



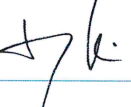


COMPREHENSIVE PREVENTION PLAN TEMPLATE INSTRUCTIONS:

The following template is provided by California Department of Social Services (CDSS). The template is optional and is one of many tools offered to support the development of the Comprehensive Prevention Plan (CPP). This template is for Title IV-E agencies in California to document the planning and pre-implementation activities of the [Family First Prevention Services \(FFPS\) Program](#). The following sections represent both foundational (best practice) and required components for inclusion in the CPP as outlined in [Welfare and Institutions Code \(WIC\) §16585-16589](#) and [All County Letter \(ACL\) 22-23](#).

Each section includes the required components of the CPP. The CDSS strongly encourages Title IV-E agencies to engage the members of the cross-sector collaboratives to share data, strategies, and information to complete each section. Title IV-E agencies are not required to answer the guiding questions in the template; the questions are meant to be a guide and encourage discussion that may yield information that will inform the writing of the specified section within the CPP. These guiding questions are not an all-inclusive list of considerations. Partners from the cross-sector collaboratives are encouraged to include additional information relevant to their local goals. For resources to support the completion of each section, please visit the CDSS's [FFPSA website](#). The CDSS encourages innovation, collaboration, and the development of a comprehensive (primary, secondary, tertiary) array of strategies as is locally feasible in the development of this plan.

This template includes an "Additional Assurances" section, which references the [Assurances Template](#). Unlike this **optional** CPP Template, **the Assurances Template is a required component of the CPP** and will be due with the submission of the CPP to the CDSS. The Assurances Template will be made available on the [FFPSA website](#) soon. The Title IV-E Agencies must submit all the required documents to the FFPSA Prevention Services inbox at ffpsapreventionservices@dss.ca.gov. Questions regarding the templates may be sent to the FFPSA Prevention Services inbox.

COMPREHENSIVE PREVENTION PLAN OF YOLO COUNTY

Title IV-E Agency Information:	
Submitting Authority	Yolo County CWS
Contact Name	Molly Kholos
Contact Email	Molly.kholos@yolocounty.org
Signature of CWS Representative	 Tony Kildare
Signature of Authorized Probation Representative	
Signature of Authorized Behavioral Health Representative	 KARLEEN JAKOWSKI

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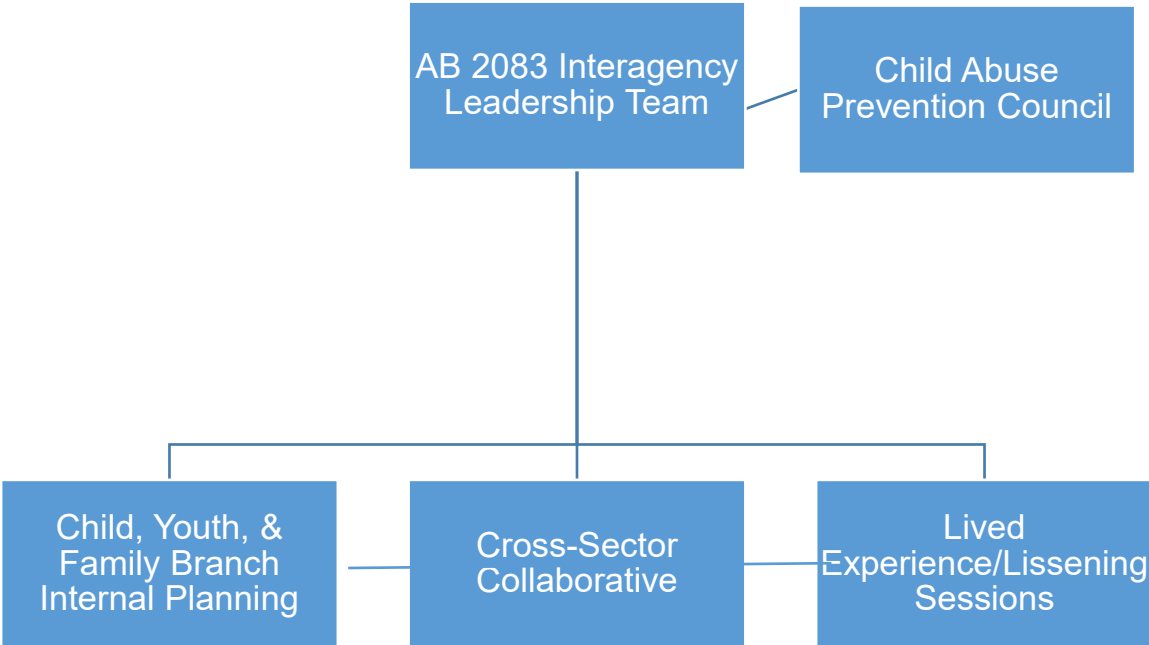
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GOVERNANCE STRUCTURE

Element Required in the CPP:

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

Yolo County’s Health and Human Services Agency utilized five core committees and venues to enable communication and development of the County’s Comprehensive Prevention Plan. (1) The Assembly Bill (AB) 2083 System of Care Interagency Leadership Team (ILT), (2) The Child Abuse Prevention Council (CAPC), (3) Yolo County Child, Youth and Family Branch Internal Planning, (4) FFPSA Cross-Sector Collaborative, (5) Lived Experience / Community Engagement. The County’s FFPSA Governance and Committee Structures are represented in the visual below.



Committee Role and Purpose

Assembly Bill (AB) 2083 - Interagency Leadership Team (ILT)

AB 2083 (Chapter 815, Statutes of 2018) requires each county to develop and implement a memorandum of understanding (MOU) setting forth roles and responsibilities of agencies and other entities that serve children and youth in foster

care who have experienced severe trauma. The purpose of the MOU is to ensure that children and youth in foster care receive coordinated, timely, and trauma informed services. The Interagency Leadership Team (ILT) serves as the governing and coordinating body for the child and youth system of care. Yolo County's ILT convenes monthly and serves as the high-level advisory body for the FFPSA Comprehensive Prevention Plan. Key FFPSA updates and high-level decision points are brought to this committee to ensure effective communication with leaders across sectors who serve high needs children, youth, and families.

Child Abuse Prevention Council (CAPC)

Yolo County Children's Alliance (YCCA) is the lead for the Yolo County Child Abuse Prevention Council (CAPC). CAPCs of California are community councils whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect. The mission of Yolo County's CAPC is to eliminate child abuse and neglect and the adversity it causes by strengthening families and communities. Yolo County Child, Youth and Family Branch utilized the CAPC to administer the Capacity Assessment and shared the Capacity Assessment results with the Council in October 2022. The CAPC convenes every other month and will be updated throughout our planning efforts to ensure we provide effective communication.

Child, Youth and Family Branch Internal Planning

Yolo County's Child, Youth and Family Branch determined it would be necessary to establish internal weekly planning meetings to analyze state and federal guidance regarding the Family First Prevention Services Act / Program in addition to identifying key information and participation as we embarked on our prevention planning efforts. This planning group consists of representatives from behavioral health, child welfare and continuous quality improvement. The purpose is to identify necessary updates and key decision points through analysis to share with committees and additional venues.

FFPSA Cross System Collaborative

Counties are required to collaborate with cross sector partners or entities to meet the needs of children, youth, parents, families, and communities. The process for cross sector collaboration in the development of the CPP must be documented, as well as how such partners will be consulted for ongoing monitoring and continuous improvement of the program. Yolo County's FFPSA Cross System Collaborative meets

monthly and it is utilized to contribute to and develop more granular components of the Comprehensive Prevention Plan. This group will also be regularly updated regarding key decision points and prevention planning efforts. After submission and approval of the CPP, we anticipate continued meetings to update the collaborative on our planning and subsequent implementation efforts regarding the specified primary, secondary and tertiary strategies that will be delivered as part of the County's Family First Prevention Services Program. The cross-sector collaborative was considered a working group. Once the CPP is finalized we will move our regular updates to our CAPC and ILT.

Lived Experience, Community Engagement, and Listening Sessions

In August 2022, the Child, Youth and Family Branch solicited help from the Woodland Community College's Independent Living Program (ILP) and attended the ILP class to request youth volunteers to participate in FFPSA planning (four youth volunteered to participate). Through Woodland Community College we also identified one caregiver and one parent who we consider key lived experience representatives in addition to the youth participants. In early September 2022, we held a broad FFPSA community meeting and from this dialogue we determined that there were many individuals who wanted to share their current, personal experiences within Yolo County's Child Welfare Department. Based on input we received from individuals with lived experience, we determined that listening sessions would be convened to hear from our community members about our overall agency and system interactions with individuals who expressed areas of agency consideration in addition to FFPSA feedback. Through the administration of our Capacity Assessment, it was determined that information shared and gathered from individuals with lived experience should be articulated differently, compared to our cross-system partners. The County utilized community listening sessions to identify areas of change that would be considered as part of our overall agency communication and planning. We met with individuals with lived experience (youth and parents respectively to mitigate re-traumatization), in six separate occasions to receive feedback regarding FFPSA implementation and whether the selected Evidence Based Programs would meet the needs of community members. These discussions occurred on August 17, 2022, September 1, 2022, September 15, 2022, December 9, 2022, December 20, 2022, and December 21, 2022. We received positive feedback regarding the Evidence Based Programs with the caveat that County and Contracted Staff would provide services appropriately and through trauma informed practice.

Guiding Questions

Reminder: These guiding questions are provided to assist in the development of the CPP and responses to these questions are not required.

1. How will the governance structure ensure that all required cross-sector collaborative partners will provide meaningful participation in decision making, for: training, implementation, selection of Evidence Based Practices (EBP), fidelity monitoring, and continuous quality improvement for the CPP?

The Governance Structure will ensure required cross-sector collaborative partners are able to provide meaningful participation in decision making-through reoccurring meetings hosted by Yolo County's Child, Youth and Family Branch. The County's Cross-Sector Collaborative has met on a monthly basis to review and provide input regarding more granular components of the Comprehensive Prevention Plan. Meeting frequency may be subject to change based on timing and implementation of the specific Evidence-Based Programs; however, reoccurring meetings will continue to be convened to provide synthesized information regarding FFPSA implementation efforts which will also allow for input and feedback from the County's Cross-System Collaborative during identified and appropriate milestones. These updates will likely be provided during our CAPC and ILT.

2. How will the governance structure share information between the cross-sector collaborative partners?

Information regarding FFPSA planning and implementation will be shared with our established Cross-Sector Collaborative Committee via meetings in addition to email correspondence.

3. How will the CPP content be developed, reviewed, and approved locally by the governance structure?

The CPP has been developed through verbal and written feedback by various committees as noted in the visual and described above. The specified Committees have had the opportunity to review the CPP and provide high-level input regarding significant areas of concern as to whether the County is meeting the federal and state statutory obligations to appropriately establish and implement the program in a manner that is suitable for Yolo County's children, youth, and families.

4. How will the governance structure be used to modify the CPP in the future if needed?

The Governance Structure will be used to modify the CPP in the future in the same manner that the CPP has been developed. Key areas of information will be provided to the various committees as applicable and input may be requested verbally through meetings, in addition to written feedback, either in the form of document review or survey tools administered by the County.

