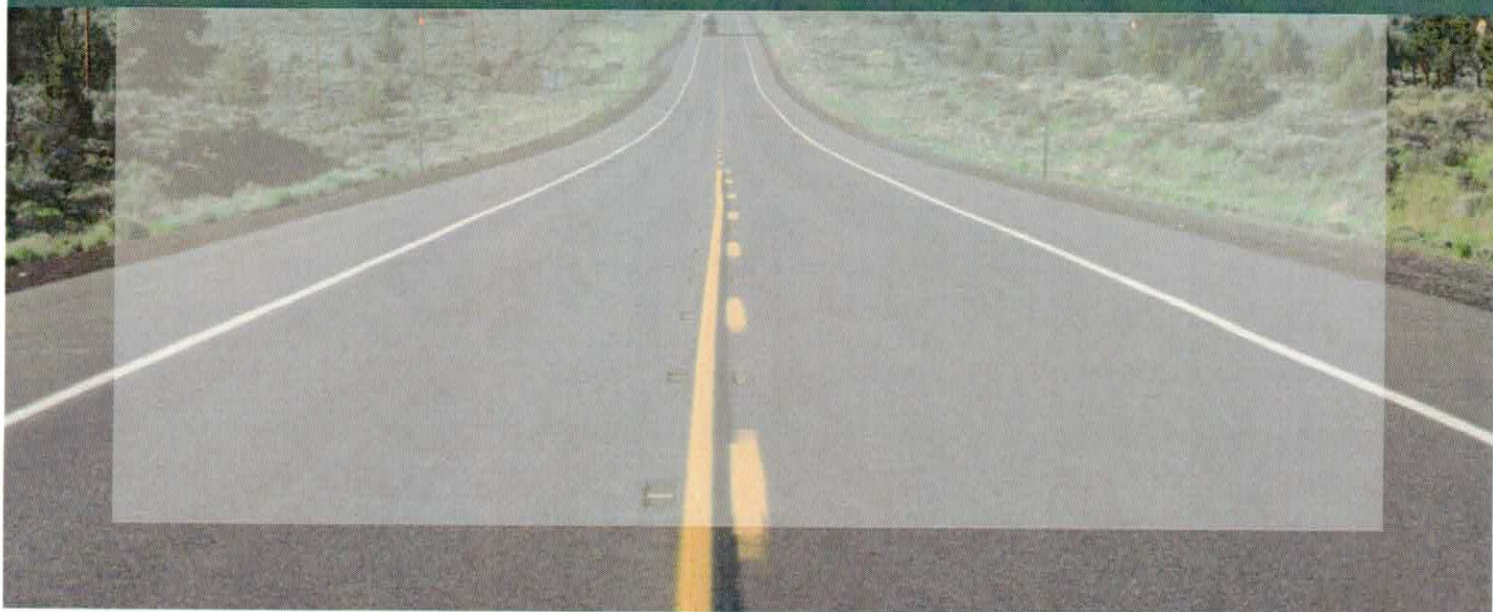




SISKIYOU COUNTY COMPREHENSIVE PREVENTION PLAN

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

2023-2027



COMPREHENSIVE PREVENTION PLAN OF SISKIYOU COUNTY

TITLE IV-E AGENCY INFORMATION

Submitting Authority	Siskiyou County Health and Human Services Agency (SCHHSA)
Contact Name	Sarah Collard, HHSA Director
Contact Email	scollard@co.siskiyou.ca.us
Signature of CWS Representative	 <i>Signature of Patricia Barbieri, Director, Social Services Division</i>
Signature of Authorized Probation Representative	 <i>Signature of Mike Coley, Chief Probation Offices</i>
Signature of Authorized Behavioral Health Representative	 <i>Signature of Sarah Collard, HHSA Director</i>



TABLE OF CONTENTS

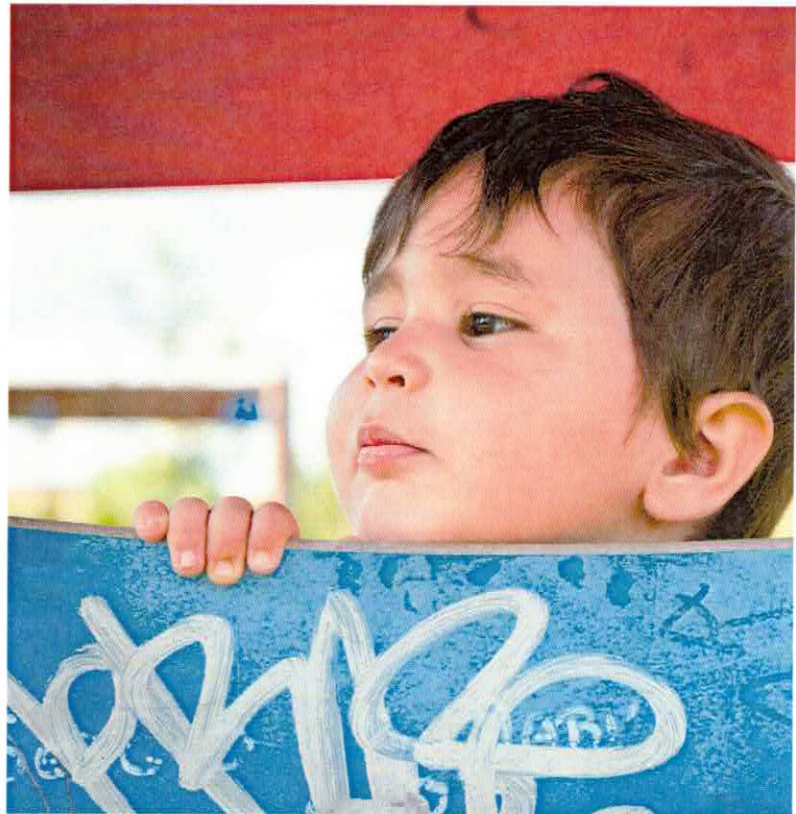
INTRODUCTION	4
Siskiyou County’s Commitment to Prevention	4
Siskiyou County Data Profile	6
GOVERNANCE STRUCTURE	7
CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT	8
TRIBAL CONSULTATION & COLLABORATION	10
INTEGRATED CORE PRACTICE MODEL	11
TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT	12
Local Assets & Needs Assessment	12
Candidate Groups & Data Estimates	15
Service Objectives–Phase 1	18
SERVICES/ASSET MAPPING	20
Asset Map	20
CAPACITY ASSESSMENT OVERVIEW	24
EVIDENCE-BASED PROGRAMMING	25
Tier 1 Services	26
Tier 2 Services	27
Other Prevention Programming	28
LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS	33
LOGIC MODEL	36
CPP SPENDING PLAN	37
ADDITIONAL ASSURANCES	39
APPENDIX I	42
Siskiyou County Capacity Assessment:Summary of Findings and Areas to Address ...	42
APPENDIX II	44
Capacity Assessment	44

INTRODUCTION

Siskiyou County's Commitment to Prevention

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

The Siskiyou County Health and Human Services Agency (SCHHSA) strives to deliver high quality services in an efficient, safe, client centered manner to support the creation of healthy communities. The Social Services Division provides a range of services that address some of the core social issues impacting the well-being of Siskiyou County residents, including administering the County's child welfare system. The mission of the Division is "Strengthening Families, Building Community" and its programs focus on building strong families to help the community prosper. Strong partnerships with the county-wide network of Family Resource Centers (FRCs) and community-based service providers help the agency



connect with community members across the large rural area that Siskiyou County encompasses.

Siskiyou County has a long history of developing and administering programs to prevent child maltreatment and the need for removing children into foster care. In 2002, the Board of Supervisors (BOS) passed a resolution establishing the Child Abuse Prevention Council (CAPC) for Siskiyou County. The CAPC was established to provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases; to promote public awareness of child abuse and neglect; facilitate training of professionals; recommend improvements in services; and encourage and facilitate community support for resources, services, and programs. In 2002, the BOS also established the Siskiyou County Children's Trust Fund and designated the CAPC as the agency to administer the fund.

Siskiyou County has also historically been engaged in successful implementation of the Linkages program. However, as seen in many counties across the state, when the attention and funding for Linkages shifted in 2016, the push for other mandates under the Continuum of Care Reform (CCR) pulled away efforts to continue the expansion of the Linkages program. With the current reinvigorated efforts of Linkages 2.0 at the State level, Siskiyou County has recommitted to continuing and expanding prevention services at the CalWORKs and Linkages levels. In collaborative conversations, SCHHSA has decided that Siskiyou County will provide resource guides in eligibility mailings, and preventative and strengthening family services will be incorporated into required CalWORKs case plans. Siskiyou County Child Welfare will continue working closely with their Employment and Training Services counterparts will ensure early intervention prevention services are implemented as part of this process.

Siskiyou County Public Health offers a Home Visiting Program utilizing the evidence-based Healthy Families America model. Each participating family is paired with a home visitor who works one-on-one with the family by providing family-focused and empathic support in the home for up to three years.

Studies have shown that having a Home Visiting program includes benefits for the children, parents, and the community by having healthier birthrates, fewer health complications, less child abuse and neglect, fewer behavioral and development problems, improved academic performance, reduced stress and anxiety on parents by having a support system, and greater success rates for families to become goal oriented and successful. The mission of Siskiyou County Public Health's Home Visiting Program is that all children will receive nurturing care from their family that leads to a healthy, long, and successful life.

