

Comprehensive Prevention Plan (CPP) for Mariposa County, California



Mariposa County
**Health & Human
Services Agency**
Healthy. Safe. Thriving.

Submitted to:
California Department of Social Services (CDSS)

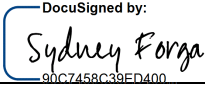
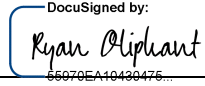
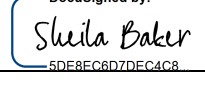
July 28, 2023

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Comprehensive Prevention Plan of Mariposa County

Title IV-E Agency Information

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Signature of Authorized Probation Representative	 7/26/2023 12:19 PM PDT
Signature of Authorized Behavioral Health Representative	 7/26/2023 8:37 AM PDT

Governance Structure

A description of the county’s governance structure to ensure that required cross-sector collaboration was used in decision making for the CPP.

The governance structure for the CPP is a cross-sector collaborative, the **Interagency Leadership Team (ILT)**. The group has been meeting since June 2021, focused on issues related to the cross-sector system of care in Mariposa County and its potential for child abuse prevention.

The ILT partners completed the Prevention Planning Capacity Assessment Tool in August 2022 to determine strengths, areas warranting further development, key challenges, strategies, and priorities. The assessment process identified a mix of emerging (i.e., “somewhat ready” motivation for change to begin the process of

comprehensive prevention planning) and established or ready domains and subdomains.

Key strengths included stakeholder buy-in, collective commitment to change, an established meeting frequency, stable leadership among agencies, organizational equity, shared values, a strong history and track record of cross-sector partnerships, a structure and process in place for community engagement, positive working relationships with local governance bodies (i.e., the Board of Supervisors), and alignment with current initiatives.

Areas to develop include leadership buy-in, sharing/exchanging information, communication flow about change and new initiatives, feedback loops, and adaptability, as well as numerous system capacity and capability issues such as cross-sector partners' investment in planning, community involvement, a comprehensive needs assessment to identify gaps in services and EBPs, implementation support, data collection, adequate staffing, data analysis expertise, infrastructure, and data sharing agreements. To build on strengths and address areas for improvement, ILT members see the CPP process as an opportunity to coalesce around a vision and mission, communicate and work together more collaboratively, draw more resources to shared prevention goals and programming, and renew efforts to develop policy changes that support prevention investments.

Many of the current ILT partners—including representatives of the child welfare agency, Tribal representatives, the Office of Education, behavioral health and public health departments, and a community-based organization housing a family resource center—were convened by First 5 Mariposa County in 2020-2021 to select an evidence-based home visiting program, based on the results of a needs assessment. Their selection of Parents as Teachers as a priority was informed by the program's emphasis on training and implementation support, as well as strong evaluation components to ensure fidelity with the EBP.

The County Office of Education, school counselors, community agencies providing behavioral health services, and students also participated in a needs assessment conducted in 2022 to identify needs and gaps related to the Student Behavioral Health Intervention Program (SBHIP). The needs identified through this process also informed the service array and gap analysis for the CPP, raising issues of multi-generational

trauma, a lack of substance use treatment services, and challenges students and families face in accessing behavioral health services locally.

These partners are also active participants in Mariposa County's system of care, whose members work together to share information and resources, identify opportunities for improvement, and identify specific barriers that hinder access for individuals and families. During the ILT monthly meetings, partners contributed to and reviewed the logic model and theory of change included in the CPP. They also participated in individual interviews to discuss services and gaps in primary, secondary, and tertiary prevention, and how these could be addressed.

Members of the ILT participated together in the statewide CPP planning sessions held in May 2023, during which they also provided feedback on the CPP elements developed up to that point (logic model, theory of change, service array and gap analysis, candidacy population, and proposed interventions).

County agencies serving families and children, local community representatives, and caseworkers were represented in the monthly ILT discussions and participated in individual interviews to determine the service array and gaps. In addition, individuals and families with lived experience were part of the two needs assessments described above.

Like any collaborative effort, the CPP planning and ILT meetings faced a challenge in generating consistent attendance. Everyone involved is committed to an effective planning process, but individuals were not always able to attend the monthly meetings. The Child Welfare team that convened the ILT meetings asked participants to designate a colleague to participate if the designated individuals had scheduling conflicts, which helped. The team also tried to share information about CPP-related trainings and resources so that everyone could stay informed and participate.

Cross-Sector Collaboration, Partner Engagement

A description of how agencies will ensure that the required partners for cross-sector collaboration will occur with the ongoing monitoring of the FFPS Program and how the input will be incorporated into strategies for continuous improvement of the local FFPS Program.

Required Partners

Partner Type	Mariposa County Partners
Child Abuse Prevention Council (CAPC)	Megan Atkinson Mariposa Safe Families
Child Welfare Agency	Katherine Coggin; Sydney Forga Health and Human Services Agency Child Welfare Services
Probation Department	Matt DiPirro Amanda Gilmore Mariposa County Probation Department
Tribal Representation	Orianna Walker Picayune Rancheria of the Chukchansi Indians Lisa Parker Native Solutions Family Guidance Center Kevin Spach and Acacia Coats Miwumati Family Healing Center (Southern Sierra Miwuk Nation)
Office of Education	Christina Rouse Cathy Rohrbaugh Mariposa County Unified School District County Office of Education
Behavioral Health Department	Kristina Keheley Health and Human Services Agency Health Services
Non-profit / Community-Based Organizations	Megan Atkinson Mariposa Safe Families
Family Resource Centers	Mariposa Safe Families Ethos Youth Center and Family Resource Center
Foster Family Agencies	Scott Seymour Sierra Quest
Youth Leader (Lived Expertise)	(Please see note below.)
Parent Leader (Lived Expertise)	Desire Feliciano Health and Human Services Agency Peer Coach
Former Foster Youth	(Please see note below.)
Current Foster Youth (18+ THP)	(Please see note below.)