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

Element Required in the CPP:

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

Required Partners	Suggested Partners
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)	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

Members and Invited Participants

Yolo County Child, Youth and Family Branch Internal FFPSA Planning	
Name	Organization
Tony Kildare	Behavioral Health
Marisa Green	Child Welfare
Salaam Shabazz	Child Welfare

Meghan Morris	Child Welfare
Joni Lara-Jimenez	Continuous Quality Improvement
Molly Kholos	Continuous Quality Improvement

AB 2083 ILT	
Name	Organization
Tony Kildare	Yolo County Behavioral Health
Tracy Fauver	Yolo County Court Appointed Special Advocate Program
Karleen Jakowski	Yolo County Health and Human Services Agency (Child Welfare and Behavioral Health)
Al Rogers	Yolo County Office of Education
Dan Frunchtenicht	Yolo County Probation Department
Patrick McGrew	Yolo County Special Education Local Plan Area

CAPC	
Name	Organization
Sara Gavin	Communicare Health Centers
Brian Vaughn	Community Health Branch / Public Health
Marialsabel Mandujano	Community Member
Celina Alveraz	Empower Yolo
Gina Daleiden	First 5
Robert Strange	West Sacramento Police Department
Tracy Fauver	Yolo County CASA
Tessa Smith	Yolo County Community Health Branch Mental Health Services Act
Celina Lopez	Yolo County District Attorney's Office
Karleen Jakowski	Yolo County Health and Human Services Agency (Child Welfare and Behavioral Health)
Rachelle Gayton	Yolo County Probation Department

FFPSA Cross System Collaborative	
Name	Organization

Tony Kildare	Behavioral Health
Celina Alvarez	Child Abuse Prevention Council (Empower Yolo & CAPC Co-Chair)
Marisa Green	Child Welfare
Sara Gavin	Community Based Organization (Communicare)
Carol Ramirez	Community Based Organization (Lilliput/Wayfinder)
Shannon Turner	Community Based Organization (Lilliput/Wayfinder)
Donna Ibbotson	Community Based Organization (Lilliput/Wayfinder)
Jeneba Lahai	Family Resource Center (Yolo County Children's Alliance)
Gina Daleiden	First 5
Victoria Zimmerele	First 5
Brian Vaughn	Public Health (Yolo County Community Health Branch)
Cherie Schroder	Woodland Community College and Caregiver (Foster & Kinship Care Education, Independent Living & AmeriCorps Programs, Woodland Community College)
Rebecca Mellott	Yolo County Administration
Al Rogers	Yolo County Office of Education
Sonia Rambo	Yolo County Office of Education
Rachelle Gayton	Yolo County Probation Department

FFPSA Lived Experience	
Name	Organization
Name Redacted	1 Parent
Names Redacted	4 Youth (ILP)
Tony Kildare	Behavioral Health
Cherie Schroder	Caregiver, Foster & Kinship Care Education, Independent Living & AmeriCorps Programs, Woodland Community College
Marisa Green	Child Welfare

Tessa Smith

Yolo County Community Health Branch,
Mental Health Services Act, Diversity,
Equity, and Inclusion

Yolo County Mental Health Plan Coordination

Yolo County Health and Human Services Agency (HHS) is fully integrated and includes the following five branches: Administration, Adult and Aging, Child, Youth and Family, Community Health and Services Centers. Due to the integrated structure of the agency, the Child, Youth and Family branch includes Children’s Mental Health Services, Child Welfare Services and Children’s Public Health Services including Children’s Medical Diagnostic, Treatment and Care Coordination Services. The integrated structure of HHS allows for the CYF branch to braid and leverage funding across programs to maximize the administrative and staffing structure of the branch and streamline service delivery to meet the holistic and complex needs of children, youth, and families. As it relates to FFPSA planning, we have included Yolo County’s Child, Youth and Family Branch Director as the behavioral health representative within each of our FFPSA Planning committees/convenings.

Guiding Questions

1. How are these required and/or suggested partners going to be engaged in on-going monitoring of the FFPS Program?

The cross-sector collaborative partners will be engaged in ongoing monitoring through reoccurring meetings hosted by Yolo County’s Child, Youth and Family Branch. The County’s Cross-Sector Collaborative has met on a monthly basis to review and provide input regarding more granular components of the Comprehensive Prevention Plan. Meeting frequency may be subject to change based on timing and implementation of the specific Evidence-Based Programs; however, reoccurring meetings will continue to be convened to provide synthesized information regarding FFPSA implementation efforts which will also allow for input and feedback from the County’s Cross-System Collaborative during identified and appropriate milestones.

2. What is the process the required cross-sector partners to review and consult on necessary guidance and implementation decisions, provide feedback, and receive notification regarding the reasons recommendations that were incorporated or chosen not to be incorporated?

The Cross-Sector Collaborative has been provided relevant information regarding planning and implementation through our established Committee, which convenes on a monthly basis. Information is shared and feedback is collected both verbally and in the form of written solicitation through review of specified documents and survey tools. Reasons recommendations may not have been incorporated have been provided to the Committee Members within the established meetings.

3. How will you document the co-created strategy to engage other organizational partners, impacted communities, and those with lived experience in discussions regarding ways in which services can be adapted to be culturally responsive to the needs of the population served?

Based on input from the Readiness Assessment, Yolo County has been conducting Listening Sessions with community members (including organizational partners, impacted communities, and those with lived experience) as the first step of a strategy to develop an ongoing dialogue with the community. The intent is to utilize a human-center design process that incorporates technological platforms (for example: Mentimeter, Mural, etc.) that provide numerous individuals an opportunity to simultaneously participate in identifying priorities in the implementation of the comprehensive prevention plan and other systemic improvement efforts.

4. What barriers to engagement were discovered with any of the required entities, individuals, or system of care entities? Please describe these barriers and the plan to overcome the barriers.

Yolo County Health and Human Services Agency does not yet have a formal relationship with the Yocha Dehe Wintun Nation. A workgroup comprised of HHSA Leadership and County Counsel representatives has been working to engage this Tribe and other Tribal Nations who have families with open child welfare cases in Yolo County. HHSA is recommending that the County Administrative Officer formally request that the Yocha Dehe Wintun Nation consider providing a representative for the Interagency Leadership Team; this request is currently pending.

TRIBAL CONSULTATION AND COLLABORATION

Element Required in the CPP:

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

Guiding Questions

1. How will the requirements for ICWA be fulfilled when an American Indian/Alaskan Native (AI/AN) child has been identified as a candidate for prevention services?

Please refer to the attached Executive Memorandum dated 12/16/2022 regarding the Agency's philosophy and intent regarding the Indian Child Welfare Act. The Agency intends to ensure that the practices that would apply when an Indian child/youth comes to the attention of child welfare will be applied to Indian children that are identified as candidates for foster care.

2. What action steps have been taken to ensure Tribes are involved in determining culturally appropriate prevention services?

Please refer to the attached Executive Memorandum dated 12/16/2022 regarding the Agency's philosophy and intent regarding the Indian Child Welfare Act. Yolo County is currently in the process of soliciting proposals for an Alternative Response program that will serve as a pilot project for Title IV-E services provided through the Comprehensive Prevention Plan. The Agency will ensure that the provider selected will deliver culturally appropriate services and will engage local Tribes for input regarding this service array.

3. What action steps have been taken to ensure funding is available for culturally appropriate services?

Yolo County is currently in the process of soliciting proposals for an Alternative Response program that will serve as a pilot project for Title IV-E services provided through the Comprehensive Prevention Plan. The Agency will ensure that the provider selected will deliver culturally appropriate services and will engage local Tribes for input regarding this service array. The Agency will ensure that the program budget includes funding for culturally appropriate services.

4. How will information be disseminated to Tribes about programs and practices available to children, youth, parents, and families?

Yolo County is seeking to develop a formal relationship with the Yocha Dehe Wintun Nation (through the AB 2083 ILT) and will coordinate with their Tribal government regarding the most effective method to disseminate this information. Yolo County HHSA is also working to develop formal structures to effectively coordinate with other Tribes in the local region and currently meets with representatives from these Tribes on a monthly basis. Yolo County will seek consultation with these Tribes regarding the most effective methods to disseminate information to their families.

5. How will Title IV-E agencies engage Tribes in discussions regarding changes to policies, practices, and/or programs related to comprehensive prevention?

Yolo County HHSA is working to develop formal structures to effectively coordinate with the Yocha Dehe Wintun Nation and other Tribes in the local region, and currently meets with representatives from these Tribes on a monthly basis. This effort has led to the development of an Executive Memorandum (attached) that was developed in collaboration with these Tribes. HHSA intends to work collaboratively with these Tribal representatives to update and develop policies and procedures related to ICWA and programs related to comprehensive prevention.

INTEGRATED CORE PRACTICE MODEL (ICPM)

Element Required in the CPP:

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

Guiding Questions

1. How did the Title IV-E agency incorporate and implement strategies for the use of the Integrated Core Practice Model with partner agencies and Tribes (e.g., leadership behaviors, candidacy assessment, family engagement, service delivery, and transitioning)?

Integrated Core Practice Model (ICPM) Definition

The Integrated Core Practice Model (ICPM) is an articulation of the shared values, core components, and standards of practice expected from those serving California's children, youth, and families. It sets out specific expectations for practice behaviors for staff in direct service as well as those who serve in supervisory and leadership roles in child welfare, juvenile probation, and behavioral health as they work together in integrated teams to assure effective service delivery for California's children, youth, and families. Additionally, the ICPM promotes a set of values, principles, and practices that is meant to be shared by all who seek to support children, youth, and families including tribal partners, education, other health and human services agencies, or community partners.

ICPM 10 Guiding Practice Principles

1. Family Voice and Choice
2. Team-Based
3. Natural Supports
4. Collaboration and Integration
5. Community Based
6. Culturally Respectful

7. Individualized
8. Strengths Based
9. Persistence
10. Outcomes-based

Strategies for Use of ICPM

- Become familiarized with the ICPM framework.
- Adopt the values and principles of the ICPM.
- Understand and adopt the practices of the ICPM framework.
- Utilize the standards of the ICPM in committing to timely, effective, and collaborative services to children, youth, and families.
- Commit to training all staff and appropriate contracted stakeholders in the ICPM framework.
- Arrange for initial and on-going training to include staff from all parties to build interagency rapport and collaboration.

Include the following statement, whenever possible, in program descriptions and in contracts with appropriate stakeholders (when relevant or related to the services provided):

- ICPM is a statewide effort that sets practices and principles for children, youth and families served by both the child welfare and the mental health system that promotes a set of values, principles, and practices that is meant to be shared by all who support children, youth and families involved in the child welfare system, including, but not limited to education, probation, regional centers, drug and alcohol, and other health and human services agencies or legal systems with which the child or youth is involved.

Include the following statement, whenever possible, in program descriptions and in contracts with appropriate stakeholders (when relevant or related to the services provided):

- Trauma-Informed Care (TIC) is an approach that assumes that an individual is more likely than not to have a history of trauma. TIC recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including service staff. TIC understands and considers the pervasive nature of trauma and promotes

environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. TIC practices and principles are meant to be shared by all who support children, youth and families involved in the child welfare system, including, but not limited to education, probation, regional centers, drug and alcohol, and other health and human services agencies or legal systems with which the child or youth is involved.