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

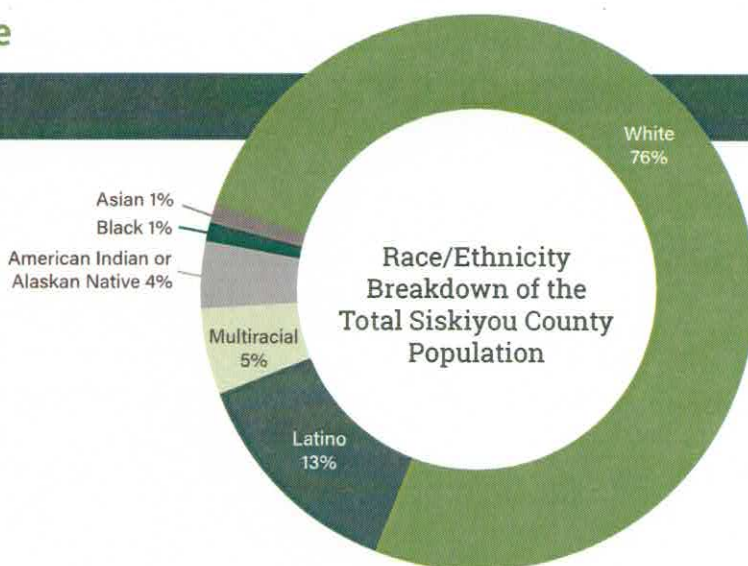


Siskiyou County Data Profile

Population¹

Total Population 43,066

Children Ages 0-17 8,289



Child Welfare Rates (per 1,000)

	Siskiyou	CA
Allegations	91.7	49.5
Substantiations	9.3	5.8
Entries to Foster Care	5.8	2.3

Unique Siskiyou County Indicators

- » In 2022, of the 48 entries into foster care 25% were children under the age of one.
- » 80% of open child welfare cases have a complicating factor of some degree of substance use (this information was hand counted and averaged).
- » The birth rate for adolescents ages 15 to 19 is 14.6 per 1,000 compared to the state rate of 9.3 per 1,000 (2018-2020).²
- » Of Siskiyou residents that participate in a local parent education program 41% self-reported that they have personally experienced child abuse and nearly half (45%) witnessed abuse between their parents during childhood.
- » In 2021, there were 170 domestic violence-related calls for assistance.³

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

² <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>

³ <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>

GOVERNANCE STRUCTURE

In 2018, the State of California passed Assembly Bill 2083 (AB 2083) which required counties to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. In 2021, Siskiyou County established an Inter-Agency MOU defining the collaboratively shared design, delivery, and management of services to children, youth, and families between the Siskiyou County Health and Human Services Agency (HHS), Siskiyou County HHS–Social Services Division, Siskiyou County HHS–Behavioral Health Division, Siskiyou County Probation Department (Probation), Siskiyou County Office of Education, and Far Northern Regional Center.

✓ The vision for the Inter-Agency MOU, which remains in effect through June 30, 2023, is:

“All children, adults and families in Siskiyou County will be self-sufficient in keeping themselves, their children and their families’ safe, healthy, at home, in school or employed, out of trouble and economically stable.”

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

As suggested by CDSS in ACL 22-23, Siskiyou County intends to use this interagency collaborative as the basis for ongoing cross-sector collaboration envisioned in the CPP. To ensure broad community representation in the County’s cross-sector collaboration work, Siskiyou County has also invited a number of additional stakeholders to participate in the CPP development process, including Tribes, the courts, First 5 Siskiyou County, family resource centers and other children’s services providers, and other community partners.

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

One advantage of being a smaller county is that it often makes cross-sector collaboration easier. Siskiyou County has made a priority of developing processes to increase interagency collaboration as well as collaboration between the County and its community partners. This includes co-funding initiatives with other agencies including First 5 Siskiyou, co-locating resources and services to make them more accessible, developing interagency protocols, and creating streamlined referrals between agencies.

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

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

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

Looking ahead, as Siskiyou County advances from planning toward implementation of the CPP, cross-

sector collaboration will remain a high priority. The interagency collaborative intends to continue its regular monthly meeting schedule to provide ongoing reporting, oversight, and guidance to the County related to the CPP. This ongoing communication and coordination will enable cross-sector partners to collectively develop and incorporate strategies for continuous improvement of the prevention plan into their programs and services. SCHHSA also plans to explore new strategies to increase engagement from community stakeholders, including leveraging external forums and communications channels and potentially hosting virtual and in-person public meetings.

Roster of Cross-Sector CPP Collaborative Participants

ORGANIZATION	NAME(S)
First 5 Siskiyou Children and Families Commission, Siskiyou Child Abuse Prevention Council	Karen Pautz
Happy Camp Community Action, Inc.	Abigail Yeager
Karuk Tribe	Samala Maloney • Frankie Snider
Quartz Valley Indian Reservation	Frieda Bennett • Conrad Croy
Remi Vista, Inc.	Stephanie Holmes • Deborah Hunt
Siskiyou Community Resource Collaborative	Michelle O’Gorman
Siskiyou County Adult & Children Services	Chastity Eiler • Aimee Franks • Corina Long • Corey Watson • Angeline Zufelt
Siskiyou County Behavioral Health	Christine Gannon • Tracie Lima • Toby Reusze • Aimee Von Tungeln
Siskiyou County Health & Human Services	Sarah Collard
Siskiyou County Office of Education	Brittany Collier
Siskiyou County Probation	Mike Coley • Stacey Jackson • James Roach
Siskiyou County Public Health	Shelly Davis • Emily Harper • Brenda Harris • Jessica Skillen • Sarah Zwetsloot
Siskiyou County Social Services	Trish Barbieri • Susan Cervelli • Kim Harper • Joan Hoy • Jesi Lunford
Siskiyou Domestic Violence & Crisis Center	Carla Charraga
Siskiyou Early Head Start	Nicole Whitlow
Superior Court of California, County of Siskiyou (Family Law Division)	Valerie Linfoot
Tulelake/Newell Family Resource Center	Kelly L. Harris
Wright Education Services	Christine Wright
Youth Empowerment Siskiyou	Robert Cowan • Lori Keyser-Boswell

The cross-sector collaborative also overlaps with—and intends to align and coordinate its efforts with—the Child Abuse Prevention Council (CAPC) of Siskiyou County, First 5 Siskiyou County, which has served in that role since May 2021. As noted in the 2019 Siskiyou County Child & Family Services Review County Self-Assessment, the Siskiyou CAPC “collaborates with county, community and non-profit entities to promote, expand and/or establish child abuse and neglect prevention and intervention services throughout the county.”

The cross-sector collaborative will also coordinate and align its work with several other existing collaborative bodies in the County, including the Siskiyou Community Resource Collaborative, the home visitation collaborative, the Siskiyou Parenting Education Collaborative, and the Siskiyou Professional Development Partnership.

TRIBAL CONSULTATION & COLLABORATION

Siskiyou County values its historical partnership with its two federally recognized Tribes, the Karuk Tribe, which operates its own Title IV-E program through an Intergovernmental Agreement with the California Department of Social Services, and the Quartz Valley Indian Reservation. County staff work closely with each Tribe to identify the unique needs of tribal populations and to ensure children and families receive appropriate services and remain connected to their culture. When Tribal children come to the attention of the child welfare system, county social workers work alongside Tribal representatives to “evaluate and determine needed services,” as described in the 2019 Siskiyou County Child & Family Services Review County Self-Assessment. This collaborative model will continue to apply to the children and families served through this CPP.

Irrespective of their eligibility for federal Title IV-E reimbursement, Siskiyou County values the programs delivered by our local Tribes to strengthen families and prevent the need for foster care. Accordingly, during development of the CPP the County engaged the Tribes to develop a full inventory of their prevention programming and is listing all of these programs within the CPP as an important component of the continuum of care in Siskiyou County.

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

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

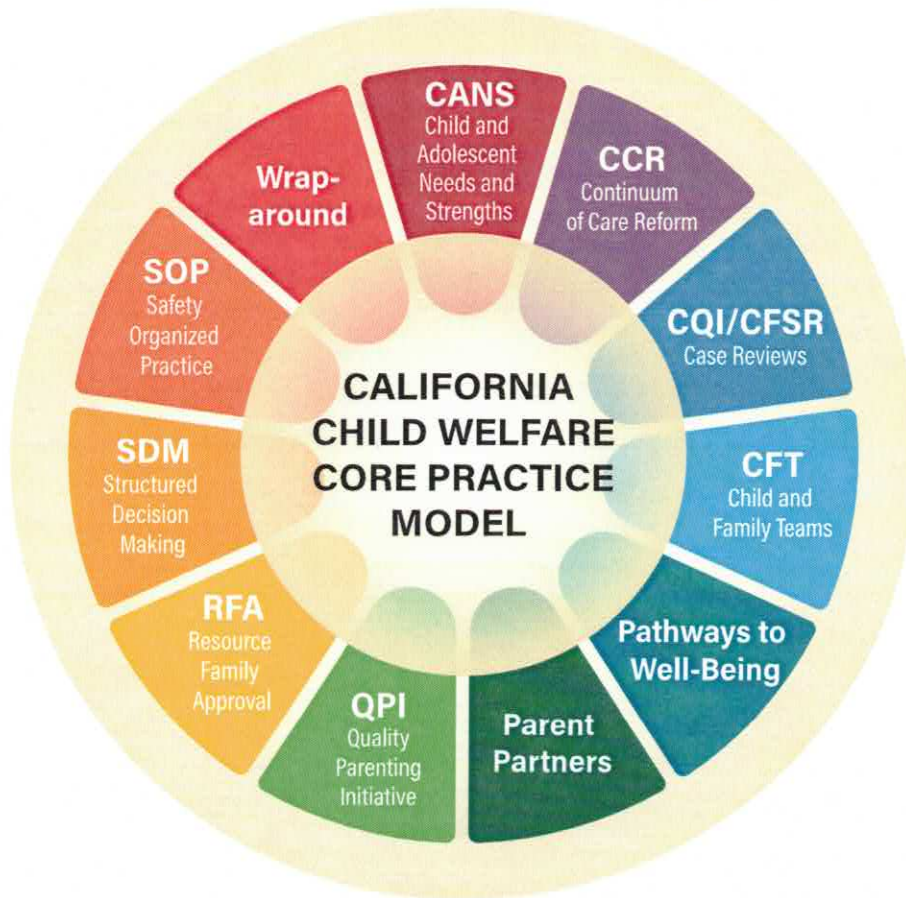


INTEGRATED CORE PRACTICE MODEL

Siskiyou County Child Welfare is committed to consistent and ongoing incorporation of the Integrated Core Practice Model (ICPM) in all aspects of the planning and creation of the Comprehensive Prevention Plan (CPP). ICPM was incorporated at the beginning stages and continued throughout the completion of the CPP. ICPM was incorporated by including all partners in the planning process and creation of the CPP. Partners were invited to all monthly planning meetings and were advised of how important their participation was. These partners included but were not limited to probation, behavioral health, Tribal partners, family resource centers, First 5 Child Abuse Prevention Council, regional centers and a diverse group of community partners. Different perspectives and insights were shared across each group in all areas of planning, assessment, and

service delivery. These insights and information were key in the collaboration and creation of the CPP. Through this collaboration and incorporation of ICPM this team was able to identify target populations, service objectives, and prevention services together. This allowed for a review of shared data and perspectives which identified a broader perspective on community needs and identification of prevention strategies.