Additional Suggested Partners

Partner Type	Mariposa County Partners
Evidence-Based Program Provider/Purveyor	Parents as Teachers Motivational Interviewing Family Spirit
First 5	Nikki West First 5 Mariposa County
Public Health Department	Margarita King Health and Human Services Agency Public Health
Public Assistance Department	Alicia Finley Health and Human Services Agency Public Assistance
Early Childhood Programs	Nikki West First 5 Mariposa County
Local Regional Centers	Tracy McKnight Central Valley Regional Center

As described above, the required and additional partners participate in monthly ILT meetings. During these meetings, the partners will monitor the selected FFPS programs (Parents as Teachers and Motivational Interviewing), as well as additional programs being considered, such as Family Spirit. The group will review measures of progress and identify opportunities for fine-tuning, improvement, and expansion to reach more local families. As the programs are implemented, the evaluation findings will be shared with the partners and a quarterly meeting will be devoted to evaluation issues. At quarterly meetings, the ILT members also will revisit the draft logic model and theory of change included in the CPP to identify any needed adjustments.

Cross-sector partners will provide guidance and support to the agencies implementing referral intake consistency, parenting support, and motivational interviewing in several ways. First, the ongoing implementation will be discussed in monthly meetings, along with the quarterly evaluation-focused meetings mentioned above. Second, many of the required agencies will be active partners in referring families to obtain parenting support services through the Parents as Teachers and/or Family Spirit program or Motivational Interviewing (starting with HHSA and extending to other partners as staff are trained).

In addition, the partners already work together to provide multiple services to families at risk and to coordinate services through a system of care. Because Mariposa County has a relatively small population and network of service providers, the partners are well known to one another and have collaborated together on multiple initiatives prior to focusing on an integrated system of care, including the County's overall strategic plan and a cross-sector Community Health Improvement Plan.

Monthly meeting discussions are documented in meeting minutes shared with all members. At the group's July 2023 meeting, members approved this plan and committed to working together on implementation going forward. Child Welfare will continue to serve as the lead agency, with the Probation Department continuing to participate in the ILT meetings and continuing a funding MOU with the Health and Human Services Agency.

HHSA has hired a Peer Coach who has lived experience. The Peer Coach is responsible for meeting with all biological parents who are involved with child welfare. The main goal is to support and mentor the biological families as they move through the child

welfare process. The Peer Coach helps families identify and overcome barriers through family engagement. The Peer Coach was invited to all the CPP planning meetings but was unable to attend; they will continue to be invited to the CPP implementation meetings.

Several youth with lived experience were identified as possible participants. However due to scheduling and the youth's work, the youth was ultimately unable to participate. Several youth will continue to be invited to participate in and inform the implementation of the County's CPP.

Tribal Consultation and Collaboration

A description of efforts to invite and engage Tribes, and/or tribal organizations to gather input into the CPP.

Three representatives of Tribal organizations serve on the ILT, representing the Southern Sierra Miwuk Nation and the Picayune Rancheria of the Chukchansi Indians. Their ongoing involvement in the system of care supports the flow of communication about policies, practices, programs, and funding related to comprehensive prevention.

When an American Indian/ Alaskan Native (AI/AN) child is identified as a candidate for prevention services, **Indian Child Welfare Act (ICWA) requirements** are met by engaging an ICWA expert and making outreach efforts to any identified tribes. All tribes, whether federally recognized or not, are invited to all team meetings and court hearings, and are asked to participate in case planning and service development and delivery.

The following action steps have been taken to ensure Tribes are involved in determining culturally appropriate prevention services: When a child is identified as meeting the requirements of ICWA, the tribes are invited to all team meetings, court hearings, are asked to participate in case planning, and service development and delivery. Any identified tribe is asked to identify culturally appropriate services, such as parenting education, that are available through the tribe and meet the requirements of the court.

Funding for culturally appropriate services is ensured by Child Welfare services. Child Welfare will collaborate with the tribe to identify and discuss related costs of culturally appropriate services. Child Welfare is responsible to fund any court ordered culturally appropriate services to our ICWA families.

Information about programs and practices available to children, youth, parents, and families is and will continue to be disseminated to tribes through the ILT Tribal partner organizations (Native Solutions and the Miwumati Family Healing Center) as well as directly through HHSA and other partners' programs that work with children and families, including child welfare services, public health, public assistance, behavioral health, Mariposa County Unified School District, First 5, and Mariposa Safe Families, among others.

Integrated Core Practice Model (ICPM)

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

Integrated Core Practice Model (ICPM) strategies have been incorporated into joint planning and service delivery with partner agencies and Tribes through collaboration with community partners during team meetings, partnership meetings, and individual meetings with families.

The family can self-identify a need to a community-based organization (CBO), Behavioral Health, Probation, or at HHSA; alternatively, Child Welfare receives an allegation report. A referral will be sent to Mariposa Safe Families (MSF) to be further assessed for needs. MSF is one of the CBOs that may also have families that self-refer.

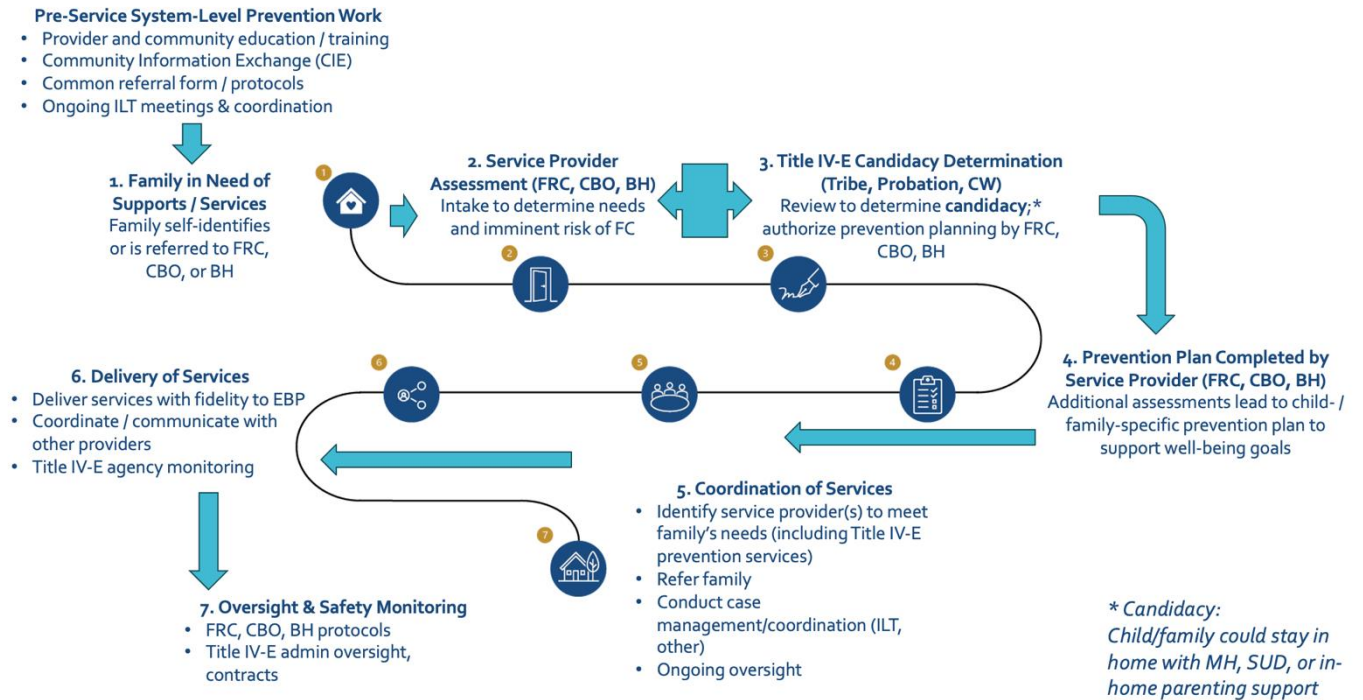
MSF engages with the family to complete an assessment to identify strengths, barriers, and challenges and to determine appropriate services. MSF will work to identify a team of professionals and natural supports to make decisions, talk about strengths and barriers, identify appropriate services, etc. The team will discuss safety factors and services that will allow the child(ren) to remain in the home or stabilize the challenges of the family. MSF uses the teaming approach by using the ILT meetings and other group meetings as appropriate. Team meetings hold the agencies and organizations involved along with the family members and other natural support persons accountable. In addition, team meetings are used to identify and address multiple or complicated needs, forming a comprehensive prevention plan for the family. The family is involved in all aspects of case planning. Additional assessments are completed as the team identifies the need for further evaluation.