Integrate the fundamental principles of the Continuum of Care Reform (CCR) which includes:

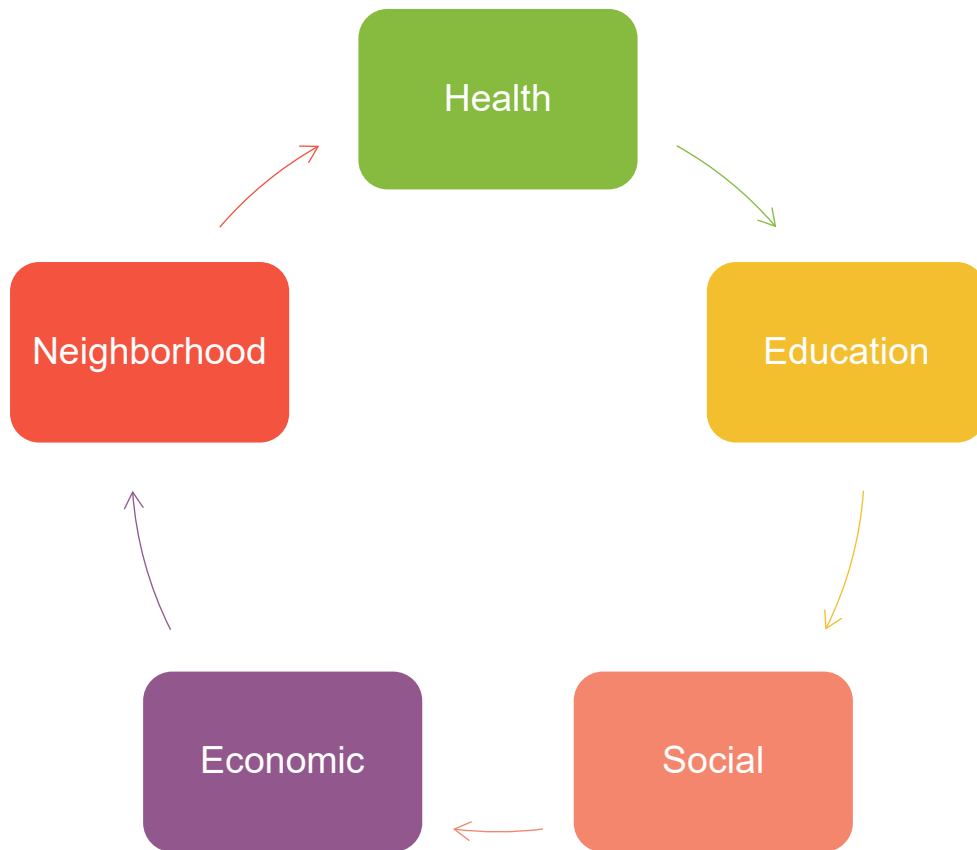
- Permanency;
- Inclusion of the child or youth and their experiences into assessment, placement, and service planning;
- Minimize placement changes;
- Each agency shall support and surround the child or youth with needed services, resources, and support rather than require the child or youth to navigate multiple systems; and
- System partners will collaborate for least restrictive living environments with lifelong familial relationships for children and youth and agree that congregate care is designed to be a short term living environment.

TARGET CANDIDACY POPULATION(S) & NEEDS ASSESSMENT

Element Required in the CPP:

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

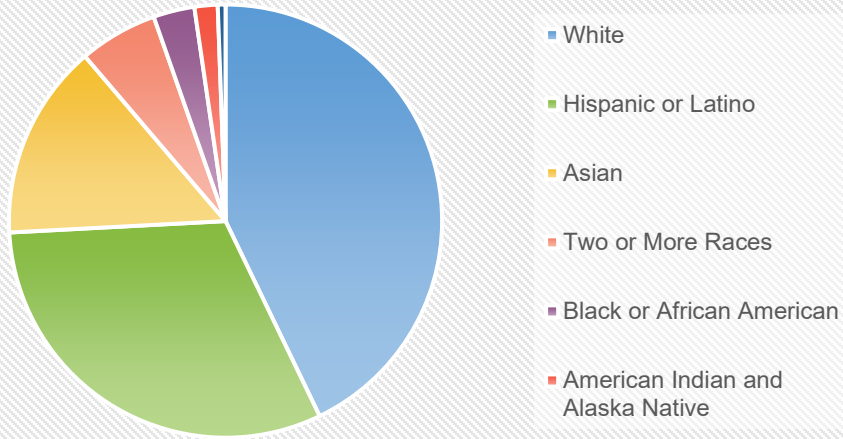
Yolo County reviewed the following demographic and child welfare data to determine the candidacy population and service needs within the community. The county gathered data elements and indicators through the Social Determinants of Health (SDOH) Framework. SDOH consists of the following core domains which include: Health, Education, Social Context, Economic Stability and Neighborhood Safety. [The County Health Rankings Model](#) indicates that Yolo County is ranked among the top 12 healthiest Counties in California. (Please note that the data analysis was conducted in 2022 and the data sources range from 2017-2022).



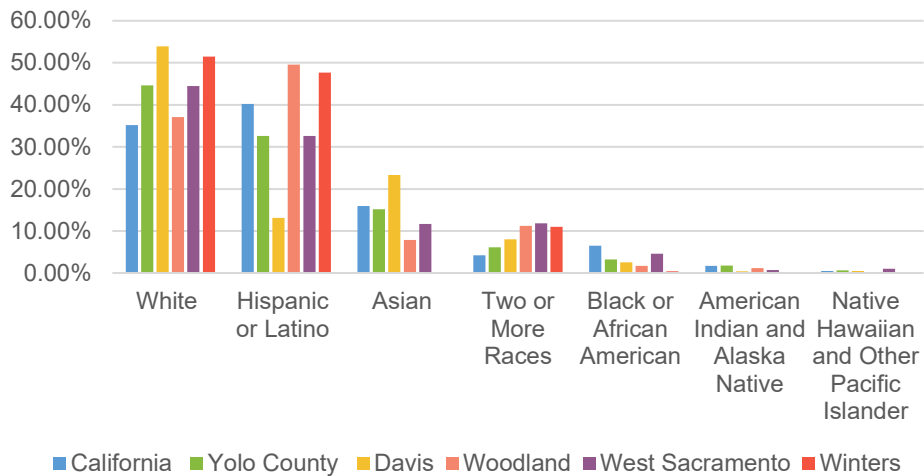
Demographic Data / Population

The total population of Yolo County is 216,986. The majority of Yolo County's population reside in the four incorporated cities: Davis (66,799), Woodland (61,398), West Sacramento (53,637), and Winters (7,305). The majority of Yolo County is primarily made up of those who are White (44.6%) and Hispanic or Latino (32.6%). The third largest population are those who are Asian (15.2%). The majority of those who are Black or African American reside in the City of West Sacramento (4.6%) and make up 3.2% of Yolo County's total population. American Indian/Alaskan Native (1.8%) and Native Hawaiian/Other Pacific Islander (0.6%) make up a relatively smaller portion of Yolo County's overall population.

Yolo County - Race/Ethnicity



Race/Ethnicity



Race/Ethnicity	Yolo County	Davis	Woodland	West Sacramento	Winters	California
White	44.6%	53.9%	37.1%	44.5%	51.5%	35.2%
Hispanic or Latino	32.6%	13.1%	49.6%	32.6%	47.7%	40.2%
Asian	15.2%	23.3%	7.9%	11.7%	0.0%	15.9%
Two or More Races	6.1%	8.0%	11.2%	11.8%	11%	4.2%
Black or African American	3.2%	2.5%	1.7%	4.6%	0.4%	6.5%

American Indian and Alaska Native	1.8%	0.4%	1.2%	0.7%	0.0%	1.7%
Native Hawaiian and Other Pacific Islander	0.6%	0.5%	0.2%	1.0%	0.0%	0.5%

Source: United States Census Bureau's QuickFacts ([U.S. Census](#))

Social Determinants of Health

Health

Yolo County has a higher percentage of those with health insurance compared to the rest of California and has a slightly lower percentage of individuals with a disability. However, the City of Winters has a higher percentage of those without health insurance (10.5%) compared to the rest of California (8.9%). Yolo County's residents report having a 1% higher percentage of poor health compared to the rest of Californians; however, the County has far fewer preventable ambulatory hospital stays (2,420) in comparison (3,067).

Health	Yolo County	Davis	Woodland	West Sacramento	Winters	California
With a Disability	6.7%	4.9%	8.7%	6.6%	8.7%	6.8%
Without Health Insurance	6.7%	3.4%	6.5%	4.2%	10.8%	8.9%
Poor or Fair Health	19%	X	X	X	X	18%
Poor Physical Health Days (avg. days in past 30 days)	3.9	X	X	X	X	3.7
Low Birthweight	6%	X	X	X	X	7%
Preventable Hospital Stays (Ambulatory)	2,420	X	X	X	X	3,067

Source: [U.S. Census, County Health Rankings Model](#)

Behavioral Health (Mental Health & Substance Use)

Yolo County has a smaller percentage of residents who die due to a drug overdose or to exhibit excessive drinking compared to California. However, 29% of driving deaths within the County are caused by alcohol impairment which is 1% higher compared to the rest of the State. Additionally, Yolo County residents report having more frequent mental health distress and poorer mental health days compared to the rest of Californians.

Substance Use & Mental Health	Yolo County	California
Excessive Drinking	18%	19%
Alcohol Impaired Driving Deaths	29%	28%
Poor Mental Health Days (past 30 days)	4.2	3.9
Frequent Mental Distress	13%	12%
Drug Overdose Deaths (Per 100,000)	12	17

Source: [County Health Rankings Model](#)

Students in grades 7, 9, and 11 in Yolo County report higher rates of alcohol consumption and drug use compared to California, except for those who are American Indian/Alaskan Native or White. Students in Yolo County who are Black, Latino and Native Hawaiian, report significantly higher alcohol and drug use than the rest of students in California – 28.7% of students who are Black reported alcohol/drug use in the previous 30 days.

Alcohol/Drug Use in Past Month (Students)	Yolo County	California
African American/Black	28.7%	12.5%
American Indian/Alaska Native	3.9%	16.1%
Asian	8.1%	7.0%
Hispanic/Latino	18.2%	15.9%
Native Hawaiian/Pacific Islander	20.9%	15.5%
White	16.5%	16.7%

Source: [KidsData](#) (2017-2019 school years)

Students in grades 7, 9 and 11, report a smaller percentage of feelings of depression than the rest of students across California. However, approximately 19% of students reported feeling so sad or hopeless almost everyday for two weeks or more that they stopped doing some usual level of activities.

Depression Related Feelings (Students)	Yolo County (% Yes Responses)	California
Low	55.1%	56.0%
Medium	39.4%	40.1%
High	19.3%	21.2%

Source: [KidsData](#) (2017-2019)

Yolo County has the same number of children and youth ages 5-19 who are hospitalized due to mental health issues compared to the rest of California. Yolo County has less youth between the ages of 15-19 who are hospitalized for mental health related issues. However, the number of children and youth who are hospitalized between the ages of 5 and 14 are minimally higher than the rest of California. Additionally, the number children and youth between the ages of 5 and 20 in Yolo County who are hospitalized due to self-inflicted injuries is slightly less in comparison.

Hospitalizations for Mental Health Issues (Rate Per 1,000)	Yolo County	California
Ages 5-14	2.6	2.5
Ages 15-19	7.5	9.1
Total Ages 5-19	4.8	4.8
Self-Inflicted Injury Hospitalizations (Per 100,000)	36.5	36.6

Source: [KidsData](#)

Yolo County has less students in grades 9 and 11 reporting suicidal thoughts than the rest of California. However, it is important to note that students across the State who identify as Gay, Lesbian, Bisexual, or are unsure, are at greater risk of attempting suicide than those who identify as straight.