Siskiyou County Child Welfare will continue to incorporate ICPM in elected prevention strategies that are outlined in the CPP by having ongoing quarterly meetings where all partners and stakeholders will come together to discuss progress of implementation. This will aid in continuous quality improvement and determine if any changes need to take place in strategies and service delivery.



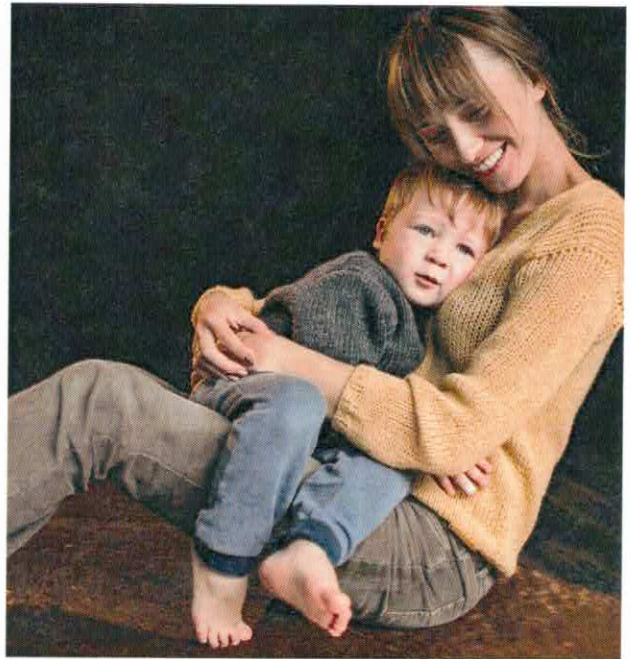
TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

Local Assets & Needs Assessment

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

-  Siskiyou County 2020-2025 Child & Family Services Review System Improvement Plan
-  Siskiyou County 2020-2021 and 2021-2022 Annual SIP Progress Report
-  Siskiyou County 2019 Child & Family Services Review County Self-Assessment
-  Siskiyou County Public Health Department 2022 Community Health Needs Assessment
-  First 5 Siskiyou County 2021-2026 Strategic Plan

The findings of these assessments were supplemented through the CPP development process with focus groups and individual meetings with County staff, direct service providers, First 5 Siskiyou, Tribes, direct service providers, and other community stakeholders; primary and secondary data collection and review; utilization of the Capacity Assessment tool developed by CDSS; and facilitated conversations during monthly CPP cross-sector collaborative meetings.



SUMMARY OF HIGH-LEVEL COMMUNITY NEEDS

Based on our review, the four underlying community factors resulting in child welfare system involvement (pillars of need) in Siskiyou County that the County seeks to address through this CPP are:



Child Poverty

According to the First 5 Siskiyou County 2021-2026 Strategic Plan, families with children under age 18 have a median income of just 71% of the state median income, while nearly "one-quarter of children under the age of 6 years in Siskiyou County suffer from poverty, with disparities occurring among racial/ethnic groups." That is a significantly higher rate of child poverty than the state average (15.6%) according to the Siskiyou County Public Health Department's 2022 Community Health Needs Assessment. The correlation between poverty and child welfare system involvement has been well-documented, and the County Self-Assessment (CSA) notes that poverty-related stress "contributes to factors leading to domestic violence and child abuse."



Substance Use Disorder

Substance abuse prevalence presents another local challenge. The First 5 Strategic Plan estimates that about half of individuals attending parenting classes at family resource centers (FRCs) in the County "have had a problem with alcohol and/or other drug abuse" while one-third report their spouse having similar problems. Siskiyou's CSA cites a rate of drug-induced deaths that is more than double the state average and emergency room visits related to alcohol and drug use also exceeding state average and notes "these numbers suggest that Siskiyou County is experiencing more drug use and more violence than California on average." The CSA also cites the role alcohol and drug abuse play in child abuse and neglect in Siskiyou County and states "many allegations are substantiated due to AOD abuse."



Accessibility and Availability of Support Services

As is the case in many rural counties with limited services and service providers, those in need of supportive services including substance abuse and behavioral health services are often unable to access them—particularly underserved communities like the Hispanic and Hmong populations.

“The northeast end of the county houses a large migrant Hispanic population, yet preventative and intervention services tend to be limited and sparse in this area,” according to the CSA. The County System Improvement Plan (SIP) elaborates that “availability of key services such as substance abuse disorder services, parenting services and support,” as well as other services like specialized mental health services can be scarce “depending on what area of the county families live in.” Access to mental/behavioral health and substance-use services are also listed as the highest prioritized need in the Siskiyou County Public Health Department’s 2022 Community Health Needs Assessment.



Child Maltreatment and Adverse Childhood Experiences (ACEs)

Due to these co-occurring issues, the rate of child maltreatment reports in Siskiyou County significantly exceeds the state average. The First 5 Strategic Plan notes that child abuse allegations for children ages 0-5 are made at more than twice the state rate (126 per 1,000 children vs 51). Most child abuse allegations in the county relate to children in this age group, and they likewise make up a majority of the population served by the child welfare system.

Adverse childhood experiences (ACEs) are also prevalent, with 41% of participants in local parent education programs self-reporting that they personally experienced child abuse and nearly half (45%) witnessing abuse between their parents during childhood. It is well-documented that ACEs including child abuse can have lifelong impacts on individuals, including increased likelihood of chronic health problems, mental illness, and substance use disorders.



Candidate Groups & Data Estimates

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

Data extracted from 2019-2020 from the Structured Decision-Making (SDM) system and provided to Siskiyou County by the California Department of Social Services indicates that **287** children received a risk assessment score of "high" or "very high" while **150** children had at least one identified safety threat. These numbers provide a reasonable range of estimates of how many children in Siskiyou County may meet the "imminent risk" standard for eligibility for federal reimbursement for prevention services.

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

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services</p> <p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services who are also determined to be at imminent risk for foster care will be eligible to receive services under the Title IV-E Prevention Program. These services are the traditional pathway to prevent entry into foster care and may also be provided after reunification to prevent reentry. During SFY 2019-20, there were 12,064 Voluntary Family Maintenance (VFM) cases in California, of whom 991 (8%) were removed within 12 months and placed in foster care. In that same year, there were 37,769 court-ordered Family Maintenance (FM) cases in California, of whom 3,878 (10%) were removed within 12 months and placed in foster care. FFPSA provides an opportunity to expand service capacity to this population.</p>	<p>FISCAL YEAR 21/22: 151 FM cases, averaging 12.5 per month.</p> <p>27 total VFM cases averaging 2 per month.</p>
<p>Probation Youth</p> <p>Probation youth subject to a petition under section 602 of the Welfare and Institutions Code (WIC), and for whom the probation department determined to be at imminent risk for foster care per a state-approved assessment tool, will be eligible to receive services under the Title IV-E Prevention Program. Per CDSS data, in any given month, approximately 3,900 probation youth per month in California have been determined to be at "imminent risk" of foster care.</p>	<p>12 probation youth have been deemed at imminent risk and/or removed from the home since October 2019. 5 resulted in non-minor dependency.</p>
<p>Guardianship/Adoption at Risk of Disruption</p> <p>Children whose guardianship or adoption arrangement is at-risk of disruption and who are also determined to be at imminent risk of foster care will be able to receive Title IV-E prevention services. These are non-reunified children and youth who have exited foster care to some form of permanency and are at risk of re-entry due to disruption of that permanency arrangement according to an approved assessment tool.</p> <p>In SFY 19-20, 1,092 children, or four percent of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.</p>	<p>20 total</p> <p>10 youth identified by CDSS Adoptions and 10 youth identified by the child welfare agency.</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children with Substantiated/Inconclusive Allegation</p> <p>Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for Title IV-E Prevention Services if the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (11.3%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the substantiated dispositions, 16,292 (11.3%) were closed after investigation, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.</p>	<p>FISCAL YEAR 21/22: 50 substantiated and 257 inconclusive</p>
<p>Children w/Siblings in Foster Care</p> <p>Children who have siblings in foster care, and who are determined at imminent risk of foster care will be eligible to receive Title IV-E prevention services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents). In SFY 2019-2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.</p>	<p>48 youth identified as of July 2022</p>
<p>Homeless/Runaway Youth</p> <p>Homeless or runaway youth who are determined to be at imminent risk of foster care can receive Title IV-E prevention services. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.</p>	<p>FISCAL YEAR 19/20: 333 total homeless, of whom 60 are unaccompanied youth. FISCAL YEAR 20/21: 388 total homeless and 81 unaccompanied.</p>
<p>LGBTQ Youth</p> <p>The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.</p>	<p>Unable to pull accurate data</p>
<p>Substance-Exposed Infants</p> <p>Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.</p>	<p>58 reported to CWS in last three years</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Trafficked Children and Youth</p> <p>Trafficked children and youth who are determined to be at imminent risk of entering foster care will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019-20, there was an average of 1,081 youth identified as victims of CSE by child welfare and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care due to being trafficked, based upon the use of an approved assessment tool for this specialized population.</p>	<p>FISCAL YEAR 20/21: Clear Concern 12, Possible Concern 1, No Concern 134</p> <p>FISCAL YEAR 21/22: Clear Concern 8, Possible Concern 3, No Concern 102</p>
<p>Children Exposed to Domestic Violence</p> <p>Children exposed to domestic violence who are determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E services. Between February and September of 2020, a total of 34,433 "Emotional Abuse" referrals were screened in for investigation. Of those, 23,409 (67.98%) had the "Exposure to Domestic Violence" indicator selected. Title IV-E funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child's entry into foster care.</p>	<p>196 domestic violence calls in 2020</p>
<p>Children w/Caretaker Experiencing Substance Use Disorder</p> <p>Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E prevention services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare involvement compared to other children. The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, or chaotic environments. Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.</p>	<p>According to national data, 1 in 8 children in the U.S. live with a caretaker who experienced a SUD in a given year. Extrapolating from that data would mean 1,036 children in Siskiyou County are living with a caretaker experiencing a SUD.</p>
<p>Other Serious Risk Factors</p> <p>Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV-E prevention program when services identified in the state's prevention plan may provide interventions that mitigate risk of entry into foster care. Examples include:</p> <ul style="list-style-type: none"> • Current or recent (within 6 months) family involvement with social services agency; • A change in family relationships characterized by frequent conflict or violence; • Recent increase in substance use that impacts daily functioning and ability to care for the child or youth; • Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth; • Incarceration of the caregiver; • Child or youth participated in criminal activity; and • Other recent or current circumstance that may cause family instability or a threat to the child/youth's safety or well-being. 	<p>Unable to pull accurate data</p>

