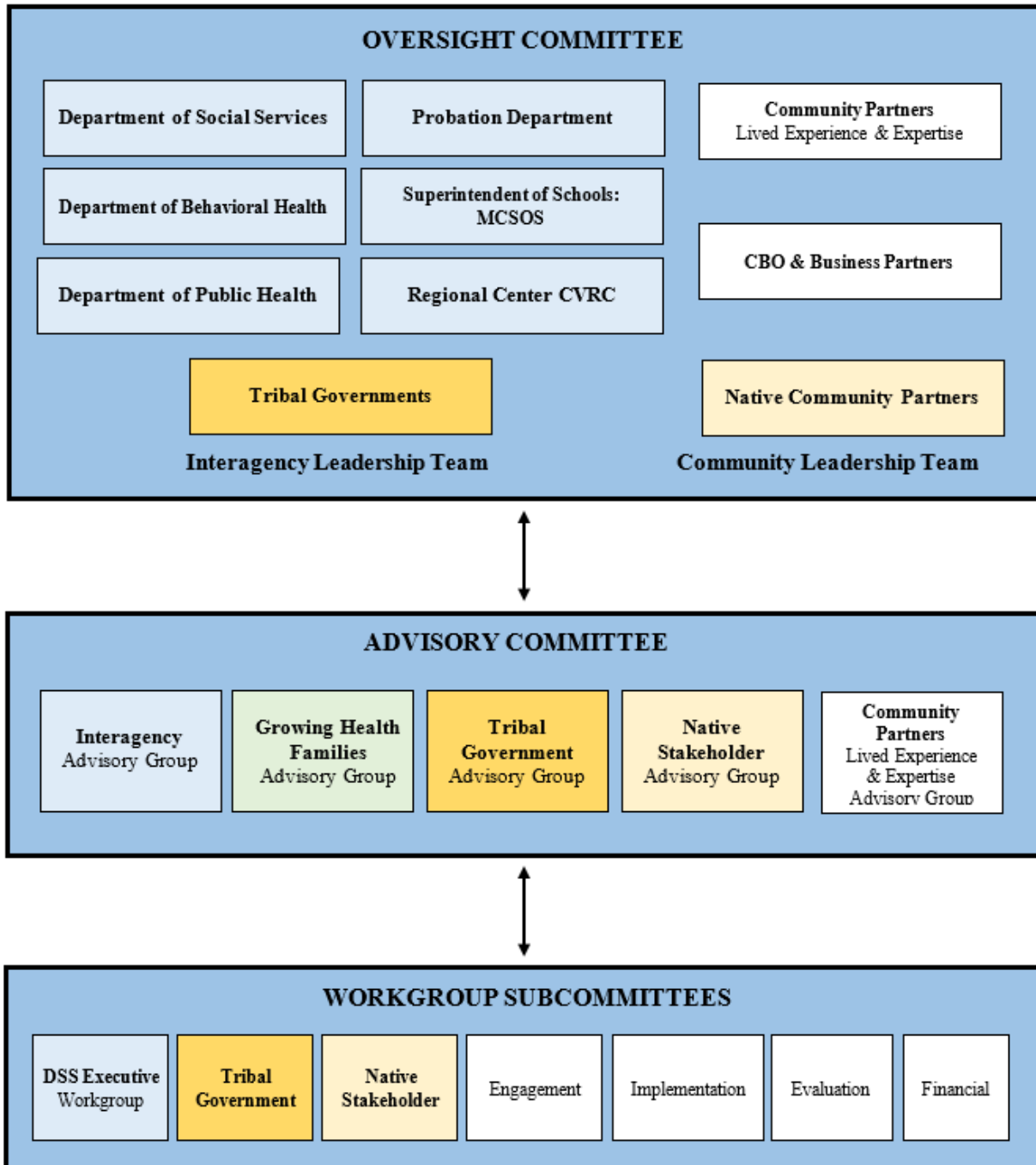
Madera County is in a suitable position to implement the prevention services identified in its Comprehensive Prevention Plan (CPP). The County has adopted a "No Wrong Door" approach to service provision, ensuring all children and families in need can access the necessary services.