Students who Seriously Considered Attempting Suicide	Yolo County	California
Gay, Lesbian, Bisexual	41.4%	43.7%
Straight	10.6%	12.5%
Not Sure	24.5%	29.2%

Source: [KidsData](#) (2017-2019)

Education

Yolo County has a higher percentage of resident’s with a High School Diploma or Bachelor’s Degree compared to the rest of California. However, the Cities of Woodland and Winters have a smaller percentage of residents with a High School Diploma in comparison. Additionally, the City of West Sacramento has less residents with a Bachelor’s Degree compared to the rest of California.

Education	Yolo County	Davis	Woodland	West Sacramento	Winters	California
High School Graduate or Higher (Over Age 25)	87.5%	97.3%	82.6%	85.7%	81.7%	83.9%
Bachelor’s Degree or Higher (Over Age 25)	42.6%	74.6%	27.9%	30.7%	25.1%	34.7%

Source: [U.S. Census](#)

Economic Stability

Yolo County’s median household income and per capita income is less compared to California. Yolo County also has a significantly higher percentage of persons living in poverty with the City of Davis and West Sacramento most impacted. However, the County’s unemployment rate is less when comparing to California. The median value of housing units, median monthly mortgage costs and median gross rent is less compared to the State. A little over half of Yolo County residents own a home and are equally impacted by childcare cost burdens. Lastly, Yolo County has more childcare centers per 1,000.

Economic Stability	Yolo County	Davis	Woodland	West Sacramento	Winters	California
Median Household Income	\$73,764	\$75,394	\$71,477	\$73,979	\$92,538	\$78,672
Per Capita Income	\$36,036	\$41,271	\$31,952	\$34,410	\$41,156	\$38,576
Persons in Poverty	14.8%	27.8%	10.5%	15.8%	9.0%	11.5%
Unemployment	7.5%	X	X	X	X	10.1%
Median Value of Owner-Occupied Housing Units	\$456,800	\$675,900	\$381,800	\$372,700	434,000	\$538,500
Median Monthly Owner Costs with a Mortgage	\$612	\$694	\$533	\$583	\$535	\$618
Median Gross Rent	\$1,396	\$1,659	\$1,197	\$1,120	\$1,572	\$1,586
Homeownership	51%	X	X	X	X	55%
Childcare Cost Burden (costs for a household with 2 children as a % of median household income)	27%	X	X	X	X	27%
Childcare Centers (per 1,000 population under 5 years old)	7	X	X	X	X	6

Source: [U.S. Census, County Health Rankings Model](#)

Social Context

Yolo County has more households with a computer and households with broadband; however, the City of Winters has less households with a computer and the City of

Woodland have less households with broadband in comparison to California. Yolo County has more social associations per 100,000 and less disconnected youth. Additionally, the County has less residential and school segregation in comparison.

Social Context	Yolo County	Davis	Woodland	West Sacramento	Winters	California
Households with a Computer	94.5%	98.5%	90.0%	94.8%	93.5%	94.3%
Households with Broadband Internet	89.6%	94.3%	85.0%	90.9%	90.1%	88.9%
Social Associations (Per 100,000)	6.6	X	X	X	X	6.0
Disconnected Youth (% of individuals ages 16-19 who are not working/ school)	5%	X	X	X	X	7%
School Segregation¹	0.14	X	X	X	X	0.26
Residential Segregation (Black/White) (Index of dissimilarity where higher values indicate greater residential segregation)	51	X	X	X	X	57

Source: [U.S. Census, County Health Rankings Model](#)

¹ The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.

Neighborhood Safety

Yolo County has fewer homicides, firearm fatalities, violent crimes and injury deaths compared to California; however, the County has slightly higher juvenile arrests. The air pollution in Yolo County is comparable to California.

Neighborhood Safety	Yolo County	California
Homicides (Per 100,000)	3	5
Firearm Fatality (Per 100,000)	6	8
Juvenile Delinquency Court Cases (Per 1,000)	8	7
Violent Crime (Per 100,000)	332	421
Injury Deaths (Per 100,000)	49	55
Air Pollution – Particulate Matter (Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5))	12.9	12.9

Source: [County Health Rankings Model](#)

Additional Data Elements

5% of Yolo County’s population is under the age of 5 years old, with the majority residing in West Sacramento (7.1%) and Woodland (6.3%). The largest percentage of persons under the age of 18 live in West Sacramento (26.5%), the second largest percentage live in Woodland (23.9%), and the third largest percentage live in Winters (23.7%).

Age	Yolo County	Davis	Woodland	West Sacramento	Winters	California
Persons Under 5 Years	5.0%	3.3%	6.3%	7.1%	5.3%	5.7%
Persons Under 18 Yeas	20.4%	14.7%	23.9%	26.5%	23.7%	22.4%

Source: [U.S. Census](#)

Based on 2018 data, 2.9% of Yolo County public-school students were considered homeless. Based on a 2022 report, Yolo County has a general population of 746

homeless individuals which has grown since 2019 (655 (n)). The homeless population count in California has increased by 22,500 since 2019 to 173,800; however, it was noted that the homeless population count across the State may not be reflective of the true number of individuals who are without stable housing.

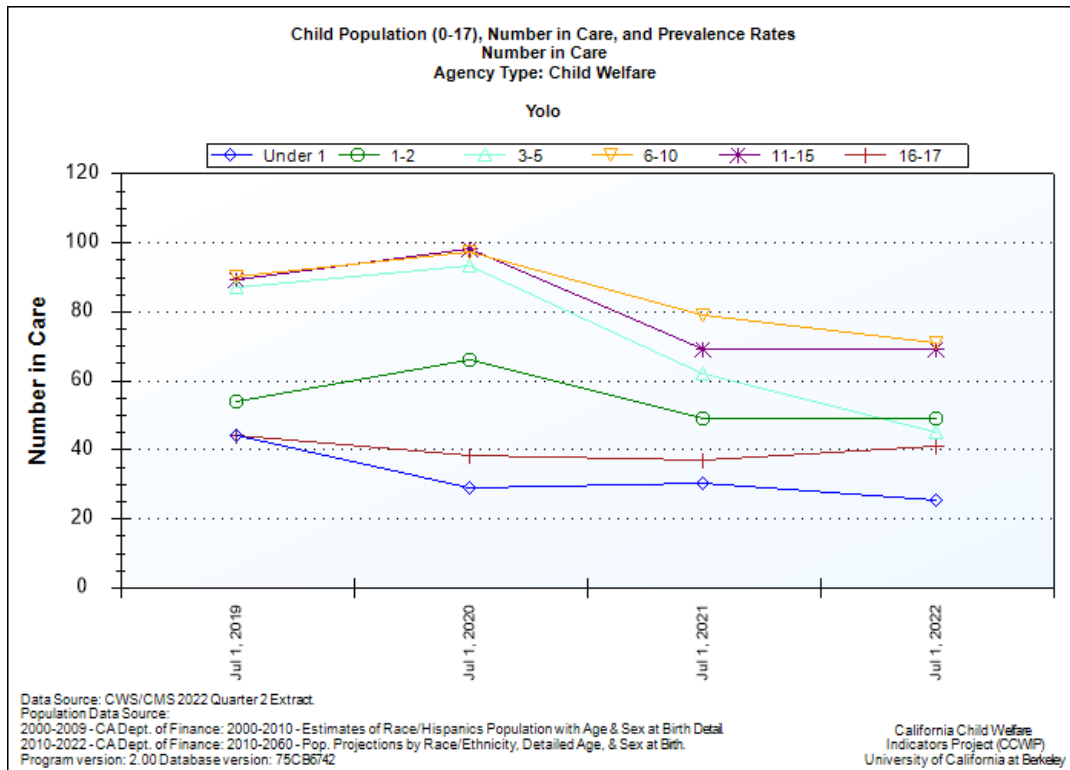
Homeless	Yolo County	California
Homeless Public-School Students	2.9% ((n) 860)	4.5%, ((n) 277,736)
Homeless General Population	746 (n)	173,800 (n)

Source: [KidsData, Yolo County Homeless Count, Capital Public Radio](#)

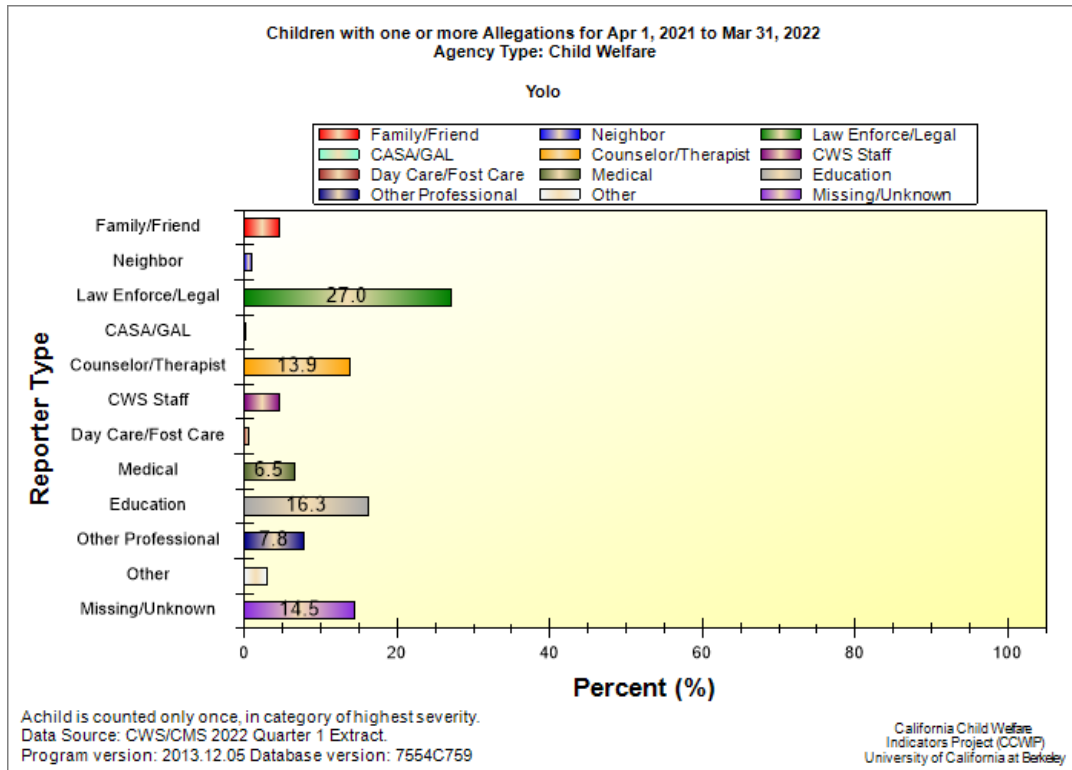
Child Welfare Data, Disproportionality, and Disparity