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

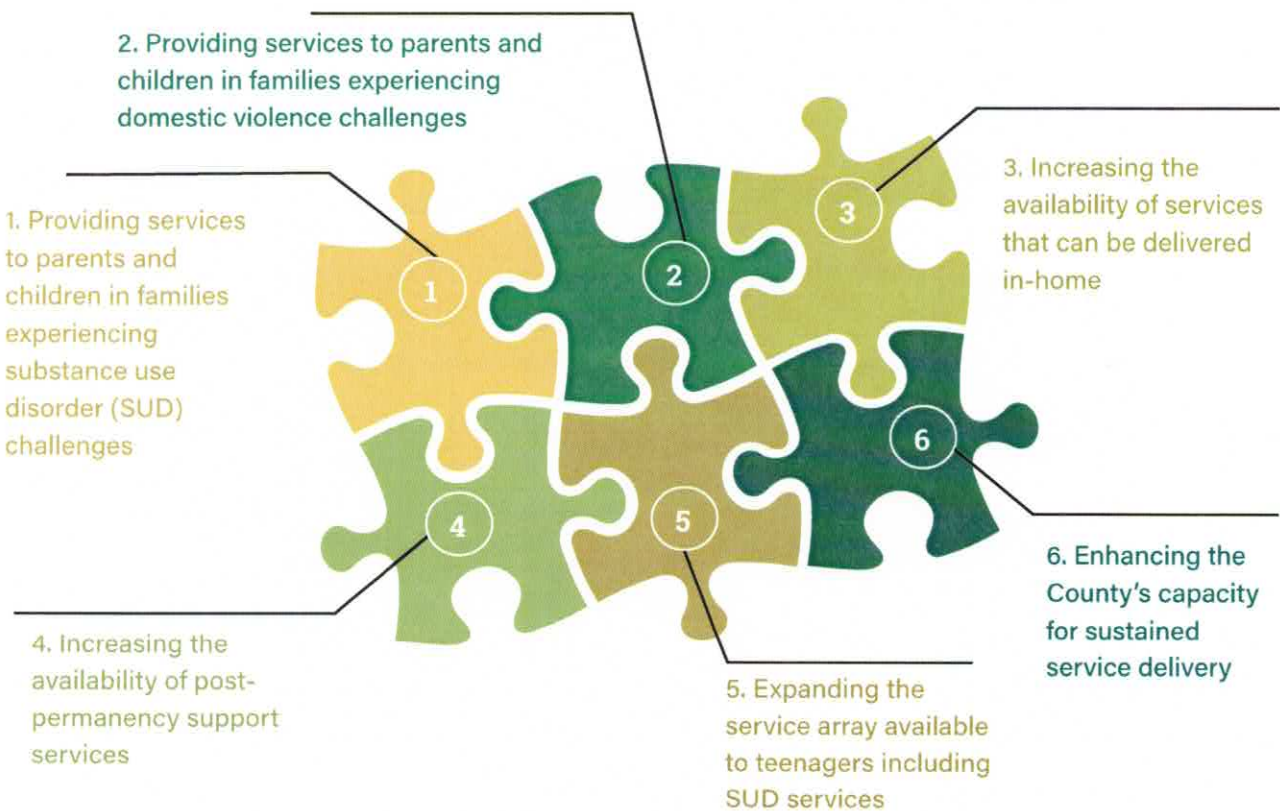
Candidate Group/Target Population with Description	County Estimate
<p>Expectant and/or Parenting Youth in Foster Care Youth in foster care who are expectant, pregnant and/or parenting</p>	<p>5 total, 1 in county and 4 placed out of county</p>

Service Objectives –Phase 1

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

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

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



COMMUNITY PATHWAY MODEL

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

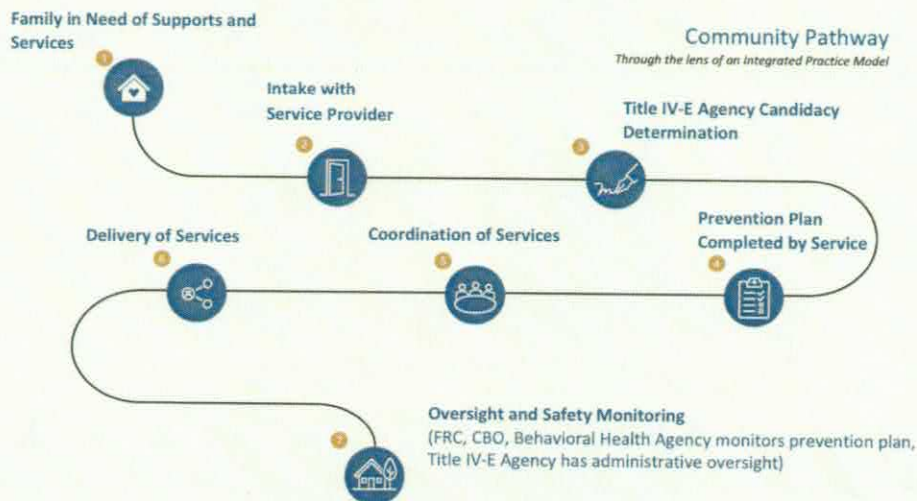
California's Plan notes:

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

Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges, while improving child and family outcomes and advancing equity. For these reasons, Siskiyou County may be interested in exploring the Community Pathway model. Siskiyou County also hopes that the model will support the expansion of local capacity for service delivery outside of public agencies.

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

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

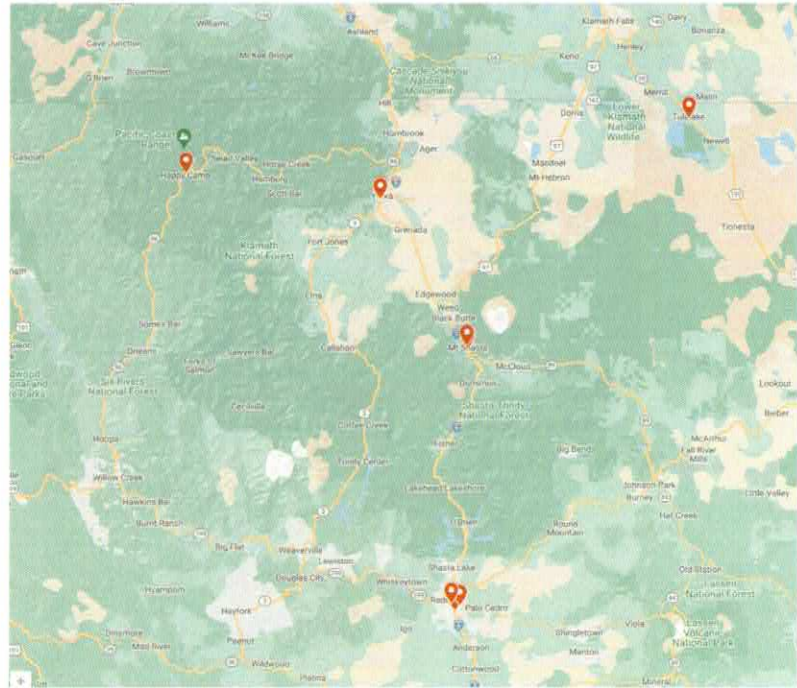


SERVICES/ASSET MAPPING

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

Asset Map

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



Below is a list of the current programs, a description, and link to their website. All agencies and organizations are plotted on the [asset map](#):

Agency	Description
First 5 Siskiyou Children and Families Commission	First 5 Siskiyou invests in the future of young children and their families in Siskiyou County with the goal of promoting the health and well-being of young children during their most critical years of development, from the prenatal stage through age five. Their vision is to support parents of young children in nurturing healthy development, love of learning, and to be able to enter school as active learners.
Siskiyou County Behavioral Health	The Behavioral Health Division provides a broad range of mental health and substance use disorder services. Specially trained county behavioral health staff members provide services in cooperation with community agencies and private health care providers.
Superior Court of California, County of Siskiyou (Family Law Division)	Family Law covers divorce, separation, custody, support, visitation, adoption and guardianships and matters relating to those proceedings.

Agency	Description
Siskiyou County Office of Education	The Siskiyou County Office of Education provides quality assistance and resources to schools as they deliver equitable learning opportunities for all students through transformational professional development, educational support, health services, fiscal services, technology services, and community collaboration.
Siskiyou County Probation	The mission of the probation department is to provide quality investigations to the Siskiyou County Superior Court, enforce Court orders, hold offenders accountable, promote positive change in offender behavior through evidence-based practices and assist in restoring victims.
Siskiyou County Public Health	The mission of the Siskiyou County Public Health Department is to promote and improve the health and wellness of the people of Siskiyou County through community empowerment and meaningful partnerships. Their vision is for all Siskiyou County residents to live healthy, connected, and equitable lives.
Siskiyou County Social Services Division	Administers all public assistance programs which include Medi-Cal, CalFresh, CalWORKs, and General Assistance. They also administer the Child Protective Services program, In-Home Supportive Services program, the Adult Protective Services program, and the Public Guardian/Public Conservator program.
Siskiyou County Substance Use Disorder	Offers free parent education classes and support services for caregivers. These courses are preventative and early intervention.