MSF will coordinate and oversee all referrals, ensuring that referrals to other service providers are completed. MSF will provide case management including oversight of services, communication with the service providers and agencies, and will document pertinent information.

The figure below shows a **community pathway** that mirrors the 2023 California Five-Year State Prevention Plan Community Pathway. Prior to the self-referral or agency referral described above, the ILT partners expect to strengthen provider and community

education and training in the proposed EBPs (Parents as Teachers, Motivational Interviewing, and Family Spirit) and to build on a newly implemented Community Information Exchange (CIE) to leverage common referral forms and protocols.

Mariposa County Proposed Community Pathway to Coordinated Service Delivery



Target Candidacy Population(s) & Needs Assessment

A description and rationale for the selection of the candidacy population(s) to be prioritized and the services to be included in the plan.

Several **recent needs assessments** (including an updated public health Community Health Assessment, SBHIP, and early childhood-specific needs assessment related to home visiting programs, commissioned on behalf of First 5 Mariposa County) were used alongside the gap and asset analyses to identify priority populations to be served through parenting support and motivational interviewing.

The First 5 home visiting assessment included data analyses as well as interviews with providers serving families with young children; school staff including guidance counselors working with pregnant, foster, and homeless teens and a school nurse; pregnant adolescents; and parents of young children. Key data points on the target

candidacy population of parents who are young, low-income, and new to parenting and/or with young children are highlighted below.

The ILT members considered the data points from the First 5 needs assessment, along with the Community Health Assessment and child welfare trends, to focus on approximately 130 families (about one-third of the 454 local families with children aged 5 and under) that meet criteria of having young children while also experiencing significant stressors from poverty, mental health, substance abuse, or other factors (e.g., isolation, job loss, or trauma) that place children at risk.

For these families, a supportive intervention that offers parenting education, ongoing access to support and resources, and reduces isolation—such as home visiting—was determined to be the best way to address current needs and to build a sustainable intervention program over time so that more families with young children can benefit in the future. By focusing on the youngest and most vulnerable among Mariposa County residents, the partners hope to interrupt intergenerational cycles of poverty, abuse, and neglect; promote lifelong help-seeking behaviors among both parents and youth; and contribute to other protective factors such as economic stability.

In addition to families with young children under 5, the ILT members also added these populations:

- Mariposa County's **Native population** (members of the Southern Sierra Miwuk Nation and Picayune Rancheria of the Chukchansi Indians)
- People **struggling with drug and alcohol use, poverty, lack of affordable housing**
- **Younger** parents and caregivers (just starting out, may lack role models, under stress) or parents-to-be (teens in foster care, experiencing homelessness)
- Parents and adolescents engaged with the **Probation Department**
- Parents and caregivers **new to Mariposa County** and unaware of resources
- Parents and caregivers **geographically isolated** from services and support (North County)
- Family members in parenting/caregiving roles, particularly **grandparents**, especially those who are stepping in to support children experiencing multigenerational family trauma and who need additional support themselves.

Summary of Interview Findings About Target Population Needs

From **providers**, the team heard consistent feedback about how existing services for parents and caregivers of young children are fragmented and not evenly available across Mariposa County. Even when services are available (such as Women, Infants, and Children, or WIC), those who are eligible and would benefit may not understand how to access these services.

In terms of specific services, providers expressed concerns about pregnant teens and young mothers getting adequate nutrition, for themselves and their infants. They also noted how difficult it can be for new parents to ask for help, with many living in Mariposa County away from family support.

Some agency leaders and providers of services also expressed concerns about having any official County entity (such as HHSA/public health) visit homes, anticipating resistance and suspicion that this might trigger child welfare investigations due to perceived neglect. Indeed, some parents noted in their interviews that at various points in their early parenting experience, they felt isolated and overwhelmed, and would have been ashamed of letting anyone see the conditions in which they were living. Others were couch-surfing with family members and said that while they themselves would have been fine with an official home visit, their relatives would not have been.

The **parents and caregivers** interviewed for the home visiting assessment echoed the point about how isolated they felt, especially those who lived in more remote areas of Mariposa County and/or were separated from partners and families through issues such as domestic violence or other trauma. Lack of transportation is a common refrain for many Mariposa County residents who have trouble accessing services, but this felt particularly acute for several of the new mothers interviewed, who felt trapped or stuck. One noted that she had trouble getting supplies and also was not able to get to well-baby appointments.