Yolo County Child Welfare Data

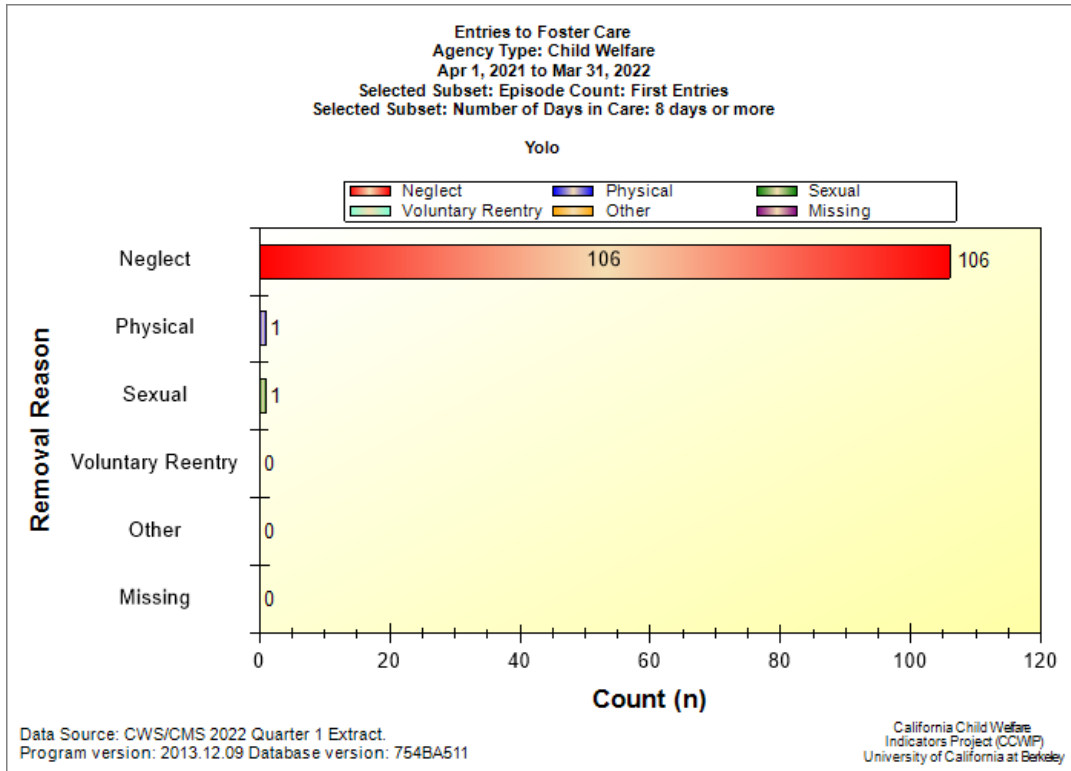
From July 1, 2019 compared to July 1, 2022 (point in time), Yolo County has seen an overall decline of 408 to 300 children/youth in foster care.



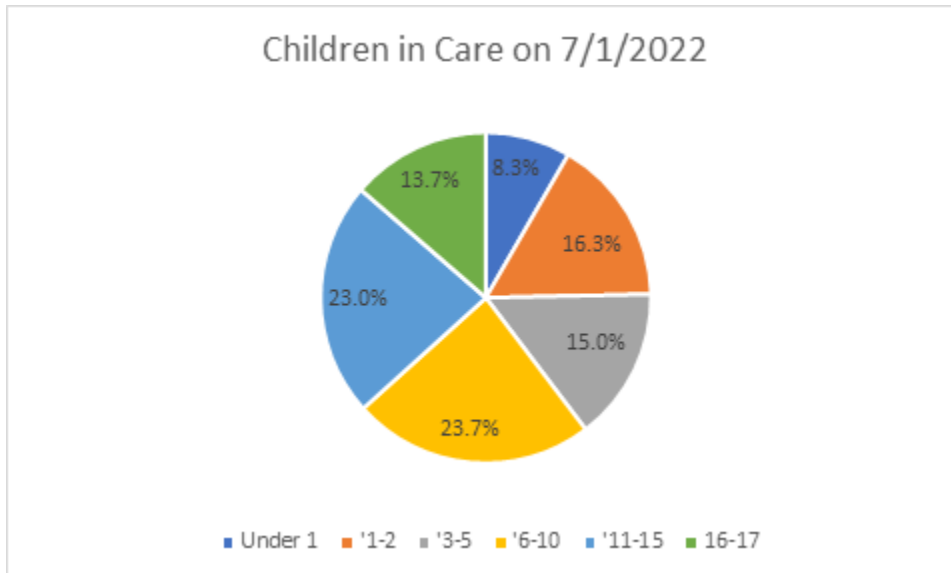
The majority of reports are made by Law Enforcement (27%), Education (16.3%), and Counselors (13.9%)

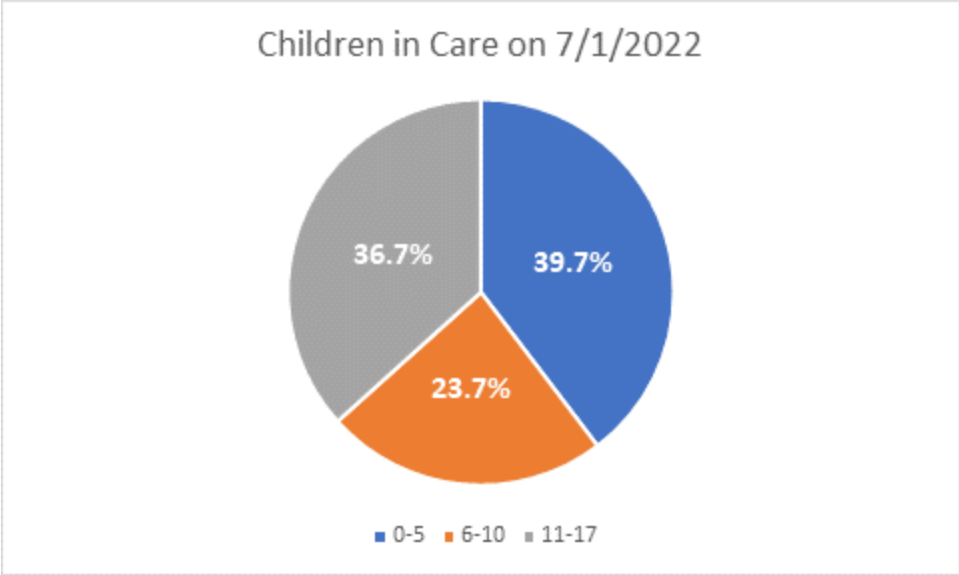


The majority of entries into care are due to neglect (97.2%, 106 (n))

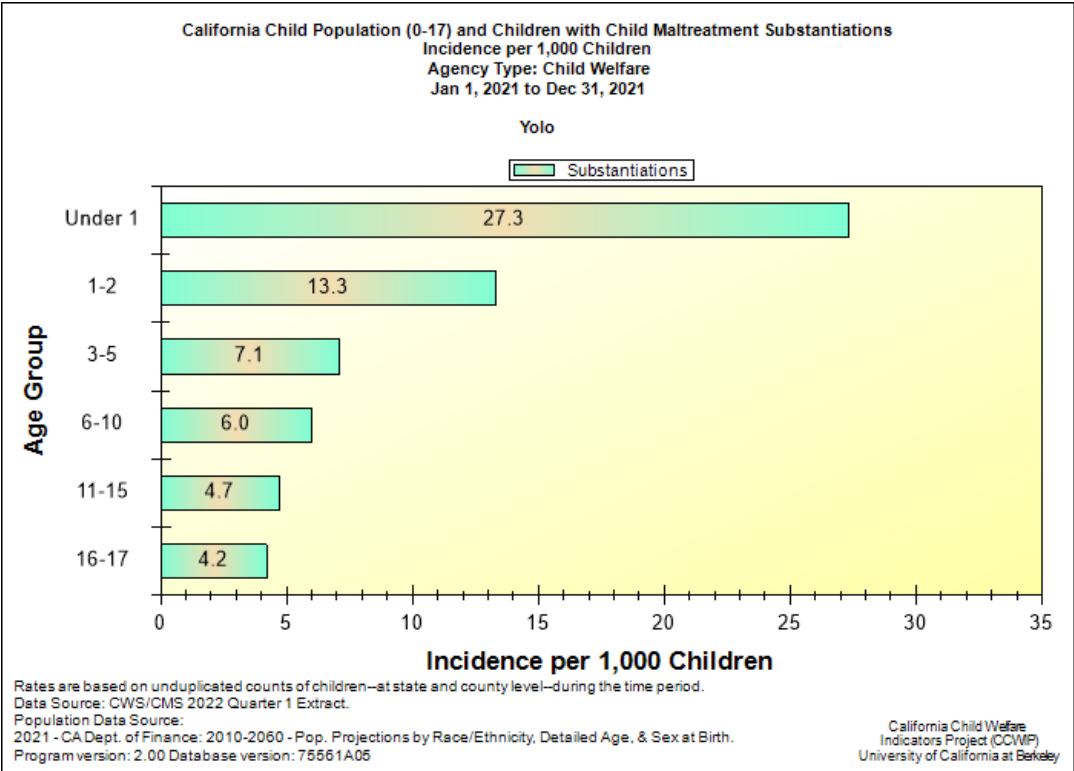


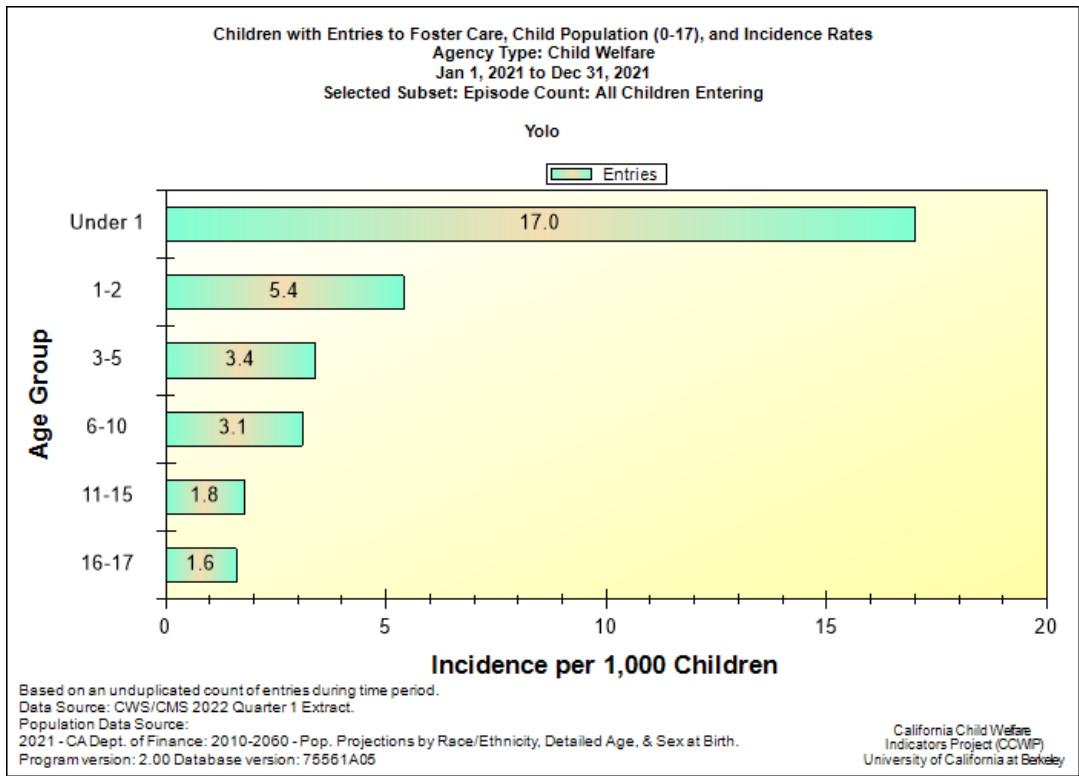
The majority of children in care on July 1, 2022 are between the ages of 0-5 (39.7%), 11-17 (36.7%) and 6-10 (23.7%).