Organization	Description
Boys & Girls Club of Greater Shasta	The Boys & Girls Club of Greater Shasta offers a safe place for young people to learn, play, and grow outside of school hours.
Choices	Choices provides one-on-one personal advocacy support for sexuality, pregnancy, and parenting related concerns. Offers services in Mt. Shasta and Yreka. Volunteer advocates provide compassionate care for sexuality, pregnancy, and parenting related concerns.
Early Head Start	A year-round program that offers comprehensive child development services to low-income families living in Siskiyou County. Parent involvement is a key part of the program.
Etna PAL	Etna PAL (Police Activities League) puts the necessary pieces together for Cops, Kids, and Community to bridge the GAP between local Law Enforcement and Siskiyou County Youth.
Expanded Learning Siskiyou Afterschool For Everyone (SAFE) Program	Siskiyou Afterschool For Everyone (SAFE) is a consortium of 20 school sites and the Siskiyou County Office of Education. SAFE is operated within the guidelines set by After School Education and Safety (ASES) Program of the California Department of Education (CDE)'s Expanded Learning Programs Division (EXLD). These guidelines encourage parents, teachers, students, and the communities they live in, to share resources that benefit both the students and the community.

Organization	Description
Family Dynamics Resource Center (FDRC)	A non-profit organization that provides multiple services to the Shasta County community, FDRC has multiple locations and offers counseling services for individuals, couples, and children. Additionally, Family Dynamics provides Triple P parenting classes, teen group, and FRESH classes for the community. Their mission is to reduce incidences of child maltreatment through positive parent education and interventions; to help strengthen the bonds between parents and children.
Happy Camp Community Center (Karuk Community)	The mission of the Happy Camp Community Center is to promote the health and stability of our community and its residents by engaging in activities that benefit our children, our families, and our economy. They offer services and programs from CalFresh, Medi-Cal, and GNS Energy application assistance to Behavioral Health referrals.
Keepin' it REAL	The Keepin' it REAL Elementary curriculum, used by D.A.R.E., is the backbone of the program as it targets 5th and 6th grade students by giving them the core skills and facts needed to make good decisions and live a drug-free life.
Leaf	To reduce the stress on the adoptive parents, Leaf teaches them how to be therapeutically available to their children, engaging the entire family unit in the healing process.
Modoc Early Head Start	Modoc Early Head Start supports healthy prenatal outcomes and enhances intellectual, social, and emotional development of infants and toddlers to promote later success in school and life.
Remi Vista	Remi Vista is a nonprofit corporation that provides therapeutic services for youth and families who have either been placed in out-of-home care or who are considered to be at risk for such placement. They are licensed by the Department of Social Services to provide group home, foster care, and transitional housing placement programs. Remi Vista is contracted as an Organizational Provider of specialty mental health services with many counties in California.
Shasta Head Start	Shasta Head Start and Early Head Start is dedicated to making a positive difference in the lives of young children, one family at a time. They provide opportunities for education, parenting support and resources to families in the Shasta communities.
Siskiyou Community Resource Collaborative	A collaborative network of services and supports that strengthen the ability of children, youth, adults, and families to live healthy and productive lives, which builds their capacity to contribute to the well-being of themselves, their families, and communities. This work is led by a network of seven family/community resource centers (FRCs). FRCs serve as hubs of intergenerational activity and support, coordinating and integrating supportive services between a range of organizations including: churches, county agencies, healthcare providers, schools, service clubs, nonprofit organizations, and governments. Programs build on individual strengths and strive to demonstrate measurable results.

Organization	Description
Siskiyou County School-Based Mental Health and Wellness Program (See Appendix II)	<p>Tier 1: All schools in the county receive access to foundational Social Emotional Learning (SEL) lesson plans, SEL toolkits, whole class SEL instruction, access to Aperture Universal SEL Screener, access to data and insights to Guide Whole School SEL Implementation, and access to Growth Instructional Strategies by grade level and learning environment.</p> <p>Tier 2: All schools have access to Tier 2 services upon request, which include short-term (4-6 weeks) behavior support/intervention for students in one-on-one settings, small group settings, or whole class settings. Students requiring further support can be referred to Siskiyou County Behavioral Health or Daybreak Health for further support.</p> <p>Tier 3: Siskiyou County Office of Education's School-Based Mental Health and Wellness does not provide Tier 3 interventions, but does facilitate referrals from schools to Siskiyou County Behavioral Health and Daybreak Health, as needed.</p>
Siskiyou Child Care Council	<p>The mission of Siskiyou Child Care Council is to enhance the quality of life in Siskiyou County, by promoting the healthy growth and development of children and families through the provision of quality family, provider and child care services.</p>
Siskiyou Domestic Violence & Crisis Center	<p>The center provides crisis intervention and advocacy services to support victims of domestic violence, sexual assault, and their children from the time of the incident and continuing throughout the legal process and recovery period.</p>
Siskiyou Family YMCA	<p>The YMCA fills a huge void in what is an economically disadvantaged area. A large part of Siskiyou's community recreation programs take place at the YMCA. The YMCA is a gathering place with many community-wide events occurring at the facility throughout the year. The YMCA has assumed the role of recreation provider and has become an affordable alternative for families to participate in healthy activities.</p>
Tulelake/Newell Family Resource Center	<p>The Tulelake/Newell Family Resource Center offers a variety of services such as adult and child mental health services, health and nutrition promotion programs, services for seniors, resource and referrals, and volunteer opportunities.</p>
Wright Education Services	<p>Wright Education Services now provides services to over 600 people per week. Though the agency is based in Shasta County, it offers services virtually to families in Siskiyou County, and families can travel to Shasta to access services as well. Programs currently offered include, but are not limited to, domestic violence/batterer's treatment, anger management in both 16 and 52 week durations, child abuse treatment/parenting, driving under the influence (DUI) classes, adolescent anger management and individual, couples, and family counseling.</p>
Youth Empowerment Siskiyou (Y.E.S.)	<p>Y.E.S. serves any youth age 0–25 who has been exposed to trauma, is in the foster care system or is at-risk. Volunteers advocate for abused and neglected foster children, guided by the belief that all children deserve safe, loving and permanent homes. Y.E.S. facilitates a trauma-informed summer camp program benefiting local children exposed to domestic violence, physical, sexual or emotional abuse, or other forms of family trauma.</p>

CAPACITY ASSESSMENT OVERVIEW

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

ORGANIZATIONAL CAPACITY AND STAFFING CHALLENGES

The most acute capacity challenges currently facing Siskiyou County center around the public and private agency workforce. The limited number of community-based organizations (CBOs) in Siskiyou County is compounded by the staffing challenges those CBOs are currently experiencing. Many rural counties across California need more community-based organizations and community capacity to incorporate direct services to the community.

To combat this issue, rural counties, including Siskiyou County, must take services in-house and provide services to the community within the existing County infrastructure. The Siskiyou County Health and Human Services Agency is a super agency encompassing Behavioral Health, Public Health, and the Social Services Division. Within all these Divisions, a robust array of direct client services are already being provided to the community. These



services include health education, home visiting, child protective services, adult protective services, In-Home Supportive Services, family urgent response systems, behavioral health services, in-home therapeutic behavioral health services, substance disorder services, life skill education, housing services, and transportation.

Siskiyou County continues to struggle with a staffing crisis, and most units in the division continue to be at critical staffing levels. Just as there is a need for more capacity in community-based organizations, the lack of capacity within the County infrastructure has become apparent. This affects mandated services, staff turnover, and burnout of the current workforce. Despite these limitations, Siskiyou County is still committed to planning and implementing preventative services. Yet concerns persist regarding the challenges of the ongoing staffing crisis, the lack of capacity in the current community-based organizations, and their willingness to implement the limited evidence-based practices that can be provided through the Family First Prevention Services Act (FFPSA), along with unforeseen barriers and limitations to come.

EVIDENCE-BASED PROGRAMMING

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

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

Providers were also surveyed about whether their current programming is being delivered in-person, virtually, or both; which communities it is being

delivered in; how it is being financed; and whether it is being delivered as a primary, secondary, and/or tertiary intervention. This survey process provided Siskiyou County with rich data and a comprehensive understanding of local provider prevention service capacity and informed the selection and categorization of the EBPs within this CPP.

Siskiyou County also recognizes the challenges public agencies and community-based direct service providers will face in developing and delivering EBP service lines, including the costs associated with training staff to deliver these programs, retaining these staff, and ongoing monitoring to ensure model fidelity and continuous quality improvement. As noted earlier, these challenges are compounded in Siskiyou County by the lack of community-based providers, the need to oversee and deliver services "in house" within public agencies, and the ongoing county agency staffing crisis, which will impact Siskiyou's ability to stand up and sustain prevention programming.



Tier 1 Services

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

Program	Service Category	Target Population	Outcome Objectives
Brief Strategic Family Therapy	Mental Health, Substance Abuse, In-Home Parent Skill Based	Children and adolescents aged 6–17 and parents/caregivers	<ul style="list-style-type: none"> » Improved child behavioral and emotional functioning » Decrease in youth delinquent behavior and substance use » Decrease in parent/caregiver substance use
Functional Family Therapy	Mental Health	Adolescents aged 11–18 and their parents/caregivers	<ul style="list-style-type: none"> » Improved child behavioral and emotional functioning » Decrease in youth substance use » Improvements in parental capabilities
Healthy Families America	In-Home Parent Skill Based	New and expectant families (prenatally or within three months of birth) with children who are at-risk for maltreatment or adverse childhood experiences	<ul style="list-style-type: none"> » Improved child safety » Improved child behavioral and emotional functioning » Improved child cognitive functions and abilities » Reduced child delinquent behavior » Improved child educational achievement and attainment » Improved positive parenting practices » Improvement of parent/caregiver emotional and mental health » Improved family functioning
Motivational Interviewing	Substance Abuse/ Cross-Cutting	Adolescents and their parents/caregivers	<ul style="list-style-type: none"> » Decrease in youth substance use » Decrease in parent/caregiver substance use » Improved physiological, psychological, and lifestyle outcomes
Multisystemic Therapy	Mental Health, Substance Abuse	Children aged 12–17 and their parents/caregivers	<ul style="list-style-type: none"> » Decrease in youth delinquent behavior and substance use » Improvement of parent/caregiver emotional and mental health
Parents as Teachers	In-Home Parent Skill Based	Parents/caregivers with children ages zero to kindergarten	<ul style="list-style-type: none"> » Increased number of developmental milestones met » Increased positive parenting practices » Improvement of parent/caregiver emotional and mental health