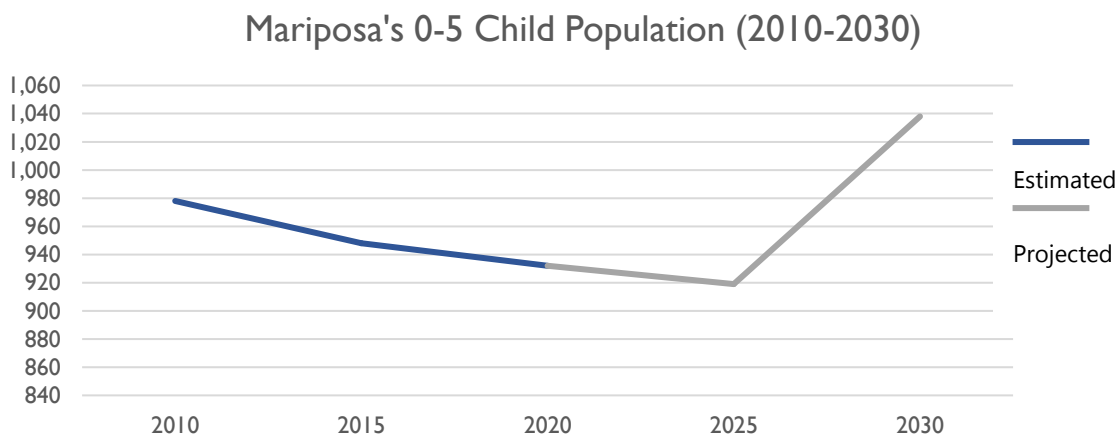
While some new parents and caregivers who were interviewed for the needs assessment were able to receive support from HHSA programs and local services such as Mariposa Safe Families and Mountain Crisis Services, they weren't always aware of these initially because several were new to the community or couldn't easily access information about which services were available to them.

The new parents and caregivers mentioned some information they received from the hospitals where they had given birth, but still needed to look up information online about breastfeeding, teething, colic, and similar topics because the information they received wasn't specific enough or tailored to their specific situations. All felt a group of some kind would have helped them feel less alone, as well as help with transportation and/or a drop-off spot where they could easily pick up needed supplies. They wondered why it was so difficult to find out what was available locally; one described her search as a series of "missed opportunities" when she found out much later about services that would have been so helpful to her when her now-toddler was an infant.

Summary of Secondary Data

0-5 Child Population

Mariposa County is home to 2,488 children ages 0-17, of whom 932 are 0-5 years old. The number of children under age six has declined nearly 5% since 2010, and this trend is expected to continue for several years before reversing course. The California Department of Finance projects Mariposa County's 0-5 child population will increase 11% to 1,038 children by the year 2030.¹ This projected increase is a stark contrast to the projected declines that many other counties are anticipating, particularly in the Bay Area and Southern California.



Strong Start Index

8.8

Babies in Mariposa County are born with an average of 8.8 "family assets," or resources, that promote resilience beginning at birth, such as

Mariposa
County's
Strong Start
Score (2021)

a healthy birthweight, timely prenatal care, parental education level, and parents' ability to afford and access health care.² This compares to a California average of 9.2.

Mariposa County's score is consistent with previous years, when Mariposa County's Strong Start Score ranged from 8.1 (2017) to 8.8 (2019). However, we have yet to see the full impact of COVID-19 on the county's Strong Start Score.

Families with Children Ages 0-5 Who May Benefit from Home Visiting Programs and Parental Support

The California Home Visiting Supply & Demand Tracker (“Supply & Demand Tracker”) was developed by Child Trends, with funding from First 5 California and in collaboration with Harder+Community Research and Advent Consulting.³ The tool provides county-level information about family characteristics associated with benefiting from home visiting in order to make program, policy, and funding decisions. The Supply & Demand Tracker was published in February 2019, using the most recent demographic and family data available at that time from a variety of state and federal sources, and thus does not

Number of Mariposa County families with children under age 5	454*
Race/ethnicity (sum of percentages >100%)	
White	92%
Hispanic	12%
American Indian / Alaska Native	1%
Asian / Pacific Islander	1%
Black	0%
Other	0%
More than one race/ethnicity	0%
Parents who are not in the labor force	29%
Families with household incomes below 200% FPL	28%
Immigrant families	23%
Spanish-speaking families	11%
Children under age 5 with special health care needs	11%
Parents who are unemployed	6%
CalFresh recipients	5%
Single-parent families	4%
Adolescent mothers	N = <11

yet reflect the local impact of COVID-19. As of June 2023, it had not been updated.

Data Source: <https://www.childtrends.org/publications/mapping-californias-home-visiting-landscape>

* The number of families with children under age 5 accounts for child(ren) and their residential parent(s). Each household may include multiple families; in this case, those families are counted as separate families. Same-sex parents are also counted. If there is no parent in a family, the head of the household and their spouse (e.g., grandparents) were counted as the parents. Since Mariposa County had less than 100,000 residents in 2019, it was

included in the census Public Use Microdata Area (PUMA #300 with Alpine, Amador, Calaveras, Inyo, Mono, Tuolumne). Estimates were based on data from 5-year aggregated census data of Mariposa County in 2013-2018.

Child Poverty in Mariposa's Public Use Microdata Area (PUMA)

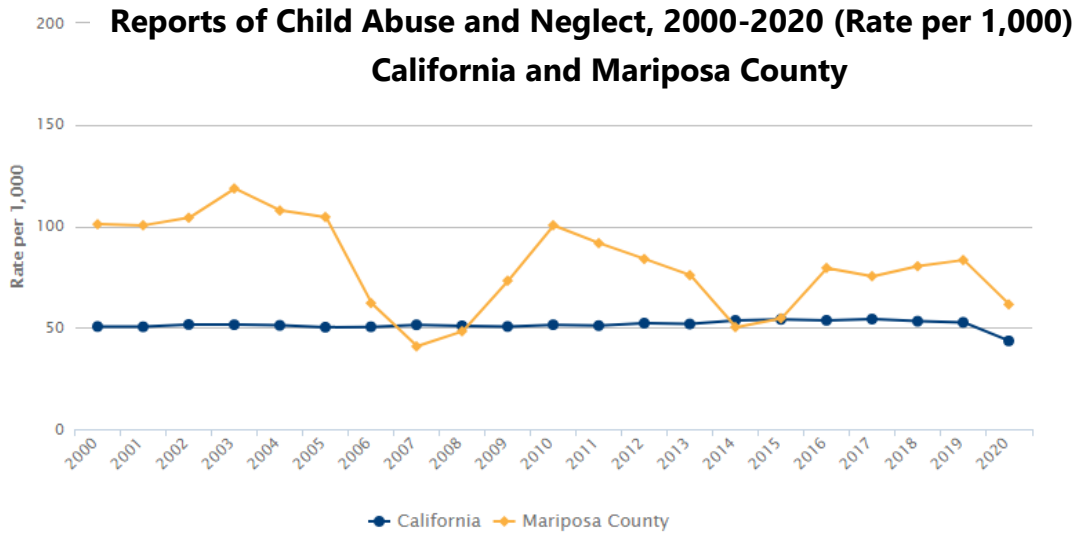
According to the 2021 California Poverty Measure (CPM) for the PUMA that includes Mariposa, Alpine, Amador, Calaveras, Inyo, Mono, and Tuolumne, **4.6% of children ages 0-17 in Mariposa County live in poverty**. The CPM estimates the extent to which programs such as CalFresh, CalWORKs, and the Earned Income Tax Credit (EITC) help to lift families out of poverty, while also factoring in the cost of living in each county.⁴ The Public Policy Institute of California (PPIC) estimates that the CPM for all ages (7.8%) would be 12.9 percentage points higher without safety net programs. The CPM methodology was adjusted in 2021 to account for economic supports families received during the pandemic, which dramatically decreased the number of children living in poverty across California. The PPIC researchers estimate that child poverty rates in the Central Valley and Sierra counties would increase the most without safety net programs.⁵