While not all children and families will be eligible for Family First Prevention Services Act (FFPSA) services, all will be assessed and referred to the most suitable services available. Madera County plans to continually expand its ability to explore and deliver a broader range of Evidence-Based Practice (EBP) services, addressing the varied needs of children and families in the community.

The Community HOPE Network's development and implementation can potentially offer a more efficient access point for children and families in need, possibly reducing the necessity for child welfare and juvenile probation involvement. By continuously striving to establish a wide variety of prevention services, we can address the needs of children and families at earlier stages. This proactive approach can, in most cases, prevent situations from escalating to a crisis level and reduce the likelihood of system involvement.

Appendices

Appendix 1: The Community HOPE Network's Governance Structure Description



The Oversight Committee

Purpose: The Oversight Committee will ensure that required cross-sector collaborative partners have meaningful participation in decision-making for training, implementation, selection of Evidence-Based Practices (EBP), fidelity monitoring, and continuous quality improvement for the CPP. The Oversight Committee will ensure that the County's CPP is in compliance with all Federal and State FFPSA requirements and assurances.

Roles & Responsibilities

Decision Making: The Oversight Committee makes decisions regarding the approval, amendment, or direction of the reports and recommendations received from the Advisory Committee. They deliberate on the available options, considering the potential benefits, risks, and trade-offs associated with each decision. The committee aims to reach a consensus or majority agreement, ensuring that decisions are made in the best interest of the CPP and its stakeholders.

Important Note: Any recommended action of the Advisory Committee and subsequent approval of the Oversight Committee that requires the allocation of resources, funding, or has policy implications are subject to the approval of individual agencies that may be impacted by such recommendations.

Reports and Recommendations: The Advisory Committee submits information, reports, and recommendations to the Oversight Committee related to the development, implementation, evaluation, quality improvement, and compliance of the county's Comprehensive Prevention Plan (CPP). These reports provide a comprehensive overview of the current status, challenges, and opportunities within the CPP.

Review and Analysis: The Oversight Committee, consisting of interagency leaders, reviews and analyzes the reports and recommendations from the Advisory Committee. They carefully consider the information provided, assessing its alignment with the CPP's goals and objectives. It is important to note that the Oversight Committee's approval does not imply a binding decision on individual agencies' resources, funding, or policies but signifies agreement with the assessments, recommendations, and reports presented by the Advisory Committee.

Consultation and Discussion: The Oversight Committee engages in consultations and discussions with the Advisory Committee to gain further clarity on the reports and recommendations. They seek additional information, ask questions, and encourage open dialogue to ensure a thorough understanding of the content and implications of the reports.

Evaluation of Options: Based on the information presented by the Advisory Committee and the discussions held, the Oversight Committee evaluates various options and strategies. They assess the feasibility, relevance, and potential benefits of each option, considering the unique circumstances and priorities of individual agencies within the interagency framework.

Communication and Direction: Upon reaching decisions, the Oversight Committee communicates its approval and provides clear directions to the Advisory Committee. They outline how the recommendations should be implemented, amended, or further developed. It is understood that the implementation of these recommendations remains subject to the individual agencies' policies, resources, and funding considerations.

Monitoring and Feedback: The Oversight Committee monitors the progress and implementation of the approved recommendations while receiving feedback from the Advisory Committee. They assess the effectiveness of the decisions made, considering the unique circumstances and capacities of individual agencies, and may revise or adjust the directions based on new information or evaluation findings.

Through this decision-making process, the Oversight Committee, composed of interagency leaders, demonstrates their agreement and endorsement of the assessments, recommendations, and reports presented by the Advisory Committee. While their approval is not binding on individual agencies' resources, funding, or policies, it represents a collaborative and coordinated effort within the governance structure to advance the goals and objectives of the CPP.

The Advisory Committee

Purpose: The Advisory Committee provides mid-level decision-making capacity as appointed representatives from each of the interagency partners. The Advisory Committee, through appointed interagency representatives, provide mid-level consultation and guidance to interagency staff assigned to individual workgroup subcommittees.