Tier 2 Services

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

Program	Service Category	Target Population	Outcome Objectives
Adolescent Community Reinforcement Approach	Substance Abuse	Adolescents and young adults between the ages of 12 and 24 with substance use disorders	» Increased child well-being: Substance use
Child-Parent Psychotherapy	Mental Health	Children ages birth through 5 and their parents/caregivers	» Increased child well-being: Behavioral and emotional functioning » Increased adult well-being: Parent/caregiver mental or emotional health
Cognitive Processing Therapy	Mental Health	Adults with PTSD	» Increased adult well-being: Parent/caregiver mental or emotional health
Family Centered Treatment	In-Home Parent Skill Based	Families with youth who are at-risk for out-of-home placements, have trauma exposure, have histories of delinquent behavior, or are working toward reunification and youth who move between the child welfare, behavioral health, and juvenile justice systems	» Reduced out-of-home placement » Increased least restrictive placement » Reduced child delinquent behavior
Incredible Years: School Age Basic Program	Mental Health	Parents of children ages 6 to 12 including higher risk populations and parents of children with behavior problems	» Increased child safety: Child welfare administrative reports » Increased adult well-being: Positive parenting practices
Incredible Years: Toddler Basic Program	Mental Health	Parents with toddlers (1 to 3 years) including higher risk parents who need support forming secure attachments with their toddlers or addressing their toddlers’ behavior problems	» Increased adult well-being: Positive parenting practices

Program	Service Category	Target Population	Outcome Objectives
Interpersonal Psychotherapy	Mental Health	Adult patients diagnosed with major depression	<ul style="list-style-type: none"> » Increased adult well-being: Parent/caregiver mental or emotional health » Increased adult well-being: Family functioning
Interpersonal Psychotherapy for Depressed Adolescents	Mental Health	Adolescents (12–18 years) with mild to moderate symptoms of a depressive disorder	<ul style="list-style-type: none"> » Increased child well-being: Behavioral and emotional functioning » Increased child well-being: Social functioning
Strengthening Families Program: For Parents and Youth 10-14	Mental Health, Substance Abuse	Families with youth ages 10–14	<ul style="list-style-type: none"> » Increased child well-being: Substance use
Trauma-Focused Cognitive Behavioral Therapy	Mental Health	Children and adolescents who have experienced trauma including those who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems	<ul style="list-style-type: none"> » Increased child well-being: Positive parenting practices » Increased child well-being: Social functioning » Increased adult well-being: Parent/caregiver physical health » Increased adult well-being: Parent/caregiver mental or emotional health

Other Prevention Programming

Siskiyou County is a very geographically large rural county, and the availability of key services such as comprehensive drug and alcohol in-patient treatment, affordable and available housing, transportation, aftercare, employment, youth activities, Medi-Cal and dental providers, parent mentoring/advocacy, and post adoptive services are sometimes limited or not available in the county for children, youth, and families.

FAMILY RESOURCE CENTER (FRC) PROGRAMMING

Family Resource Centers (FRCs) are the leading providers of preventative services and intervention for child welfare and probation in the communities within Siskiyou County. Services provided by FRCs throughout Siskiyou County are designed to (1) support prevention and reduction of criminal justice recidivism; (2) reduce entries into the child welfare system; (3) promote healthy lifestyles; (4) provide prevention and early intervention for those at risk of mental illness; (5) assist families in securing access to health care and nutritious food; (6) educate parents and caregivers on raising emotionally healthy children; (7) provide those with chronic illness the skills and support to optimize health; and (8) foster the spirit of community, neighborhood, and family support. The FRCs are primarily funded by First 5 Siskiyou and Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) investments.

The FRCs use the Strengthening Families Protective Factors Framework model to increase the capacity of families to be healthy, involved members in their communities. The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. Every First 5 Siskiyou funded FRC completes a self-assessment annually, identifies goals, and is supported in improving quality of programming based on the guidelines from the Strengthening Families framework from the Center for the Study of Social Policy. The FRCs are independent 501(c)(3) corporations or affiliated with another resource center 501(c)(3), funded by MHSA, First 5, other government funds as well as donations and in kind services. The FRC staff consists of Director/Site Coordinator and appropriate staff. The Siskiyou Community Resource Center Collaborative is the largest FRC nonprofit, supporting FRCs around the county.

FRCs are located in these communities around Siskiyou County:

- » Yreka
- » HUB Communities (serving Montague, Grenada, Big Springs, and other rural areas)
- » Mt. Shasta (serving Mt Shasta and McCloud)
- » Weed
- » Dunsmuir
- » McCloud
- » Happy Camp Community Center (serving Happy Camp and surrounding areas)
- » Scott Valley Family Resource Center (serving Ft. Jones and Etna)
- » Tulelake/Newell Family Resource Center

Each year FRCs are open to the public over 2800 hours. They offer programs during typical business hours as well as evenings and some weekends. FRCs offer a range of services, including:

- » Evidence-Based Parenting education classes and workshops

- » Support groups for relatives, fathers, new parents or others raising children
- » Child development activities and play groups
- » ACES education and resiliency promotion through building assets
- » Resource and referral
- » Peer-to-peer support
- » Life skills and advocacy
- » Application assistance and job search assistance
- » Physical activity and nutrition education and promotion
- » Safety education and injury prevention
- » Opportunities for social connections and building healthy friendships
- » Substance abuse prevention and understanding about addiction
- » Darkness to Light Stewards for Children—Child Sexual Abuse Prevention trainings
- » Kinship, Foster, Adoptive care support groups and resources
- » Access Developmental Screenings (ASQ/ASQ-SE) and support to navigate referral system. (Help Me Grow)
- » Early literacy development activities including children’s book distribution and registration for Dolly Parton’s Imagination Library
- » Mental Health promotion and education programs including trauma-focused trainings

HOUSING & FAMILY STABILIZATION PROGRAM

The Social Services Division within the Siskiyou County Health & Human Services Agency maintains a housing unit whose purpose it is to foster housing stability for individuals and families experiencing, or at risk of, homelessness through a variety of housing programs. Programs may offer outreach, case management, housing navigation, shelter, and/or housing support for eligible program participants.

SISKIYOU BEHAVIORAL HEALTH SERVICES

Siskiyou County Behavioral Health Services is the largest provider of mental health services in the county for full scope Medi-Cal and all persons that meet eligibility for Specialty Mental Health Services or are in crisis. Medi-Cal eligible youth are served if they have a non-excluded Diagnostic and Statistical Manual (DSM V) diagnosis and experience a significant functional impairment, a reasonable probability of significant deterioration in an important area of life functioning, or are at risk of not progressing developmentally as appropriate. For those that qualify, Behavioral Health offers child and adolescent outpatient services through the Children's System of Care and through organizational providers. Services include comprehensive assessments; individual therapy; case management; collateral support for caregivers; rehabilitation services; crisis intervention services and coordination for psychiatric medication support.

Children and youth that meet criteria for Full Service Partnership (FSP) under the Mental Health Services Act (MHSA) and/or Katie A are eligible to receive Intensive Care Coordination and Intensive Home-Based Services. Behavioral Health also offers a Family Partner Peer (Peer Support Specialist) who provides direct support for caregivers of current clients, such as birth, foster or adoptive parents, legal guardians, and grandparents, and the highest level of outpatient service, Therapeutic Behavioral Services (TBS), to eligible youth. Behavioral Health clinicians conduct CANS (Child & Adolescents Needs and Strengths) assessments for all children and adolescents (age 17 and under), especially those coming into care through Child Welfare. Behavioral Health also provides mental health support groups and substance abuse services to parents of children involved in the Child Welfare system who are not eligible to receive services through Medi-Cal. Referrals may be made to community-based organizations and private providers for services and assessments that cannot be otherwise assessed per the above.

In addition to treatment services, Siskiyou County Behavioral Health provides a variety of prevention and early intervention services funded by MHSA. MHSA services are community driven and intended to serve individuals at risk of developing mental health issues and their families. Services are provided throughout the county and include stigma and discrimination reduction, mental health and developmental screenings, a wide variety of prevention and early intervention groups and therapy services, training on mental health issues, restorative justice, suicide prevention, and parenting groups. The Behavioral Health Substance Use Disorder program provides prevention and early intervention services for youth in schools. Services include Harm Presentations, Botvin Life Skills, Committed Chapters, and brief interventions for youth engaged in substance use and their families.

SCHOOL-BASED MENTAL HEALTH AND WELLNESS PROGRAM

The Siskiyou County Office of Education's (SCOE's) school-based mental health and wellness provides a multi-tiered system of support designed to meet the mental health needs of students in schools, and focuses on Social Emotional Learning (SEL), connecting families to resources, providing timely services, and destigmatizing mental health.

The first tier includes universal mental health promotion and prevention efforts, such as classroom-based interventions and school-wide positive behavior supports. The second tier involves targeted interventions for students who may be at risk for mental health difficulties, such as small group counseling or individual therapy. The third tier provides intensive services for students with significant mental health needs, such as intensive individual therapy or referral to community mental health providers.

ADDITIONAL PREVENTION PROGRAMMING

The Siskiyou Child Care Council (SCCC) is a nonprofit organization that provides childcare and other resources. The SCCC aids with child care costs, a toy and resource lending library, and assistance with the expense of purchasing healthy food for child care centers. Additionally, SCCC operates a childcare center that provides preschool and childcare services.

College of the Siskiyous (COS) is Siskiyou County's only community college. It offers two campuses: one in South County and one in North County. In addition to education services, it also provides parenting students with childcare and after school programs that include: Discovery Children's Center, a child care and preschool program, and Early Discovery Center for toddlers. The college also provides grants to students in the CalWORKs program to help pay for childcare.

Siskiyou County Family Law services provides a parent orientation program, mediation services for child custody, visitation, and dependency. Additionally, there are clinics held on self-help in the area of family law and small claims. The family court is able to provide child care voucher payments for customers during clinics, court, and/ or mediation.

Supportive services for the homeless are offered through the Siskiyou County Office of Education (homeless youth), Siskiyou County Health and Human Services Homeless programs, and Siskiyou County Behavioral Health.

All local services are available to families of all ethnic/minority populations and provided in a linguistically and culturally appropriate manner to the best of the providers' abilities. Culturally relevant services are provided through the local tribes and Family Community Resource Centers. Concerted efforts are made for services to be accessible to families in all geographical locations within the county, including those in the most isolated areas. Assistance with transportation may be available to eligible clients through child welfare and/or CalWORKs.