Positive and Adverse Childhood Experiences (PACEs) for Mariposa's PUMA

Over half (55.6%) of children ages 6-17 are **resilient** (parent report of children who are calm and in control when facing a challenge), although these 2019 data predate the pandemic.⁶

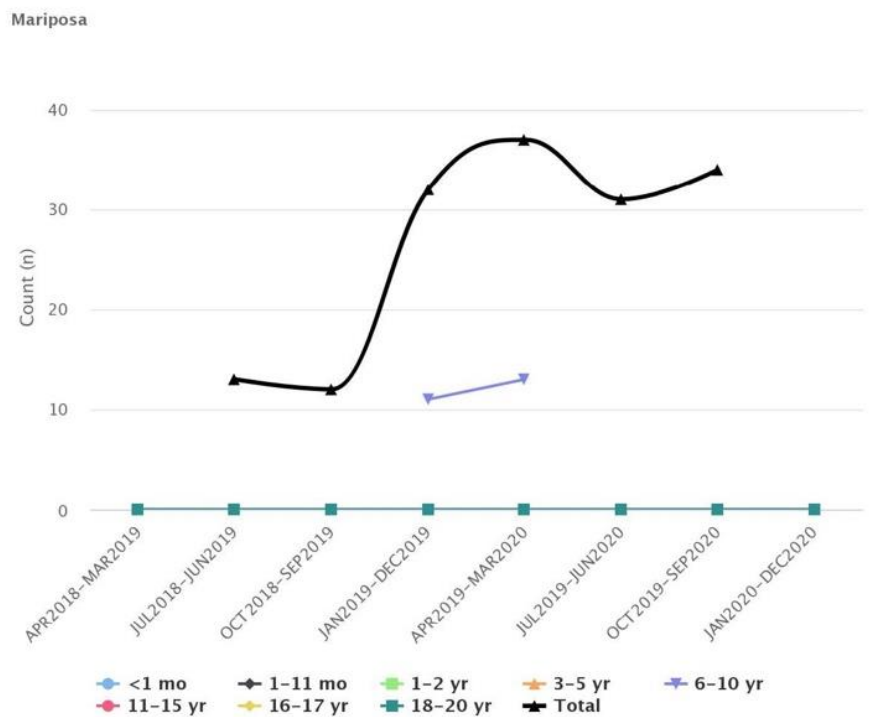
Nearly half (49.4%) of children ages 0-17 have not experienced any **Adverse Childhood Experiences (ACEs)**, such as socioeconomic hardship, divorce or separation of parents, family violence, or parental incarceration (as reported by parents). However, nearly one quarter (22.7%) of children ages 0-17 have experienced two or more ACEs.⁷

All data for a population as small as Mariposa County's need to be interpreted with caution, but even so, Mariposa County's **child abuse and neglect reports** appeared to be rising before a dip in 2020 but still exceeded the state average (61.5 reports per 1,000 children in Mariposa County in 2020, compared to 43.5/1,000 in California).⁸ Possible explanations could include increased reporting, and/or multiple siblings from one family. In interviews, respondents noted the isolation that already affects many families in Mariposa County, as well as the added stressors of the pandemic and reduced contact with outsiders who might notice and report a child's maltreatment.



While the overall trendline in reports of child abuse and neglect demonstrates a decline over the past decade, the rates in Mariposa County are far more erratic than the state overall. Moreover, data from the California Child Welfare Indicators Project, presented here, demonstrate a steep increase in children with entries into foster care starting in the fall of 2019, involving 37 children in 2019 compared to 13 in 2018. (Comparable data are not available for 2020 and 2021 and small numbers are suppressed to protect confidentiality.)⁹

Entries to Foster Care
Agency Type: Child Welfare
Selected Subset: Episode Count: All Children Entering
Selected Subset: Number of Days in Care: 8 days or more



Data Source: CWS/CMS 2020 Quarter 4 Extract.
Program version: 2013.12.09 Database version: 72FE5215
CCWIP reports. Retrieved May 31, 2021, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>

Highcharts.com

Child Care

Thirty-four percent of all children in Mariposa County under age 6 qualify for state-subsidized child care, but **not all who are income-eligible are enrolled**. According to the 2018 California Early Learning Needs Assessment Tool (ELNAT), only 8% of income-

eligible infants and toddlers (0-2 years old) were enrolled in subsidized care in Mariposa County, and 25% of income-eligible preschool children (3-, 4-, and 5-year olds) were enrolled in subsidized programs.¹⁰ This is likely to be due to a combination of factors, such as the **high cost of child care and the shortage of available child care spaces**. The ELNAT is based on 2018 and 2019 data and does not yet reflect the impact of COVID-19.

Housing

Mounting rent debt and the risk of eviction is one of the most urgent issues families face as a result of the pandemic. According to the National Equity Atlas, 200 households in Mariposa County were anticipated to be behind on rent as of the October 5-17, 2022 Census Household Pulse Survey.¹¹ The total estimated rent debt was \$600,000—approximately \$2,700 per household. Approximately 100 children live in Mariposa County households that are behind on rent.