Roles & Responsibilities

Consultation and Guidance: The appointed representatives at the Advisory Committee level play a crucial role in advising and guiding interagency staff assigned to individual subcommittee workgroups. They utilize their experience and expertise to provide recommendations, suggestions, and insights to the staff members working within the subcommittees.

Collaboration and Consensus: The Advisory Committee encourages collaboration and consensus-building among the appointed representatives. They work together to reach decisions that align with the overall objectives of the CPP and consider the diverse perspectives and expertise brought by each representative.

Supervision and Direction: Based on the decisions made by the representatives, the Advisory Committee guides and directs the interagency staff members assigned to individual subcommittee workgroups. They provide instructions, recommendations, and support to ensure that the workgroups operate effectively, implement strategies, and achieve their assigned objectives.

Communication and Coordination: The appointed representatives maintain a strong line of communication with their respective agency leadership. They keep their agency leadership informed about the activities, progress, and decisions made within the Advisory Committee and subcommittee workgroups. This communication ensures coordination of collective efforts of interagency partners while ensuring alignment with individual agency mandates and priorities, enabling agency leadership to provide necessary guidance and support.

Reporting and Accountability: The Advisory Committee is accountable for the decisions made and their impact on the CPP. They regularly report to their respective agency leadership and provide updates on the progress, challenges, and achievements of the subcommittee workgroups. This reporting mechanism ensures transparency and accountability within the interagency collaboration.

Through this decision-making process, the appointed representatives from each interagency partner fulfill their dual responsibilities by communicating with their respective agency leadership and collectively reporting to the Oversight Committee. This ensures that information flows both vertically and horizontally within the governance structure, facilitating alignment, support, and accountability at all levels that contribute to the overall success of the CPP.

Workgroup Subcommittees

Purpose: The Workgroup Subcommittees work collaboratively with interagency staff, partners and stakeholder, utilizing their experience and expertise to ensure that the engagement, implementation, evaluation, and quality improvement aspects of the CPP are effectively planned, executed, monitored, and enhanced over time.

Roles & Responsibilities

DSS Executive Workgroup

- Facilitate collaboration, information sharing, and coordination among subcommittees for alignment and synergy in achieving CPP objectives.
- Provide expertise, guidance, and oversight to ensure CPP compliance with FFPSA provisions and regulations, monitoring and guiding other subcommittees accordingly.
- Assist in developing strategies, policies, and procedures aligned with FFPSA requirements and county needs, drawing on Title IV-E program expertise and knowledge.
- Coordinate data collection efforts for FFPSA compliance and program outcomes, ensuring accuracy, analysis, reporting, and identification of improvement areas.
- Facilitate training and technical assistance for other subcommittees, building capacity and knowledge.
- Collaborate with subcommittees to establish evaluation frameworks, collect feedback, and analyze data to ensure CPP's continuous evolution and achievement of goals and outcomes.

Tribal Government and Native Stakeholder Workgroup

- Organize engagement activities to involve Tribal leadership and Native community stakeholders in decision-making processes.
- Collaborate with Tribal governments, Native organizations, and community leaders to identify representatives at all levels of leadership, including the Oversight and Advisory Committees.
- Communicate and promote the unique needs, priorities, and perspectives of Native peoples, ensuring the CPP considers cultural, historical, and social factors affecting Native communities countywide.
- Coordinate with subcommittee representatives to foster collaboration, address gaps, and ensure culturally responsive and inclusive strategies and practices.
- Provide cultural guidance and expertise to other subcommittees on traditional Native practices, customs, and values for CPP implementation and evaluation, respecting the cultural context of Tribal and Native communities.
- Review recommendations, reports, and documents from other subcommittees, offering feedback and recommendations to ensure Tribal and Native interests, priorities, and perspectives are reflected and supported.