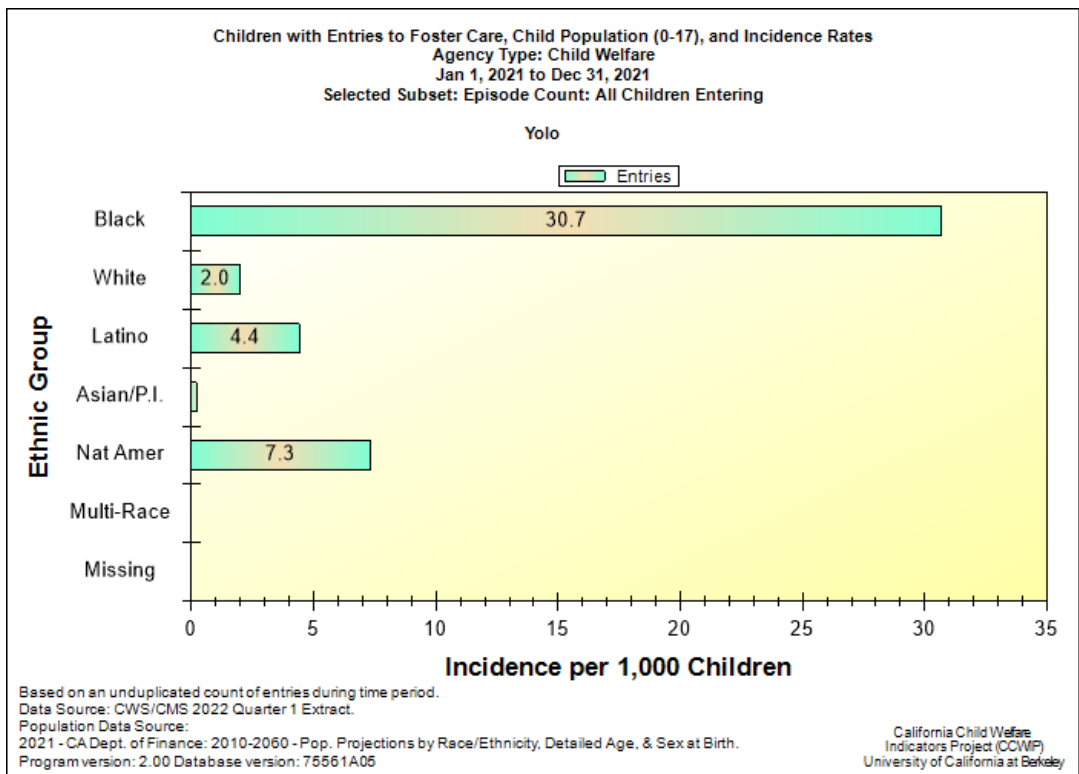


Children under the age of 1 have the highest incidence rates of those with substantiations and those who entered care (27.3 and 17.0 per 1,000).

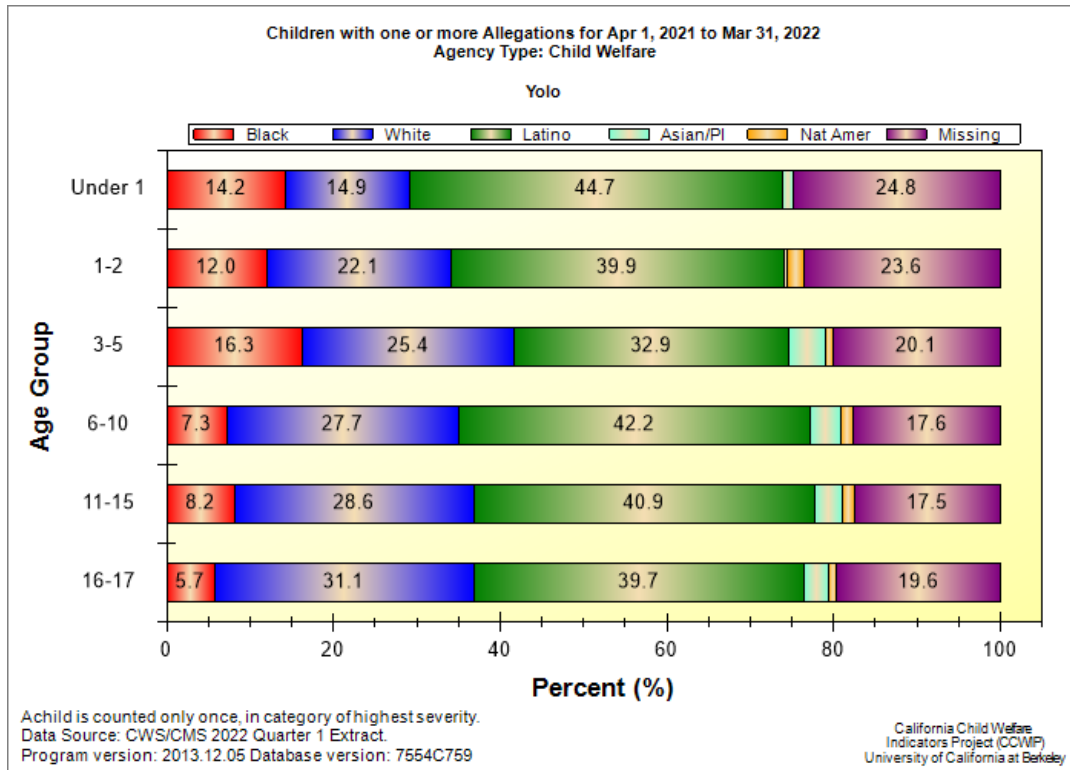




Children who are Black have the highest incidence rates of those children entering care (30.7 per 1,000)



The majority of allegations by age group and ethnicity are Latinos under the age of 1 (44.7%)



Child Welfare Disproportionality and Disparity (See graphs on pages 66, 67, & 68)

- **Ethnicity and Path Through the Child Welfare System** (Graph 1, P. 66): Black and Brown children are disproportionately represented in Yolo County’s Child Welfare System.
 - Children who are Black are only 2.57% of Yolo County’s population yet account for 22.62% of children who enter foster care.
 - Children who are Latino are 41.13% of Yolo County’s population yet they account for 51.79% of those entering foster care.
 - Children who are Native American are only 0.57% of Yolo County’s population yet they account for 1.19% of children entering foster care.

- **General Population Racial Disparity Indices** (Graph 2, P. 67): Black and Brown children are more likely to be involved within Yolo County’s Child Welfare System than White children.
 - Black disparity indices range from nearly more than 7 times as likely (allegations) to 11 times as likely (in care).

- Native American disparity indices range from more than 4 times as likely (allegations) to 11 as likely (in care).
 - Latino disparity indices ranges are from 62% (allegations) - 64% (in care) more likely.
 - Asian disparity indices are 58% (allegations) less likely.
- **Population in Poverty Racial Disparity Indices** (Graph 3, P.68): Disparity rates are reduced when poverty factors are taken into consideration. Disparities persist for Black children; however, for Latino, and Native American children the disparity is reversed, and they are less likely to be involved within Yolo County’s Child Welfare System compared to White children.

Candidate Estimates

California’s Family First Prevention Services Program

[ACL 22-23](#) indicates that interventions and strategies must include culturally appropriate and responsive services that are tailored to meet the needs of local families who are disproportionately represented in the child welfare system including: Native American and Alaskan Native Families, Families of Color, and Lesbian, Gay, Bisexual, Transgender, Queer/Plus, Children or Youth.

Race/Ethnicity	Yolo County
White	44.6%
Hispanic or Latino	32.6%
Asian	15.2%
Two or More Races	6.1%
Black or African American	3.2%
American Indian and Alaska Native	1.8%
Native Hawaiian and Other Pacific Islander	0.6%
LGBTQ+ Children/Youth	10.4%

Source: [U.S. Census, Casey Foundation](#)

Family First Prevention Services Act / CDSS State Plan

[CDSS’ 5-Year Prevention Plan](#) indicates that the following populations may be considered candidates of prevention services:

Population	Yolo County
Pregnant and Parenting Youth in Foster Care	4 (n)
Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services	94 (n)
Probation youth subject to a petition under WIC 602	17 (n)
Children whose guardianship or adoption arrangement is at-risk of disruption	X
Children with a Substantiated Disposition of child abuse or neglect allegation, but no case opened	306 (n)
Children with an Inconclusive Disposition of child abuse or neglect allegation, but no case opened	403 (n)
Children who have siblings in foster care	114 (n)
Homeless or runaway youth	860 (n) (broad county estimate)
LGBTQ Youth	10.4% Note: This % is broad across the county; however, when reviewing the number in care, 300, and assuming that 10% are LGBTQ+, the estimate would be 30 (n)
Substance-exposed newborns	X
Trafficked children and youth	4 (n)
Children exposed to domestic violence	890 (n) Domestic Violence Calls for Assistance (broad county estimate)
Children whose caretakers experience a substance use disorder	X
Children and Youth experiencing other serious risk factors	X

Source: [CCWIP](#), [KidsData](#), [Casey Foundation](#)

Key Data Findings

Yolo County Social Determinants of Health (compared to CA)

Health & Behavioral Health

- Higher % of those with health insurance and a lower % of individuals with a disability
- Smaller % die due to a drug overdose or to exhibit excessive drinking
- Students report higher % of alcohol/drug use, except for those who are American Indian/Alaskan Native or White
- Students report smaller % of feelings of depression and suicidal thoughts
- Comparable number of children and youth ages 5-19 who are hospitalized due to mental health issues
- Less children and youth between the ages of 5 and 20 are hospitalized due to self-inflicted injuries

Education

- Higher % have a High School Diploma or Bachelor's Degree

Economic Stability

- Significantly higher % of persons living in poverty

Social Context

- Less residential and school segregation

Neighborhood Safety

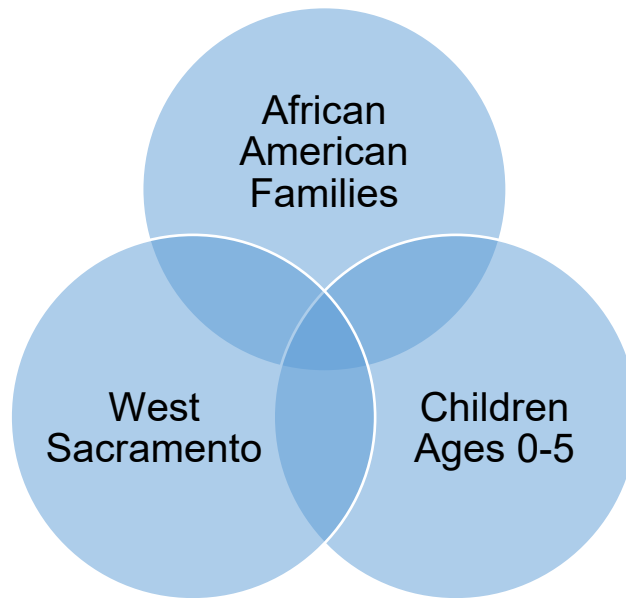
- Fewer homicides, firearm fatalities, violent crimes, and injury deaths

Yolo County Child Welfare Data & Disparity/Disproportionality

- Overall decline of children and youth in foster care from July 1, 2019 to July 1, 2022 (point in time)
- Reports are mainly made by Law Enforcement
- Entries are mainly due to neglect
- Majority of children in foster care are between the ages of 0-5 (point in time)
- Black and Brown children are more likely to be involved with the Child Welfare System than White children
- Disparity rates are reduced when poverty factors are taken into consideration. Disparities persist for Black children. However, for Latino and Native American children the disparity is reversed and they are less likely to be involved in the Child Welfare System compared to White children.

Prioritized Populations

Given the findings regarding disproportionality, populations to be prioritized include those who may be at risk of child welfare involvement. As noted above, families who are Black and African American and families with children between the ages of 0-5 who live in West Sacramento appear to be at risk of involvement with Yolo County's Child Welfare System.