Service / Asset Mapping

A description of the outcome of Asset Mapping and Needs Assessment and any optional capacity / readiness assessments or implementation guides completed by the county that inform the plan's content.

County Title IV-E agencies opting into the FFPS program must submit a CPP outlining the agency's plan for primary, secondary, and tertiary services and must include Title IV-E eligible service(s) pursuant to the FFPS Program outlined in WIC §16585 through 16589.

Service Mapping Outcomes and Proposed Adjustments

Data Sources and Priority Populations

As noted above, the data sources for the CPP included previous needs assessments conducted for an updated Community Health Assessment (CHA), selection of a home visiting program by partners convened by First 5 Mariposa County, an assessment of student behavioral health needs conducted by HHSA and the County Office of Education on behalf of SBHIP, and individual interviews with ILT partners (community organizations, County agencies, and Tribal partners).

The needs assessment data were gathered by different agencies for overlapping but distinct purposes. However, they all addressed the potential of preventive services to

alter trajectories that place children at risk, often because of multi-generational trauma and unaddressed behavioral health problems among parents and caregivers. The priority populations that emerged from the needs assessment and service gap discussions were consistent across these assessments and include:

- Families with young children who also experiencing significant stressors from poverty, mental health, substance abuse, or other factors (e.g., isolation, job loss, or trauma) that place children at risk (estimated to be approximately 130 families with children aged 5 and younger)
- People **struggling with drug and alcohol use, poverty, lack of affordable housing** (who may overlap with the families of those with young children, but could include older children or those who may have children in the near future)
- Mariposa County's **Native population** (members of the Southern Sierra Miwuk Nation and Picayune Rancheria of the Chukchansi Indians)
- **Younger** parents and caregivers (just starting out, may lack role models, under stress) or parents-to-be (teens in foster care, experiencing homelessness)
- Parents and adolescents engaged with the **Probation Department**
- Parents and caregivers **new to Mariposa County** and unaware of resources
- Parents and caregivers **geographically isolated** from services and support (North County)
- Family members in parenting/caregiving roles, particularly **grandparents**.

These populations are prioritized because of the potential to intervene earlier with multi-generational primary and secondary prevention as well as the lack of access to currently available services to support them (in some cases because of lack of knowledge/trust of services and in other cases because the existing services are limited and do not reach many who could benefit).

Selected EBPs and Rationale for Selection

The current service array (described in more detail below) meets the needs of some children, youth, parents/caregivers, and families in Mariposa County, but many needs are not met due to multiple barriers to accessing services. As described above, these include lack of awareness of services, isolation (due to geographic barriers and lack of transportation, estrangement from family members, unaddressed behavioral health

issues, and other factors), fear of CPS involvement and of lack of confidentiality in a small community, and mistrust or prior bad experiences with government or other service providers.

The main adjustment to the current service array is to add parenting/caregiver support programs (specifically **Parents as Teachers** and **Family Spirit**) to connect families who might not otherwise access services to a variety of parenting/caregiver education, service resources, and informal support for one another. In addition, the plan adds **Motivational Interviewing** training for staff in partner agencies, beginning with HHS (which houses public health, behavioral health, and child welfare) and expanding to Probation, Tribal partners, community-based organizations, and school counselors.

These programs were selected because they address several of the barriers listed above simultaneously, tilt towards primary and secondary prevention, build on existing assets (such as the emerging system of care and Community Information Exchange), and build local capacity to address challenges more effectively in the future.

The **rationale for offering both parenting programs** (Parents as Teachers and Family Spirit) is that they provide a combination of parenting/caregiver support, education, and social connection to parents and caregivers who may be struggling in different ways, with an intentional effort to avoid any stigma or lack of trust by offering these programs through community partners rather than County agencies.

At the same time, County agencies would like to offer **Motivational Interviewing training** to update skills relevant across multiple sectors, including public health, behavioral health, probation, child welfare, substance use prevention, school counseling, and more. Along with efforts to offer trauma-informed care across the system of care, adding Motivational Interviewing to local capacity will support a variety of connected services and support the system of care itself. As a small, rural county, Mariposa County faces challenges recruiting staff across agencies with relevant clinical skills. Investing in training for dedicated staff who are already working in these agencies makes sense to build capacity, be more responsive to the needs of local families, and offer professional development opportunities to existing staff, who are eager to be more effective in their roles.

Behavioral Health staff participated in a number of CPP planning sessions and will be part of the ILT meetings going forward. They agreed upon the identified EBP, Parents as Teachers, early in the planning stages.

Primary Prevention and Intervention Strategies and Services

Services currently offered to the general population and designed to strengthen communities and improve child well-being by focusing on social determinants of health include:

- Support for **economic stability** via job training and eligibility for CalWORKS (cash aid and services for eligible families with a child or children).
- **Education** opportunities through subsidized preschool (via First 5) and K-12 education (MCUSD)
- **Health** care through Medi-Cal managed care plans for low-income residents and clinical health and behavioral health through Public Health and community partners
- **Neighborhood and environment** events, including disaster response and identifying opportunities for outdoor experiences (especially given Mariposa County's proximity to Yosemite National Park)
- **Community and social engagement** through efforts of community partners to connect parents, caregivers, and youth in multiple ways, including support groups and drop-in centers

Secondary Prevention and Intervention Strategies and Services

Services for those experiencing multiple risk factors include stronger intake and referral mechanisms, including the Community Information Exchange and system of care, so that coordination among partners connects individuals and families to the supports they need. These could include concrete support specific to the needs of individuals and families (food, clothes, supplies), classes and groups devoted to promoting parental resilience and child development guidance (soon to be enhanced with home visiting programs), and a variety of programs to promote social connections (support groups, cultural events, outdoor activities). In addition, HHSA will promote Motivational Interviewing training for staff and partners so that this EBP becomes standard best practice throughout the partner agencies.

Tertiary Prevention and Intervention Strategies and Services

County agencies and partners aim to reduce the negative consequences of illness or maltreatment and prevent re-entry into the child welfare system. Tertiary prevention might include drug court interventions, supervised visitation, and behavioral health referrals (for mental health and/or substance use issues).