Engagement Workgroup

- Foster engagement and collaboration among stakeholders, including community organizations, advocacy groups, and service providers.
- Develop strategies to involve stakeholders in decision-making, program planning, and policy development processes.
- Facilitate the exchange of information and ideas between the CPP governance structure and stakeholders.
- Plan and organize community outreach events, forums, or meetings to gather feedback and input from stakeholders.
- Identify barriers to engagement and develop strategies to overcome them.
- Monitor and evaluate the effectiveness of engagement efforts and recommend improvements.

Implementation Workgroup

- Develop detailed implementation plans for the various components of the CPP.
- Coordinate and oversee the execution of implementation strategies, ensuring alignment with program goals and objectives.
- Collaborate with cross-sector partners to ensure effective and coordinated implementation of evidence-based practices.
- Monitor the progress of implementation activities, identify challenges, and propose solutions.
- Provide guidance and support to service providers and stakeholders involved in program implementation.
- Conduct regular reviews and assessments to evaluate the fidelity and effectiveness of implementation efforts.

Evaluation Workgroup

- Develop evaluation frameworks and methodologies to assess the outcomes and impact of the CPP.
- Collect and analyze data to evaluate the effectiveness of program components, interventions, and services.
- Collaborate with stakeholders and subject matter experts to identify appropriate evaluation measures and indicators.
- Review evaluation findings and provide recommendations for program improvement based on data analysis.
- Monitor and track performance indicators and outcome measures to measure program success.
- Ensure compliance with ethical and privacy standards in data collection and analysis.

Quality Improvement Workgroup

- Develop and implement continuous quality improvement strategies for the CPP.
- Establish quality benchmarks and standards for program components and services.
- Regularly review and assess program processes, policies, and practices to identify areas for improvement.
- Develop action plans and initiatives to address identified gaps and enhance program quality.
- Monitor and evaluate the effectiveness of quality improvement efforts and revise strategies as needed.
- Collaborate with stakeholders to ensure their input and involvement in quality improvement initiatives.

Appendix 2: Partner and Stakeholder Engagement List

CPP Required Partners	Engaged and Actively Participated in the Planning Process (Y/N)	Engaged and Actively Participating in the Governance Structure (Y/N)	Priority Level for the Engagement Team (High/Medium/Low)
Child Abuse Prevention Council (CAPC)	Y	Y*	
Child Welfare Agency	Y	Y*	
Probation Department	Y	Y*	
Tribal Governments	Y	Y*	H
Office of Education	Y	Y*	M
Behavioral Health Department	Y	Y*	
Non-Profit/CBO	Y	Y*	M
Family Resource Centers	Y	Y*	M
Foster Family Agencies	N	N	H
Youth Leader (Lived Expertise)	N	N	H
Parent Leader (Lived Expertise)	Y	N	H
Former Foster Youth	N	N	H
Foster youth currently (ILP & 18+THP)	Y	N	H

CPP Suggested Partners	Engaged and Actively Participated in the Planning Process (Y/N)	Engaged and Actively Participating in the Governance Structure (Y/N)	Priority Level for the Engagement Team (H/M/L)
System of Care partners	Y	Y*	H
Private Organizations	N	N	L
Evidence-Based Program Provider/Purveyor	N	N	M
Program Evaluator	N	N	H
Faith-Based Institutions	Y	N	H
First 5	Y	Y*	
Public Health Department	Y	Y*	
Public Assistance Department	Y	Y	
District Attorney's Office	N	Y*	L
County Government (BOS)	N	Y*	M
City Governments (City Council)	N	N	M
School Districts	Y	Y*	H
Housing Department/Authority	N	Y*	H
Homeless programs	N	N	H
Local Regional Centers (CVRC)	N	N	M
Local Offices of Employment/Career Centers	N	N	H
Local Vocational Trainings Centers/Community Colleges	N	N	H
Health Care Providers/Systems	N	Y*	H
Mental Health Care Providers	Y	N	H
Early Childhood Programs	N	Y*	H

Note: * Identifies those partners groups that are represented or members of the ICYSC