DRUG FREE COMMUNITIES / SISKIYOU SUBSTANCE ABUSE COALITION (SSAC)

Through a federal Drug Free Communities (DFC) grant, DFC's SSAC community-based coalitions work to prevent and reduce substance abuse by utilizing multiple strategies and modalities including: youth protective factors, environmental strategies, changing social norms, coordinating and maximizing resources, and effective use of existing prevention-intervention systems' support.

COMMUNITY CORRECTIONS PARTNERSHIP EDUCATION PROGRAM

Criminal Justice Realignment funding is used to provide countywide education programming through the FRC/ CRCs to specifically support individuals involved with criminal justice and at-risk individuals and families with a menu of evidence-based education in parenting, anger management, substance abuse relapse prevention, and allied programs.

CHANGE COMPANY INTERACTIVE JOURNALING®

Utilized by Siskiyou County Probation, Interactive Journaling® is an evidence-based practice for motivating and guiding individuals toward positive life change. This goal-directed, client-centered model helps participants modify their behavior as they progress through the stages of change. The behavior change technology of Interactive Journaling® includes evidence-based practices like expressive writing, motivational interviewing, cognitive-behavioral therapy, and the transtheoretical model of behavior change. This technology is consistent throughout all Journals even though the application or target behavior varies from Journal to Journal.

PROFESSIONAL EDUCATION

Throughout the year, Siskiyou First 5 and the Siskiyou Parenting Collation provide countywide education programming targeted to those professionals and paraprofessionals working with Siskiyou County families.

TRIBAL PROGRAMMING

Since 2007, the Karuk Tribe has operated its own Title IV-E program under the Karuk Health and Human Services Department via an Intergovernmental Agreement with the California Department of Social Services. Through this program, the Tribe offers a range of child welfare programs including foster care and adoption, family preservation, family reunification, and other support services. The child welfare staff "work to protect the bond between the Karuk Tribe and its children and culture thereby promoting the security and stability of the Tribe and Karuk families." In addition to child welfare, the Karuk Tribe also operates a range of cross-sector programs including TANF, health, education, childcare, housing, mental health and substance abuse services, and employment and re-entry.

The Quartz Valley Indian Reservation operates the Anav Tribal Health Clinic in Fort Jones. The mission of the clinic is "to promote the best patient care to our community through education, prevention and health care maintenance." Among the services offered through the clinic are therapy and counseling, equine therapy, substance use disorder counseling, substance use recovery support services, Medically Assisted Treatment for opioid use disorder, and Native Connections, an SUD/suicide prevention program. The clinic also offers a Youth and Family TREE program which "uses evidence-based practices including screening tools and motivational therapy" to "deliver supportive services for intervention, treatment, and recovery." The Youth and Family TREE program is intended to "enhance and expand comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12–18), transitional aged youth (ages 16–25), and their families/primary caregivers with substance use disorders, and/or co-occurring substance use and mental disorders." Among the services offered are youth substance use services, case management, wraparound and family programs, parent and caregiver support programs, youth and family recovery support services, individualized treatment and planning, and brief intervention services and counseling.



LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS

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



Siskiyou County also intends to embed the following six service objectives within Phase 1 of CPP implementation to address the major service gaps that serve as primary drivers of child welfare system-involvement for children and families and the challenges experienced by the County in effectively addressing those challenges:

- » Providing services to parents and children in families experiencing substance use disorder (SUD) challenges
- » Providing services to parents and children in families experiencing domestic violence challenges
- » Increasing the availability of services that can be delivered in-home
- » Increasing the availability of post-permanency support services
- » Expanding the service array available to teenagers including SUD services
- » Enhancing the County's capacity for sustained service delivery

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

Program	Service Category	Phase 1 Service Objectives	Outcome Objectives
Brief Strategic Family Therapy	Mental Health, Substance Abuse, In-Home Parent Skill Based	<ul style="list-style-type: none"> » Increase services for families experiencing SUD challenges » Increase services for families experiencing DV challenges » Increase in-home services » Increase post-permanency supports » Services for teenagers » Increasing capacity for sustained service delivery 	<ul style="list-style-type: none"> ✓ Improved child behavioral and emotional functioning ✓ Decrease in youth delinquent behavior and substance use ✓ Decrease in parent/caregiver substance use
Functional Family Therapy	Mental Health	<ul style="list-style-type: none"> » Increase services for families experiencing SUD challenges » Increase services for families experiencing DV challenges » Increase in-home services » Increase post-permanency supports » Services for teenagers » Increasing capacity for sustained service delivery 	<ul style="list-style-type: none"> ✓ Improved child behavioral and emotional functioning ✓ Decrease in youth substance use ✓ Improvements in parental capabilities
Healthy Families America	In-Home Parent Skill Based	<ul style="list-style-type: none"> » Increase services for families experiencing SUD challenges » Increase services for families experiencing DV challenges » Increase in-home services » Increase post-permanency supports » Increasing capacity for sustained service delivery 	<ul style="list-style-type: none"> ✓ Improved child safety ✓ Improved child behavioral and emotional functioning ✓ Improved child cognitive functions and abilities ✓ Reduced child delinquent behavior ✓ Improved child educational achievement and attainment ✓ Improved positive parenting practices ✓ Improvement of parent/caregiver emotional and mental health ✓ Improved family functioning

Program	Service Category	Phase 1 Service Objectives	Outcome Objectives
Motivational Interviewing	Substance Abuse/ Cross-Cutting	<ul style="list-style-type: none"> » Increase services for families experiencing SUD challenges » Increase services for families experiencing DV challenges » Increase in-home services » Increase post-permanency supports » Services for teenagers » Increasing capacity for sustained service delivery 	<ul style="list-style-type: none"> ✓ Decrease in youth substance use ✓ Decrease of parent/caregiver substance use ✓ Improved physiological, psychological and lifestyle outcomes
Multisystemic Therapy	Mental Health, Substance Abuse	<ul style="list-style-type: none"> » Increase services for families experiencing SUD challenges » Increase services for families experiencing DV challenges » Increase in-home services » Increase post-permanency supports » Services for teenagers » Increasing capacity for sustained service delivery 	<ul style="list-style-type: none"> ✓ Decrease in youth delinquent behavior and substance use ✓ Improvement of parent/caregiver emotional and mental health
Parents as Teachers	In-Home Parent Skill Based	<ul style="list-style-type: none"> » Increase services for families experiencing SUD challenges » Increase services for families experiencing DV challenges » Increase in-home services » Increase post-permanency supports » Increasing capacity for sustained service delivery 	<ul style="list-style-type: none"> ✓ Increased number of developmental milestones met ✓ Increased positive parenting practices ✓ Improvement of parent/caregiver emotional and mental health

LOGIC MODEL

👤 TARGET POPULATIONS

Families experiencing substance use disorder challenges • Families experiencing domestic violence challenges • Families in need of post-permanency support services • teenagers experiencing substance use disorder challenges

🏠 COMMUNITY NEEDS

- » Approximately 25% of children under the age of 6 live in poverty.
- » Drug-induced deaths are more than double the state average
- » More than twice the state rate of child abuse allegations for children ages 0-5 (126 per 1,000 children vs 51)
- » Lack of services/lack of accessible services particularly in rural areas
- » 41% of participants in local parent education services experienced child abuse

🔧 INPUTS

- » Commitment to cross-sector collaboration
 - » Strong partnership with local CAPC
 - » Active Tribal involvement
 - » Impactful network of Family Resource Centers
 - » SUD programming offered by Siskiyou County Behavioral Health Services
 - » Strong array of prevention-focused services delivered through County programming
- Delivery of high-fidelity evidence-based programs that are aligned with the specific needs and characteristics of each family in the target population including: Brief Strategic Family Therapy • Functional Family Therapy • Healthy Families America • Motivational Interviewing • Multisystemic Therapy • Parents as Teachers

⚙️ OUTPUTS

- » Widespread community engagement and understanding of FFPSA implementation strategies
- » Services tailored to the needs of all eligible communities, including tribal communities
- » Access to accurate and comprehensive data
- » Accurate assessment of safety, risk, and family strengths and needs
- » Consistent engagement and partnership with CBOs and families
- » Buy-in and support from staff, stakeholders, partners, and community members
- » Enhanced capacity of County and service partners to deliver EBPs

✔️ SHORT-TERM OUTCOMES

- ✔️ Parents and children in families experiencing substance use disorder (SUD) challenges receive appropriate support services
- ✔️ Parents and children in families experiencing domestic violence challenges receive appropriate support services
- ✔️ Increase in the availability of services that can be delivered in-home
- ✔️ Increase in the availability of post-permanency support services
- ✔️ Expanded service array available to teenagers including SUD services
- ✔️ Enhanced County capacity for sustained service delivery
- ✔️ A shared vision and plan for Families First Siskiyou County and coordination between entities on eligibility determinations, casework, service delivery, and evaluation
- ✔️ Decrease in youth delinquent behavior and substance use
- ✔️ Decrease in parent/caregiver substance use
- ✔️ Improved child behavioral and emotional functioning
- ✔️ Improvements in parental capabilities

🏆 LONG-TERM IMPACT

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

CPP SPENDING PLAN

Planning and Development	Fiscal Agent	Grantee/ Contractor Name	Time Frame	GF State Block Grant Child Welfare	FFTA
CPP Development	Siskiyou County HHSA	Social Change Partners	22/23	\$45,000	\$45,000
CPP Staff Cost	Siskiyou County HHSA	Siskiyou County HHSA	22/23 24/25	\$25,000	
CPP Updates and Implementation	Siskiyou County HHSA	Social Change Partners	23/24	\$100,000	

Activity/Services	Fiscal Agent	Grantee/ Contractor Name	Time Frame	GF State Block Grant Child Welfare	FFTA
Parents and Teachers EBP— Implementation	Siskiyou County HHSA	Pending	23/24	\$35,000	
Parents and Teachers EBP— Implementation	Siskiyou County HHSA	Pending	24/25		\$10,000
Concrete Supports to Tertiary Population	Siskiyou County HHSA	N/A	23/24	\$30,000	\$45,000
Mobile Medical & Dental Clinics	Siskiyou County HHSA	Pending	23/24	\$35,000	
Motivational Interviewing Expansion and training	Siskiyou County HHSA		23/24	\$30,000	

Siskiyou County has committed \$45,000 of the State FFPS Program Block Grant and \$45,000 to the Family First Transition Act allocations to the development of the Comprehensive Prevention Plan (CPP) through establishment of a contract with Social Change Partners. Siskiyou County dedicated several staff to head this project and an estimate of \$25,000 was drawn down in staff time through time study hours. In doing this all aspects of the CPP were successfully completed. Although Siskiyou County has created the CPP there are substantial concerns regarding the State Block Grant expenditure deadline and the implementation and ability to sustain service delivery without ability to draw down Title IV-E funding. Siskiyou County will leverage a portion of the SBG to First 5 Family Commission on FFPSA specific training for public and private agency staff and workforce development. Siskiyou County is also exploring the ability to build current capacity with existing community-based organizations (CBOs) that are currently providing evidenced-based curriculum in the county and CBOs that are currently transitioning into the county to provide direct services. Siskiyou County will also utilize a portion of the SBG to fund any further needed revisions to the CPP.