Mariposa County Prevention and Intervention Strategies to Support Parents and Families in Providing Safe, Stable, and Nurturing Environments for Their Children		
Primary	Secondary	Tertiary
<ul style="list-style-type: none"> • CalWORKS • CalFresh • First 5 Preschool Funding • Mariposa County Unified School District (MCUSD) K-12 education and programming • Medi-Cal enrollment and referrals to physical and behavioral health service • Public Health clinical services • Health, safety, parenting, and social connection programs from community-based organizations; support groups and cultural/social events; mentoring programs (Mariposa Safe Families, 	<ul style="list-style-type: none"> • Cross-sector system of care • Community Information Exchange and resource directory; streamlined intake • Parental support, education, and resilience programs (Ethos Youth Center and Family Resource Center, Mariposa Safe Families, CASA Nourish program, Miwumati Healing Center, Native Solutions) • Home visiting programs (Parents as Teachers, Family Spirit, Nurse-Family Partnership) • School-based counseling and referrals; social-emotional learning 	<ul style="list-style-type: none"> • Supervised visitation (Probation, Child Welfare, community partners) • Behavioral health referrals (Medi-Cal plans, HHSA, school counselors, Collaborative Courts, local providers) • Child welfare investigation / reinstatement • Probation referrals and support • Care coordination across system of care

Mariposa County Prevention and Intervention Strategies to Support Parents and Families in Providing Safe, Stable, and Nurturing Environments for Their Children		
Primary	Secondary	Tertiary
Ethos Youth Center and Family Resource Center, Native Solutions, Miwumati Healing Center)	programs (e.g., COPE); school wellness programs; School Attendance Review Board (SARB); Mental Health First Aid courses for youth and adults <ul style="list-style-type: none"> • Foster Parent College 	

Cultural Appropriateness of Services

Although the Parents as Teachers program has successfully been adapted for Native populations, the Tribal partners requested the inclusion of **Family Spirit** as a parenting/caregiver intervention that is designed specifically to incorporate Native cultural strengths and assets, and is therefore preferable.

Current Asset Map / Service Array

The asset map and service array described below was compiled with input from ILT members and partners through interviews and reviews of reports on services and outcomes.

Service Array by Protective Factors and Social Determinants of Health

Concrete support to meet immediate needs such as food, clothes, diapers, and hygiene or school supplies and to promote **economic stability** is offered directly and by referral by several community partners, including Mariposa Safe Families, the Central Valley Regional Center (serving families/caregivers of children with special needs), Native Solutions and the Miwumati Family Healing Center (serving Tribal families and caregivers), and Ethos Youth Center (serving youth). These organizations also refer families and caregivers to additional sources of support, such as CalWORKS and CalFresh, WIC, school lunch programs, and USDA commodities programs.

Child Welfare, Probation, Behavioral Health, Public Assistance, and Public Health refer families and caregivers internally to other departments, to community partners listed above, and to Tribal organizations. The County Office of Education also refers to these County agencies and community partners, as well as providing supplies, clothes, and food for students who are unhoused.

Education is promoted through First 5's support of two preschools, the K-12 education system, and partnerships with community-based organizations. The School Attendance Review Board (SARB) is another touchpoint for agency and community partners supporting student success. **Health and behavioral health programs** also are provided through collaboration among County agencies (Probation, Collaborative Courts, Behavioral Health, Public Health, MCUSD) and community-based organizations (Ethos Youth Center and Family Resource Center, Heritage House, Miwumati Healing Center, Mariposa Safe Families, Central Valley Regional Center, Native Solutions, Heritage House).

As described above, **knowledge of parenting and child development** and **promotion of parental resilience** were identified as a gap that the CPP could help address. Although several community partners offer this type of support informally (e.g., through the CVRC's support for families/caregivers of children with developmental disabilities, CASA's Nourish program, Ethos Youth Center's support for teen parents, the Nurturing Parenting Program, and for parents and caregivers of LGBTQIA+ children, and MSF's programs focusing on father engagement, All Dads Rock), more extensive programs that pair education with both formal and informal support (as with Parents as Teachers and Family Spirit) are lacking and would benefit multiple generations of many local families who do not have access to this support. Public Health has implemented the Nurse-Family Partnership program in the past but it is difficult to support or expand with limited nursing capacity. Likewise, County agencies (Child Welfare, Probation, Behavioral Health, Public Health, County Office of Education, Public Assistance) who currently refer to community partners would have additional options with these parenting and child development programs in place.

Community partners offer a variety of programs that aim to bolster **social and emotional learning and competence**. These include CVRC's support of parents/caregivers of children with developmental disabilities, CASA's Nourish program,

Ethos Youth Center's Youth Thrive program, MSF's and Ethos Youth Center's after-school programs for youth, and supervised visitation programs under the Probation Department's guidance and referrals to community partners, including Native Solutions. Mariposa County Unified School District (USD) offers social-emotional learning classes in elementary, middle, and high schools, including Ripple Effects and Creating Opportunities for Personal Empowerment (COPE), which are EBPs.

The community programs described above have elements of promoting **social connection and engagement**, including group activities for parents/caregivers and youth (both organized and drop-in) as well as art programs, wilderness exploration, physical activities, and cultural events. County agencies refer parents/caregivers and youth to these programs.

Theory of Change / Logic Model

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

The ILT members developed the following **Theory of Change** through their CPP planning discussions, describing a vision, how to get there, how success will be tracked, and guiding principles, as shown below.

The accompanying **Logic Model** that follows shows how the vision set forth in the Theory of Change would be achieved with specific activities planned for the next 1-2 years, outputs of these activities, short-term outcomes to be achieved in a 3- to 5-year time frame, and intermediate outcomes within the decade.

Mariposa County Comprehensive Prevention Plan Theory of Change

Our vision

(what we hope for):

Children and families in Mariposa County get the support they need, from multiple sources, long before they would be referred to Child Welfare. This inclusive, culturally competent support helps children and families thrive in every way – physical and mental health, freedom from substances, economic and housing stability, educational achievement, overall well-being and belonging...

What this will take

(what's needed; what has to shift):

A system of care that offers multiple levels and types of support, with resources well-known and accessible to families and providers; a willingness to seek and accept help (stigma reduction); staff trained to engage community members and collaborate with each other ...

How we'll know it is happening

(what to look for):

Fewer Child Welfare placements; earlier access to more services (SUD, behavioral health, CalFresh, CalWORKS, Medi-Cal); more informal support networks available; parents ready for parenthood, seeking help as needed without stigma or fear ...

Activities that get us there

(how we make progress towards our vision):

Ongoing ILT meetings / collaboration, data sharing through Community Information Exchange (CIE), outreach and awareness of resources (families & providers), streamlined and closed loop referrals through all-partners referral form, more robust primary / secondary prevention services, support groups / informal networks, implementation of Parents as Teachers, Family Spirit, Motivational Interviewing, and other EBPs ...