Organization	Interagency Engagement & Data Collection	CPP Stakeholder Engagement Activities	CPP Governance Participation
ACE Overcomers		X	
American Indian Education Consultants, ICWA QEW	X	X	X
Aspiranet	X		
California Farmworker Foundation	X		
California Health Collaborative	X	X	
California Teachers Association	X		
Camarena Health	X		
CASA of Fresno and Madera Counties	X	X	X
Central Valley Health Policy Institute	X		
Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)	X		
Chrysalis House	X		
Community Action Partnership of Madera County -CAPMC	X	X	X
Count Local Child Care and Development Planning Council	X		
District, Big Brothers and Big Sisters	X	X	X
EA Family Services	X		
First 5 Madera County	X	X	X
Fresno American Indian Health Project	X	X	
Madera Coalition for Community Justice	X		
Madera County BHS	X	X	X
Madera County Child Abuse Prevention Council -MCCAPC	X	X	X
Madera County DPH	X	X	X
Madera County DSS	X	X	X
Madera County Libraries		X	X
Madera County Probation Department	X	X	X
Madera County Superintendent of Schools -MCSOS	X	X	X
Madera Ministerial Association		X	
Madera NAACP		X	
Madera Rescue Mission	X	X	
Madera Unified School District	X	X	
Native Solutions Family Guidance		X	
Native Stakeholder - Central California Training Academy CCTA	X	X	
North Fork Rancheria Tribal TANF	X	X	
Promesa Behavioral Health	X	X	
Sierra Tribal Consortium, Inc./Turtle Lodge		X	
Transitions Children Services	X		
Big Sandy Rancheria	X	X	X
North Fork Rancheria	X	X	X
Picayune Rancheria of the Chukchansi Indians	X	X	X
United Way of Fresno and Madera Counties	X		
Valley Children's Healthcare	X	X	

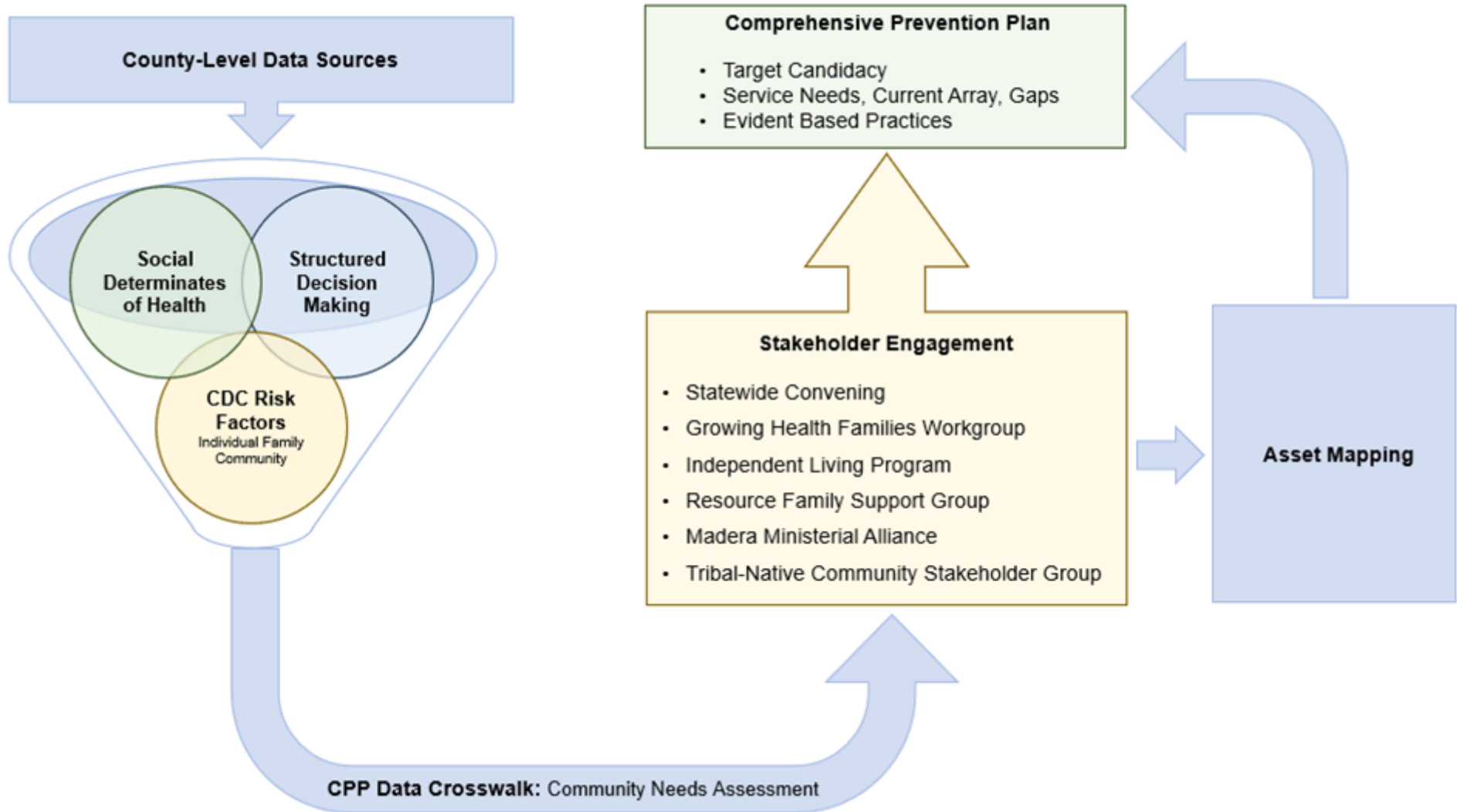
Appendix 3: ICPM Behavior and Strategies