As the Family First Transition Act (FFTA) allows for transition to implementation of FFPSA these funds will be leveraged for implementation of an interim data collection and automation system to decrease ongoing annual manual reporting, capacity building of prevention services, and service delivery. Siskiyou County will also leverage funds through American Rescue Plan Act (ARPA) Community-Based Child Abuse Prevention (CBCAP) and the California Work Opportunity and Responsibility to Kids (CalWORKs) Performance Incentive allocation (CFL 19/20-45E) when appropriate to meet the prevention needs of the community.

An area of focus utilizing the State Block Grant and FFTA funds will be capacity building in the community made possible with partnerships with Shasta Head Start, First 5 Families Commission and Public Health. We will target primary, secondary, and tertiary populations by leveraging funds to build capacity of the evidence-based program Parents as Teachers. In doing so, the initial costs are estimated to be \$30,000–\$35,000 the first year with an annual maintenance cost estimated to be \$10,000. Siskiyou County will also focus on an expansion of motivational interviewing within the County and CBOs. Mobile health and dental clinic services will be explored.

Concrete supports will be utilized to assist with reduction of foster care entries and to assist the family in prevention supports to maintain family units in the tertiary population. It is estimated that \$30,000 of the SBG funds will be utilized in this area.

Siskiyou County HHSA is hopeful that the current expenditure deadlines for these allocations will be extended and that additional funding will be forthcoming.

ADDITIONAL ASSURANCES

ASSURANCES TEMPLATE

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

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

Title IV-E Prevention Program Reporting Assurance

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California Welfare and Institutions Code (WIC) section 16587(d)(9),

Siskiyou County Adults & Children's Services

(NAME(S) OF PARTICIPATING CHILD WELFARE SERVICES AND/OR PROBATION AGENCY)

is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring Assurance

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the

Siskiyou County Adults & Children's Services

(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. County Title IV-E agencies that contract with community-based organizations, assure how safety will be monitored and the oversight of periodic risk assessments conducted by the community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

Workforce Development and Training Assurance

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the

Siskiyou County Adults & Children’s Services

(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 pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community based and Title IV-E pathways.

Trauma-Informed Service Delivery Assurance

Siskiyou County Adults & Children’s Services

(NAME(S) OF PARTICIPATING CHILD WELFARE SERVICES AND/OR PROBATION AGENCY)

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

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

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), the

Siskiyou County Adults & Children’s Services

(NAME(S) OF PARTICIPATING CHILD WELFARE SERVICES AND/OR PROBATION AGENCY)

assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, evaluation and coordination to determine the effectiveness of a service provided under the FFPS program.

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor’s Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the

Siskiyou County Adults & Children’s Services

(NAME(S) OF PARTICIPATING CHILD WELFARE SERVICES AND/OR PROBATION AGENCY)

assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

Assurance of Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the

Siskiyou County Adults & Children's Services

(NAME(S) OF PARTICIPATING CHILD WELFARE SERVICES AND/OR PROBATION AGENCY)

assures the establishment of a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Assurances Signatures

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

7/25/23

(DATE)

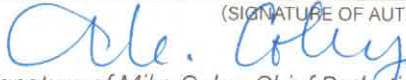


Signature of Patricia Barbieri, Director, Social Services Division

(SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE)

7/24/23

(DATE)



Signature of Mike Coley, Chief Probation Offices

(SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE)

APPENDIX I

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

Domain	Strengths	Areas to Develop & Challenges	Possible Strategies & Next Steps
Motivation for Change	Leadership Buy-In; Stakeholder Buy-In; Collective Commitment to Change	N/A	N/A
Provider Capacity & Capability	Established Meeting Frequency; Feedback Loop; Shared Values	Information Sharing & Exchange; Communication Strategy	Continue regular ILT meetings to strengthen communication & information sharing
System Capacity & Capability	History of Cross-Sector Partnerships	Community Engagement Strategy; Data Collection; Adequate Staffing; Infrastructure	Conduct additional outreach to families with lived experience and tribes to bring them into the planning process; hiring a staff services analyst to manage CQI work
Policy Supports	Relationship with Local Governance	Data Sharing Agreements	Seek TA from CDSS on data sharing processes and structures

For areas marked “Absent or missing,” what information or data might be helpful and how can the Title IV-E agencies, other public organizations and community partners gather information or data? How can CDSS provide guidance or assistance?

More information from CDSS is needed on the data and outcome tracking requirements of FFPSA and how these will be implemented locally; regular updates and training from CDSS on the CARES system under development will help counties prepare for implementation and utilization of that system; to the extent possible CARES should be integrated with existing data platforms and systems; need more information from CDSS on public agency and CBO roles under Community Pathway service delivery model; support for rural counties with limited resources who often need to access services across county lines

Which of the subdomain subcategory attributes (e.g., culture & climate, information sharing, trust in leadership, mission and vision, partnership, existing system coalitions, community interaction, infrastructure, existing policies) are completely established?

Leadership and stakeholder buy-in; collective commitment to change; culture & climate; trust and shared values; communication and collaboration; openness and opportunity for stakeholder engagement in decision-making; strong support from County leadership

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

Information Sharing & Exchange; Communication Strategy; Community Engagement Strategy (for tribes and families); Data Collection; Adequate Staffing; Infrastructure; Data Sharing Agreements

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

- 1) Data sharing best practices and legal agreements
- 2) Continuous quality improvement (CQI) implementation support
- 3) Development of the Community Pathway approach to service delivery including development of MOUs and how to structure safety and risk monitoring
- 4) Preparedness for implementation of the CARES system

APPENDIX II

Capacity Assessment

PLEASE USE THE FOLLOWING SCALE TO ASSESS THE ITEMS BELOW:

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

Domain	Subdomain	Item	Rating
Motivation for Change	Leadership Buy-In	Leadership states change is needed and beneficial.	1.64
Motivation for Change	Stakeholder Buy- In	Stakeholders state change is needed and beneficial.	1.57
Motivation for Change	Collective Commitment to Change	There is shared resolve and commitment for change among Title IV-E agency leadership, other public agencies and community partners.	1.5
Provider Capacity and Capability	Information Sharing and Exchange	Best practices for sharing information is established.	1.14
Provider Capacity and Capability	Communication Strategy	Title IV-E agencies, other public agencies and community partners have effective processes in place for communication about change and new initiatives	1
Provider Capacity and Capability	Established Meeting Frequency	Meetings (in person, virtual, telephonic) are regularly coordinated.	1.5
Provider Capacity and Capability	Transparent Communication with Cross-Sector Partners	Leaders practice reflective, supportive communication.	1.36
Provider Capacity and Capability	Organizational Stability	There is stability among leadership within Title IV-E agencies, public organizations and community partners, including agency directors, administrators, and program managers.	1.36
Provider Capacity and Capability	Organizational Equity	Organizational culture is inclusive and diverse.	1.43

Provider Capacity and Capability	Feedback Loop	Title IV-E agency staff, other public agencies and community partners have opportunities for involvement in discussions and decisions.	1.5
Provider Capacity and Capability	Adaptability	Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization.	1.36
Provider Capacity and Capability	Shared Values	Leadership within Title IV-E agencies, other public organizations and community partners have shared awareness and are committed to the vision and mission.	1.64
Provider Capacity and Capability	Cross-Sector Partner Investment	Title IV-E agencies, other public organizations and community partners have committed adequate time and resources to the task of implementing a comprehensive prevention plan.	1.29
System Capacity and Capability	History of Cross-Sector Partnerships	History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners.	1.5
System Capacity and Capability	Community Engagement Strategy	Title IV-E agencies, other public organizations and community partners have structures and processes in place to engage tribes, youth, parents and caregivers, those with lived experience, and underserved populations in change initiatives.	1.07
System Capacity and Capability	Community Involvement	Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.	1.43
System Capacity and Capability	Needs Assessment	A needs assessment has identified the gaps in services and evidence-based practices (EBP's) in the service array to be included in the comprehensive prevention plan (counties may leverage existing assessments or analyses on service array).	1.21

System Capacity and Capability	Implementation Support for CQI	Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.	1.21
System Capacity and Capability	Data Collection	Title IV-E agencies, other public organizations and community partners have data systems and processes in place to track and monitor the comprehensive prevention plan outputs and outcomes that inform decision-making.	1.08
System Capacity and Capability	Adequate Staffing	Staffing levels support effective functioning and implementation of new programs and practices.	1
System Capacity and Capability	Expertise in Data Analysis and Accessibility	Title IV-E agencies, other public organizations and community partners have the internal expertise or ability to access external expertise to collect and analyze data.	1.26
System Capacity and Capability	Infrastructure	Title IV-E agencies, other public organizations and community partners have appropriate resources (e.g. staff, facilities, materials, and technology) to develop a comprehensive prevention plan and begin implementation.	1.14
Policy Supports	Relationship with Local Governance	Leaders of the Title IV-E agencies, other public organizations and community partners have a positive working relationship with local (city/county) governance body (i.e. Board of Supervisors, City Council, etc.).	1.83
Policy Supports	Data Sharing Agreements	There are data linkage and information sharing agreements among Title IV- E agencies, other public organizations and community partners.	1.08
Policy Supports	Alignment with Current Initiatives	The comprehensive child and family well-being prevention plan supports existing programs and initiatives and aligns with existing county practices.	1.42