- Most of Yolo County residents who are Black or African American reside in the city of West Sacramento (4.6%) and make up 3.2% of the Yolo County's total population
- West Sacramento has a significantly higher percentage of persons living in poverty (15.8%)
- 5% of Yolo County's population is under the age of 5, with the majority residing in West Sacramento (7.1%)

Candidate Population

To ensure sustainability of the selected EBPs, Yolo County will not be limiting the State's defined candidate population proposed within the State's 5 Year Prevention Plan; however, the selected EBPs may be more appropriately provided to some of the specific candidate populations as assessed on a case-by-case basis.

Guiding Questions

1. What data or information (e.g., needs assessments, community metrics, or County Self-Assessment, if applicable) was used to identify children and youth at greatest risk of entry or re-entry into foster care in your community?

Please see links to data sources which have been provided under each relevant data table above.

2. What data sources were used to conduct a strength and needs assessment of AI/AN children and black children who are disproportionately represented in the county child welfare and probation systems?

Please see links to data sources which have been provided under each relevant data table above.

3. How did you determine your target population/community?

Please see data analysis provided above.

4. What are estimates or current data on of the number of children and families within each target population/community you plan to serve?

Please see data estimates provided above.

5. What are the needs of the people in the selected population/community, particularly in the areas of substance use, mental health, and parenting support?

Please see data analysis provided above.

6. What do you need to meet the needs of those in your selected population/community?

Please see data analysis provided above.

SERVICE/ASSET MAPPING

Element Required in the CPP:

- **A description of the outcome of Asset Mapping and Needs Assessment and any OPTIONAL capacity/readiness assessments or implementation guides completed by the county that inform the plan’s content.**
- **County Title IV-E agencies opting into the FFPS program must submit a CPP outlining the agency’s plan for primary, secondary, and tertiary services and must include Title IV-E eligible service(s) pursuant to the FFPS Program outlined in WIC §16585 through 16589.**

Capacity Assessment Outcomes

In September 2022, Yolo County’s Child, Youth and Family (CYF) Branch administered the Capacity Assessment during a special planning Child Abuse Prevention Council (CAPC) meeting. In October 2022 the summary of results were reviewed and discussed during the CAPC. The CYF Branch also invited additional cross system partners, Community Based Organizations (CBOs) and community members to complete the Capacity Assessment. The following CAPC members and cross cutting partners were invited to the Capacity Assessment meeting:

Celina Alveraz	Empower Yolo
Gina Daleiden	First 5

Tracy Fauver	Yolo County CASA (Court Appointed Special Advocates)
Sara Gavin	CommuniCare Health Centers
Rachelle Gayton	Yolo County Probation
Karleen Jakowski	Child, Youth, and Family Branch
Cecilia Lopez	Yolo County District Attorney's Office-MDIC (Multi-Disciplinary Interview Center)
Marialsabel Mandujano	Community Member
Tessa Smith	Community Health Branch-Mental Health Services Act Unit
Robert Strange	West Sacramento Police Department
Brian Vaughn	Community Health Branch
Jeneba Lahai	Yolo County Children's Alliance (YCCA)
Olga Nevarez	Yolo County Office of Education
Carol Ramirez	Lillupt/Wayfinder
Cherie Schroder	Former Caregiver and Foster & Kinship Care Education, Independent Living & AmeriCorps Programs, Woodland Community College
Names Redacted	1 Parent, 4 Youth

The CYF Branch administered the Capacity Assessment tool via a survey instrument (Mentimeter) which was completed in real time by our partners. The CYF Branch determined that utilizing a live survey instrument would support engagement and ensure transparency through our planning process with our agency and community partners. Prior to administration of the Capacity Assessment, the CYF Branch held a technical assistance meeting to ensure our partners were able to access the survey instrument and provide assistance if there were issues utilizing Mentimeter. The Mentimeter survey instrument asked our partners to rate the items below and provide rationale, in addition to describing the key strengths, challenges and potential next steps. Although the following scale was used below, Mentimeter averaged the scores across responses.

The following scale was used to assess the items below:

- 0 (Absent or Missing) indicates that the Title IV-E agency is **not yet ready** and has not demonstrated a motivation for change to begin the process of comprehensive prevention planning.

- 1 (Emerging) indicates that the Title IV-E agency is **somewhat ready** and has demonstrated some motivation for change to begin the process of comprehensive prevention planning.
- 2 (Established) indicates that the Title IV-E agency is **ready** and motivated for change to develop a comprehensive prevention plan.

Domain	Subdomain	Item	Rating	Notes/Rationale/Attachments
Motivation for Change	Leadership Buy-In	Leadership states change is needed and beneficial.	1.4	***Please see attached Mentimeter results which asked our partners to provide rationale regarding each rating.
Motivation for Change	Stakeholder Buy-In	Stakeholders state change is needed and beneficial.	1.4	***
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.	1.2	***
Provider Capacity and Capability	Information Sharing and Exchange	Best practices for sharing information is established.	1.1	***
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.	0.9	***
Provider Capacity and Capability	Established Meeting Frequency	Meetings (in person, virtual, telephonic) are regularly coordinated.	1.2	***

Provider Capacity and Capability	Transparent Communication with Cross-Sector Partners	Leaders practice reflective, supportive communication.	0.9	***
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.	1.1	***

Domain	Subdomain	Item	Rating	Notes/Rationale/Attachments
Provider Capacity and Capability	Organizational Equity	Organizational culture is inclusive and diverse.	1	***
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.	0.9	***
Provider Capacity and Capability	Adaptability	Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization.	1	***
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.	1.4	***

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.	1.3	***
System Capacity and Capability	History of Cross-Sector Partnerships	History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners.	1.2	***
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.	0.8	***
System Capacity and Capability	Community Involvement	Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.	0.9	***
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	1	***

		prevention plan (counties may leverage existing assessments or analyses on service array).		
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Domain	Subdomain	Item	Rating	Notes/Rationale/Attachments
System Capacity and Capability	Implementation Support for CQI	Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.	0.8	***
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.	1.2	***
System Capacity and Capability	Adequate Staffing	Staffing levels support effective functioning and implementation of new programs and practices.	0.2	***
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	***
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	0.6	***

		comprehensive prevention plan and begin implementation.		
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.).	1.4	***
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	***
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.	1.1	***

Summary of Capacity Assessment Findings and Areas to Address:

Domain: Motivation for Change
Strengths
<ul style="list-style-type: none"> • Teamwork, empathy, hardworking agencies, and partners • We share a common purpose, vision, accountability • Leadership’s desire to heal our community and individual leaders at county and community agencies • We are open to change and understand that it will take time and dedication

- We show a willingness to collect and review data
- There are positive attitudes towards transparency
- There are existing relationships that show a spirit of collaboration
- There is a desire to address critical issues that impact children/youth health and safety
- The departments seem collaborative and open to working with others and taking feedback
- Leaders and community members are ready for change, acknowledges change is needed and are open to moving in a positive direction
- Nationally and statewide, we know an underlying change is needed within the child welfare system
- Willingness to provide better outcomes for children and families including increasing placement stability and permanency
- Members are engaged/dedicated and there is collective support regarding the overall policy/philosophy

Areas to Develop and Challenges

- We must ensure staff are appropriately implementing and fully trained on upcoming changes
- Ensure coordinated efforts and consistency across agencies and staff
- There may be limited focused time and support to convene regular meetings to engage stakeholders across communities
- Translation through larger agencies to all staff and retraining efforts when there are personnel changes. Ensuring that through these changes we are maintaining relationships.
- A clearly articulated plan of action and objectives
- Making sure staff understand biases to ensure the community gains trusts regarding new changes
- Providing counseling and mentorship
- Ensure appropriate communication, especially when engaging in challenging conversations, amongst all levels within agencies, systems, and partners
- Building mutual respect for parents and caregivers
- Listening to the voices of those with lived experience to identify both positive and negative experiences
- Strengthening family systems and opening new doors of opportunity
- Working together as a child and family team
- FFA agencies need to be seen as equal partners
- Providing more training regarding clients experiences
- Providing clear information

- Addressing bias (personal and system), and strong partnerships with community members and consumers
- System transparency with the community
- Dedicate proper resources and develop a system of accountability

Possible Strategies and Next Steps

- Building conflict resolution and restorative communication into the process
- Receive input from varying levels of agencies, organizations, and community members
- Ensure dedicated leadership that is not expected to move the major efforts forward as an ancillary duty
- Conduct outreach meetings for regular communication with partner agencies and the community. This may include listening sessions with transitional age youth, kinship families, both successful and those that have not accepted placement of children. Listening to birth families, particularly those that have successfully reunified.
- Training, effective communication and building trust in leaders
- Sufficient training prior to program implementation in addition to implicit bias and trauma informed care training
- Ensuring workforce is committed to the goals which is especially important working with families
- Clear vision and pathway for change with input and openness. Open and authentic communication with system participants
- Staffing to reflect the community including language needs
- Resources and accountability

Domain: Provider Capacity and Capability

Strengths

- Providers acknowledge change is needed
- There is strong leadership, support from partner agencies and strong partnerships across agencies in the community
- Provides are flexible, creative and in tune with the needs of the community
- The agencies have a strong working relationship which has allowed planning processes to move forward smoothly
- Staff and leadership are well intentioned with the expertise to develop a cohesive plan
- There is strength in being a small/medium county which enables close partnerships, easier information sharing, goal setting and programmatic shifts to better assist and build services for our at-risk children and families

- Providers exhibit flexibility, transparency, and empathy
- There is leadership investment and support to enable improvement at all levels
- Providers are creative, adaptable, and exhibit positive intentions
- The organizational culture is diverse. The organizations are open to change and partnerships among agencies within the county are strong
- There are several programs and training venues currently in place to be utilized.
- Community partners recognize that change is valued and necessary
- CWS leadership has a strong desire to improve and provide data transparency
- There are many champions who understand the systems change including the wellbeing of staff as well as those supported with all the important pieces as transparency and acknowledgement.
- There is willingness among agencies to find a way to open new doors of commutation and ways of doing business

Areas to Develop and Challenges

- Training is very important including oversight after trainings have been conducted to ensure appropriate integration
- High turnover and additional staff oversight within larger agencies
- Increase communication, accountability and describe a clear path forward
- Describe a clear scope of each organizations role and services. Identify a centralized point to lead of the relative scopes.
- Provide additional support for those demonstrating greatest level of service and service demands
- Increase diversity and inclusion of staff
- Managing workloads to limit overwhelmed/overburdened providers
- Transparency, training, and community involvement through a feedback loop
- Stability of leadership, retention of staff, staff burnout, training, effective and inclusive communication
- Ensure appropriate follow through as well as putting children, youth, and families first
- Ensure everyone understands how we are working towards the same goal
- Sharing changes and goals with partner agencies
- Increase follow-up, reflection and create psychological safety
- Identify ways to attract top talent in order to fill staffing challenges
- Recognizing and treating secondary traumatic stress of staff

Possible Strategies and Next Steps

- Training and oversight regarding implementation, accountability, ad ongoing feedback form others/partners/consumers, proper staffing, diverse input/influence, and measured outcomes.
- Multiple modes of support from a variety of agencies to mitigate effects of turnover and time constraints

- Ensure staff are aware of changes and processes as well as families through school and program outreach
- Open discussions
- Incorporate measure of success data-guides investments to increase precision of high-impact investments in programming, related training, and better defining the government role
- Creating awareness of psychological safety, which will lead to systems change will acknowledgments, trust, value and belonging.
- Increase connections between leadership and direct line staff
- Dedicated staff with the capacity to facilitate in an ongoing way
- Increase stabilize staffing within Yolo County HHSA and retain knowledgeable personnel who are open to building new systems for positive outcomes for children, youth, and families
- Ensure alignment with the systems' vision and needs of the community
- Increase trainings on allyship with communities of color, bio and resource families
- Add accountability to utilizing new skills gained through training
- Recruit individuals who are bilingual and have cultural knowledge
- Expand partnerships with CBOs

Domain: System Capacity and Capability/ Infrastructure

Strengths

- Support from outside agencies and dedicated staff to these projects
- All agencies have been able to provide accurate data when requested which ensures objective review of programs
- There is expertise and willingness to change
- There is a desire to gain input from within and throughout the community
- There is a commitment from all community supports
- There is dedication among individuals, agencies, and service providers
- There are strong community partnerships
- There is willingness to partner and there is commitment from system agencies to collaborate and improve
- Leadership's passion to make the changes necessary to help the community
- Committed stable community partners and existing committees focused on building equity. There is an opportunity to build staffing needs with individuals who are open to new ideas and ways of providing child welfare services with a focus of keeping children with their families
- Yolo County HHSA leadership is committed to change and improvement
- Commitment to change demonstrated in this project to reduce entries into foster care
- Strong networks
- Consistently engaging diverse individuals with lived experience and other outside partners and agencies in change, process, and outcomes.