ICPM Behavior	Strategies for Using the ICPM
<p>Foundational</p>	<p>Behaviors: These behaviors serve as the basis for effective practice, including building relationships based on trust, respect, and cultural humility, promoting family and youth voice and choice, and engaging in continuous learning and professional development.</p> <p>Partner Strategies: The County is dedicated to fostering open, honest collaboration and accountability with all stakeholders involved in developing, implementing, and continuously improving the community HOPE network.</p> <p>Family Strategies: When working with families, the Community HOPE Network ensures open, honest, clear, and respectful communication, utilizing Motivational Interviewing (MI) as a cross-cutting case management evidence-based practice (EBP).</p>
<p>Engagement</p>	<p>Behaviors: Engagement behaviors emphasize active participation and collaboration with children, youth, and families. This involves actively listening, validating experiences, and involving families in the decision-making process.</p> <p>Partner Strategies: Through various engagement forums, system partners, community members, and service providers have the opportunity to contribute and stay informed about primary, secondary, and tertiary prevention services across the County. Implementation Team partners build trust by gaining a better understanding of each agency's roles and responsibilities.</p> <p>Family Strategies: When working with families, the Community HOPE Network utilizes Motivational Interviewing (MI) to establish relationships with all family members and engage them in a continuous service process.</p> <p>The Network partners work with families to support them from the initial strengths and need assessment to the completion of their identified prevention plan goals.</p> <p>Throughout the family's engagement in the Community HOPE Network, communication aligns with cultural expectations, considers the family's perspective, and demonstrates respect for their role in planning and decision-making. Families are provided with information about available prevention resources and have the option to opt in for services or not. The messaging emphasizes that opting in for prevention services is optional.</p>