Guiding principles

(why we do what we do):

Mariposa County rallies together during disasters and emergencies; we need to summon that same caring and support for the invisible disasters and trauma that lead to child abuse and neglect down the road ...

Mariposa County Comprehensive Prevention Plan Logic Model

Current & Planned Activities (1-2 years)	Outputs of Activities	Short-term Outcomes (3-5 years)	Intermediate Outcomes (5-10 years)
<p>Vision (from Theory of Change): Children and families in Mariposa County get the support they need, from multiple sources, long before they would be referred to Child Welfare. This inclusive, culturally competent support helps children and families thrive in every way – physical and mental health, freedom from substances, economic and housing stability, educational achievement, overall well-being and belonging ...</p>			
<ul style="list-style-type: none"> • Continue planning teams for case management, referrals (ILT, SARB, CAPC, Collaborative Courts) • Expand training (HHSA and other) for staff across agencies / sectors (motivational interviewing, trauma-informed, system of care, CIE) • Community education for mandated reporters (needs vs. neglect) • Add staff / programs to address gaps and emphasize primary prevention (substance use, North County, earlier grades, informal supports) • Implement / expand proposed EBPs (Parents as Teachers, Family Spirit, Motivational Interviewing) 	<ul style="list-style-type: none"> • Earlier identification of families / children at risk • Streamlined data across agencies • "Whatever it takes"/ no-wrong-door referrals as needed • Staff trained in trauma-informed care, local resources, needs vs. neglect • Existing programs more robustly staffed • Families aware of local resources • Pilot tests / launch of new multigenerational EBPs / approaches (e.g., with FFPSA funding) 	<ul style="list-style-type: none"> • Community Information Exchange (CIE) in place and used to share data • Increased closed-loop referrals for families • Increased enrollment in benefit programs for which families are eligible • Increased access to help that is not labeled as intervention or CW case • Decreased stigma re help-seeking (especially young and/or stressed parents and youth for SUD / BH services) • Increased connection / decreased isolation for parents • Homeless / foster youth high school graduation rates stable / increasing • Evaluation data on EBPs; fine-tuning as needed 	<ul style="list-style-type: none"> • Decreased Child Welfare case referrals, substantiation • Fewer children placed in STRTP settings • Increased access to SUD / BH treatment (youth and adults) • Increase in reported protective factors / decrease in risk factors / behaviors • Stronger programs at all levels (staffing, data, funding, accessibility, outcomes)

Spending & Sustainability Plan

Inclusion of the local Title IV-E agency's spending plan which describes how the State FFPS Program Block Grant will be used for prevention activities and services and the extent to which additional funds are leveraged for comprehensive planning. Counties will describe plans to ensure the sustainability of services in the CPP and/or the barriers and needs to ensure that sustainability.

Mariposa County Child Welfare Services plans to use the State FFPS Program Block Grant for the following:

- Contract with the local family resource center, Mariposa Safe Families, to provide a home visiting program, Parents as Teachers
- Parents as Teachers Core Curricula and Training for Mariposa Safe Families designated staff and at minimum one Child Welfare staff member
- Obtain and maintain licensing for the Parents as Teacher Curriculum
- Purchase of program educational materials for delivery of the evidence-based program
- Purchase of supplies and home safety items to provide to families in need and associated program activities
- Purchase of a vehicle to transport families and clients to meetings, activities, and appointments for the home visiting program (to include maintenance and upkeep of the vehicle)
- Hire staff, including bilingual staff, at Mariposa Safe Families for program delivery
- Administrative costs

The Child Welfare Block Grant and Probation Block Grant will be used together to cover the following:

Child Welfare Block Grant	Total Amount: \$300,000	Amount Allocated:
Probation Welfare Block Grant	Total Amount: \$75,000	Amount Allocated:
Parents as Teachers EBP	Staff and Personnel Costs	\$208,000
	Program Expenses and Supplies	\$44,084
	Food Supplies (for families)	\$20,200

	Vehicle Maintenance, Travel, and Mileage	\$16,000
	Equipment: Vehicle and computer	\$45,500
	Administrative Costs including insurance, office expenses,	\$41,216

The following additional funding sources are being utilized to support prevention services beyond the FFPS block grant funding:

Child Welfare: FFTA	Total Amount: \$100,000	Amount Allocated:
Parents as Teachers EBP	Parents as Teachers Training: Core curricula and other training costs	\$20,000
	Family Spirit (Cultural Home Visiting)	\$20,000
CAPC: CBCAP	Total Amount: \$31,000	Amount Allocated:
	CAPC prevention services, community outreach, engagement activities, and related services	\$31,000
CAPC: CAPIT	Total Amount: \$97,000	Amount Allocated:
	CAPC prevention services, community partner programs, monthly activities, educational programs and events, and related services	\$97,000
Child Welfare: PSSF	Total Amount: \$34,237	Amount Allocated:
	Supportive family services, fees to support basic needs of families, childcare	\$34,237

In addition to the specific funding and programs in the chart above, HHSA currently invests in prevention efforts through other services and programs such as Linkages, CalWORKs Family Stabilization Services, CalWORKs Housing Services Program, and Child Welfare Bringing Families Home Program. At the next funding cycle HHSA will apply for the CalWORKs Home Visiting Program to include in the county's prevention efforts.

The Behavioral Health and Public Health Department invests in a range of prevention services including those funded by MHSa and a home visiting program, Smart Start. The Probation Department invests in an array of services to support juvenile offenders including restorative justice programs.

Additional Assurances

Please see attached PDF.

Citations

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- ¹⁰ American Institutes for Research. (n.d.). *California Early Learning Needs Assessment Reports*. Retrieved November 10, 2022 from <https://reports.elneedsassessment.org/ReportsHome.aspx>
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KIM JOHNSON
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

ATTACHMENT B- ASSURANCES TEMPLATE

Family First Prevention Services (FFPS) Program Assurances

County of Mariposa

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), Health & Human 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 Health & Human 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 Health & Human 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 Health & Human 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 Health & Human 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 Health & Human 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 Health & Human 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.

DocuSigned by:

Sydney Forga

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Signature of Authorized CWS Representative

7/26/2023 | 1:05 PM PDT

Date

DocuSigned by:

Ryan Opliant

55970EA10490475...

Signature of Authorized Probation Representative

7/26/2023 | 12:19 PM PDT

Date