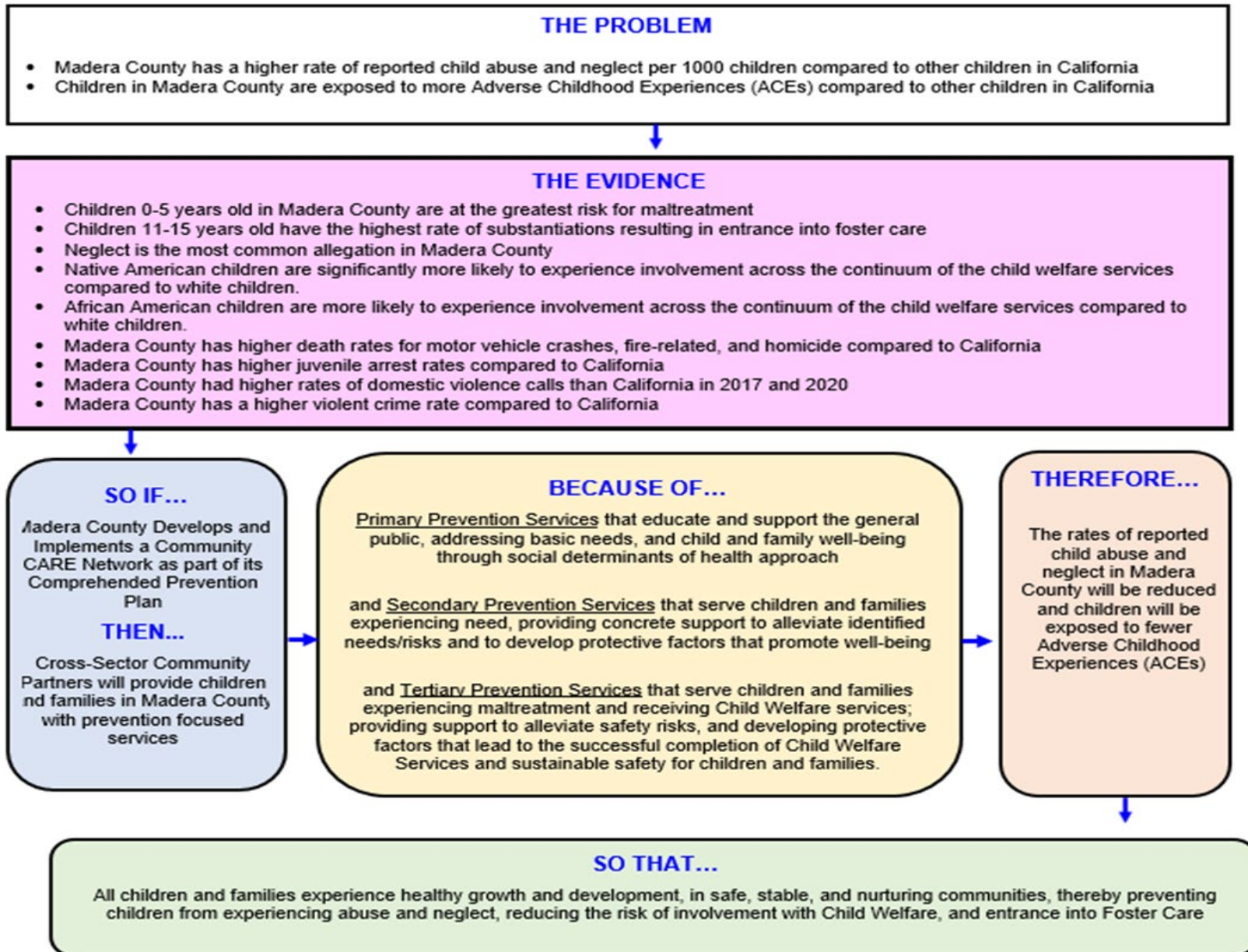
ICPM Behavior	Strategies for Using the ICPM
<p>Assessment and Planning</p>	<p>Behaviors: These behaviors focus on conducting thorough assessments, gathering comprehensive information, and developing collaborative plans that address the unique needs and strengths of children, youth, and families.</p> <p>Partner Strategies: Community HOPE Network providers use common assessment tools to minimize redundant assessments with each family. The County is working to enhance data sharing across system and agency partners to ensure consistency in assessment processes.</p> <p>Family Strategies: When working with families, Community HOPE Network providers gather information using MI skills that build on previously collected information, leading to an individualized and comprehensive assessment of the family.</p> <p>Service providers facilitate assessments and allow them to be completed in parts at a pace that works for the family. The assessment tool helps staff understand various aspects of family functioning, such as child/youth safety, parental capabilities, family interactions, social/community support, self-sufficiency, and health.</p> <p>Providers also conduct strength-based and trauma-informed assessments with the family at intake, intermittently if appropriate, and at the closure of prevention services to promote honest discussions about risk factors and define the family's individual needs.</p>
<p>Teaming</p>	<p>Behaviors: Teaming behaviors refer to the ways in which team members interact and collaborate within a team setting, contributing to effective teamwork.</p> <p>Partner Strategies: The Community HOPE Network, as a collective, is engaged in designing, piloting, and implementing a shift towards a prevention-oriented system of care for children, youth, and families in Madera County. Planning and implementation efforts involve coordination across multiple teams within the Community HOPE Network governance and leadership structure.</p> <p>Family Strategies: When working with families, providers establish partnerships to access available prevention services in the community and support families throughout their engagement with the Community HOPE Network. Network partners collaborate families and providers to identify culturally appropriate services to meet the family's needs and continually support the family as they engage with prevention services. Warm handoffs to other service providers are facilitated, ensuring the necessary information is shared to meet the family's needs.</p>

ICPM Behavior	Strategies for Using the ICPM
Service Delivery	<p>Behaviors: Service delivery behaviors involve implementing evidence-based practices and interventions tailored to meet the specific needs of individuals and families, promoting child safety, well-being, and permanency through effective case management and support services.</p> <p>Partner Strategies: Community HOPE Network partners and stakeholders utilize data to guide decision-making regarding the implementation, expansion, or cultural adaptations of evidence-based practices (EBPs). Service providers track data to inform funding decisions and maximize revenue sources to meet families' needs in the community.</p> <p>Family Strategies: When working with families, service providers co-develop prevention plans, monitor and adjust them as needed, and facilitate interaction with families using MI, ongoing assessment, collaboration, and engagement. Customized prevention plans are co-developed and reviewed with the family throughout their engagement in prevention services.</p>
Transitioning	<p>Behaviors: Transitioning behaviors recognize the importance of supporting children, youth, and families during times of change or transition, including planning and coordinating smooth transitions between services, placements, or life stages.</p> <p>Partner Strategies: Community HOPE Network partners keep each other well-informed of changes in key services, initiatives, funding, data, or staffing to prepare for the impact of these transitions across the continuum of the Comprehensive Prevention System.</p> <p>Family Strategies: When working with families, upon completion of the prevention services plan, service partners provide opportunities for the family to reflect and celebrate their success, preparing for the completion of services in collaboration with the service provider and in alignment with the EBP being provided. The Community HOPE Network, in coordination with service providers, collaborates with the family as the expert through the process of ending services, involving the family's informal and formal support as identified by the family.</p>

Appendix 4: Data Crosswalk and Community Needs Assessment Methodology



Appendix 5: Theory of Change



Assurances Template

See the attached signed Assurances Template document.



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GAVIN NEWSOM
GOVERNOR

ATTACHMENT B- ASSURANCES TEMPLATE

Family First Prevention Services (FFPS) Program Assurances

County of Madera

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

Title IV-E Prevention Program Reporting

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), Madera County Departments of Social Services and Probation, (Name(s) of participating child welfare services and/or probation agency) is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring

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

Workforce Development and Training

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the Madera County Departments of Social Services and Probation (Name(s) of participating child welfare services and/or probation agency) assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E agency pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families they serve, accessing and delivering the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all other foundational requirements, including but not limited to, understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state laws intersect with prevention services provided through the community based and Title IV-E agency pathways.

Trauma-Informed Service Delivery

The Madera County Departments of Social Services and Probation (Name of participating child welfare services and/or probation agency) assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child will be 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

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 Madera County Departments of Social Services and Probation (Name of participating child welfare services and/or probation agency) assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, data collection, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

Equitable and Culturally Responsive Services and Supports

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the Madera County Departments of Social Services and Probation (Name of participating child welfare services and/or probation agency) assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

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 Madera County Departments of Social Services and Probation (Name of participating child welfare services and/or probation agency) assures the agency will establish 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.

Signatures

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

Deborah Martinez

Signature of Authorized CWS Representative

07/03/2023

Date

Chris Childers

Signature of Authorized Probation Representative

07/03/2023

Date