- There is a focus on building sustainable changes
- There is community outreach and staff recruitment addressing our language and culturally diverse population

Areas to Develop and Challenges

- Continue community involvement and reflect the populations currently served in the system
- Proper budgeting
- Improved data culture/uniformed data reporting
- Sustainability of resources throughout the system
- Tailor strategies to population within parameters/restrictions and increase culturally specific services
- Building Yolo County HHSA capacity, both in terms of leadership, administration, and staff. Tailor training for a new programming and implementation of services
- Adequate time to ensure appropriate implementation
- Use data and CQI frameworks more effectively
- Ensure follow up, reflection, and feedback loops are embedded for some success in increasing capacity
- Ensuring adequate resources and funding to provide high quality, evidence informed practices and resources for appropriate data collection and positive outcomes
- Increased funding, administrative commitment, thoughtful planning, training, and a commitment to implementation that is driven by data and outcomes.
- Needs assessment that identifies the gaps in services and EBP in service array
- Increased communications between agency and community, including improved cross-cultural communication and engagement. Increased feedback from bio parents and RFA families about their needs
- Recruitment of bilingual and culturally knowledgeable staff at all levels.
- Community outreach strategies that take us into the community.
- Infrastructure needs assessment

Possible Strategies and Next Steps

- Focus groups with families, youth, and service providers
- Targeted resource allocation and increased braiding/leveraging/inclusion.
- Increasing benefits for staff, to increase staff retention
- Must start with a recognition from policy makers that a greater investment must be made in the human and data resources infrastructure
- Training for courts and attorneys
- Build capacity with filling Yolo County HHSA vacancies. Increase training and support new staff. Build resources and appreciate diverse individuals.
- Inclusive leadership, staff development, community involvement/feedback loop, and partner organization engagement.
- Clear definitions of success, working from a strengths-based model

- Allowing Cultural awareness to be considered
- Focus groups within the community and engaging courts/attorneys
- Clearly defined and shared case plans
- Gaining the trust of the most vulnerable population
- Onboard new staff with seasoned mentors and use the voices of "lived experience" that helps new child welfare workers from becoming overwhelmed
- RFPs that require service providers to provide culturally specific services and address and define underserved populations
- Targeted resources for those most impacted

Domain: Policy Supports

Strengths

- Relationship with local governance and other agencies/service providers
- A commitment by the leadership team to work with community partners, build sustainable policies, and recognize areas in need of improvement.
- Emerging in a good direction due to champions within and leaders supporting.
- Communication from leadership - timely accessibility and response from senior leadership
- Willingness to work with community partners is evident
- Building agreements to work together to utilize each of our strengths. A small enough community to build community and policies that are sustainable.

Areas to Develop and Challenges

- Allocate focused staff time to sustain clear leadership
- Coalesce and optimize community voice
- Focus on improving data culture to help support the investments that align with policy support
- Identify appropriate data sharing and share data with public organizations and community partners
- Community partner meetings sharing policy vision/initiatives/policies
- Willingness to be critical of data and openness to creating change when needed
- Clear policies that point to clear actions to be taken
- Shifting practices to align with new plan
- Allowing more people with lived experience to be a part of the change
- Increasing community involvement
- More innovative service that might not be on the radar of local government
- Recruit staff that reflects the community served linguistically and culturally

Possible Strategies and Next Steps

- County-provided legal support for data sharing
- Prioritize community voice and inclusion of outside partners/diverse voices in decision making
- Better communication with outside agencies to assess how they can safely access data without compromising personal information
- Transparency dashboard with information that is validated by a 3rd party community work groups during the time of day where families can participate
- We will all need to gather, listen, and hear why change and new policy is essential. Recognize a need for outcomes that better serve children and families.
- RFP for grass-roots organizations that might be more culturally specific
- Improve community relationships with those with lived expertise to ensure current county practices include culturally responsive care
- Transparency regarding who is involved/included in decisions

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?

- It’s important to have the data to accurately document changes
- Having easily accessible staff contact information online to easily locate the correct staff person
- Take the time to meet with individual groups with lived experience. Step into their meetings and/or spaces and ask poignant questions to help better understand their perspectives, build new ideas, and build bridges for collaboration
- Transparency regarding who is included in decision making/planning ongoing. Including others in a meaningful way so they can give honest feedback
- Share strategies that are working in similar communities regarding community outreach and data collection sharing policies

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?

Because the CYF Branch used Mentimeter to gather input from stakeholders, the results were averaged. Below are items where we received ratings between 1 and 2.

- Leadership Buy-In
- Stakeholder Buy-In
- Collective Commitment to Change
- Information Sharing/Exchanging
- Established Meeting Frequency
- Organizational Stability

- Shared Values
- Cross-Sector Partner Investment
- History of Cross-Sector Partnerships
- Data Collection
- Relationship with Local Governance
- Alignment with Current Initiatives

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

- Staffing will likely be an issue for the foreseeable future therefore it is important to create a sustainability plan which may include retention and promotion practices
- Increased connection to the community and create meaningful dialogue that is easily understood and digestible for community members, those with lived experience, and systems who may not be as closely connected to Health and Human Services work.
- Importance of CBO partnerships and proven outcomes to meet the needs of our community

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

- Conducting focus groups with families and children and strengthening community voice in the process.
- Increasing capacity through staffing. Increasing retention through restorative practices. Adequately training staff and ensure changes in the way they interact with families occur.
- Data collection, best practices for programming, mentorship for implementation, helping with goal setting. Improve data infrastructure and appropriate data reporting
- Outcome measurement system for ongoing feedback
- Sharing priorities and strategies identified by other counties with similar community needs and demographics

Summary of Asset Map/Service Array

Yolo County’s Child, Youth and Family (CYF) Branch collaborated with our cross-system partners to develop an asset map (or service array), to provide the existing landscape of services that are offered across our county to children, youth, and families and to determine the gaps and additional need for services. Yolo County’s CYF services have been categorized into three tiers: (1) Primary, (2) Secondary, and (3) Tertiary. The detailed asset map/service array chart provides a description of our continuum of existing services and we have summarized the information below for ease of review.

Additional details regarding the service description, intended outcomes and funding sources can be found within the detailed asset map/service array chart. Please note that some services include more than one service category and more than one location, therefore, the total number of service categories and locations will be greater than the total number of services, which has been provided in the summary chart.

Primary, Secondary, and Tertiary Services

There are a total of 90 services provided to Yolo County’s children, youth, and families. The majority of Yolo County’s services are found within the Tertiary Service Tier (41), the second largest number of services can be found within the Primary Service Tier (28), and lastly, there are 21 services found within the Secondary Service Tier.

Service Category

FFPSA allows the use of Evidence Based Programs to be provided within three core categories: (1) Mental Health, (2) In-Home Parenting, and (3) Substance Use Disorders. However, we have also included a variety of additional service categories which can be found below. For FFPSA selected service categories, the majority of Yolo County’s services can be found within the Mental Health Service Category (26). The second largest are found within the In-Home Parenting Service Category (9) and lastly there are 5 services within the Substance Use Disorder Service Category. Other significant services that are not included within the three core FFPSA categories include Basic Needs (30), Housing (11), Health/Public Health (8) and Education (7). To review additional service categories and the number of Yolo County services identified within, please see the chart below.

Location

Yolo County’s CYF Branch included locations below of services provided within the home and community as well as office locations of cities and regions situated within Yolo County. The majority of services provided to children, youth and families, are rendered within the City of Woodland (52), and the second largest number of services are provided within the home or community (34). The third largest number of services are provided within the city of Davis (28), and the fourth largest number of services are provided within the City of West Sacramento (25). Additional services are provided within Winters (9), Esparto (8), Knights Landing (6), Clarksburg (1), Capay Valley (1) and Dunnigan (1).

Asset Map/Service Array (Summary Chart)

Services	Number of Services
Total Number of Services	90

Primary Services	28
Secondary Services	21
Tertiary Services	41
Service Category	Number of Services
Mental Health	26
In-Home Parenting	9
Substance Use Disorders	5
Basic Needs	30
Housing	11
Health/Public Health	8
Education	7
Child Care	3
Strengthening Families	2
Immigration	2
Developmental	2
Independent Living Skills/TAY	2
Employment	1
Child Abuse Prevention	1
ICWA	1
Adoption	1
Intensive Services Foster Care	1
Visitation	1
Advocacy	1
Auxiliary	1
Location	Number of Services
Woodland	52
Home, Community, Countywide	34
Davis	28
West Sacramento	25
Winters	9

Esparto	8
Knights Landing	6
Telehealth, Hotline, Phone	3
Clarksburg	1
Capay Valley	1
Dunnigan	1

Primary Service Strategy

Family Resource Centers (FRCs) are community based, flexible, family focused, and culturally sensitive hubs of support and resources that provide programs and targeted services based on the needs and interests of local families.

Given the feedback we received from our Cross-Sector Collaborative, Lived Experience/Listening Sessions, and the information gained from our data analysis, it was determined that the primary prevention strategy should highlight the Yolo County Children’s Alliance’s West Sacramento Family Resource Center (WSFRC) to ensure coordination and alignment with the implementation of the Family First Prevention Services Program and the selected Evidence Based Programs.

WSFRC is a safe, inviting, and trusted place for families of different cultures to get the help they need. Many immigrant families come to their attention, often with significant language or cultural barriers, requesting help with application assistance, document translation, and referrals to partner agencies for help with domestic violence, housing, food insecurity, mental health, or financial literacy challenges. YCCA’s Family Resource Center provides valuable information and referrals about services in many languages and aim to remain culturally responsive to the needs of the individual family that individuals can take advantage of to help achieve self-sufficiency. At the basis of the center’s success is bilingual and bicultural staff that enables them to provide a culturally competent and responsive setting for Spanish-speaking clients.

WSFRC Programs

Family Resource Centers improve a community from within by strengthening its greatest asset: families. The supportive, accessible services help move neighborhoods forward, one family at a time.

Resource and Referral – Helping families access services for which they are eligible.

- **Outcomes:** 1,624 - STEAC, HEAP, Bus Passes, Gas Cards, EDD, Adopt a Family, Social Security office, Homeless Shelters, Daycare/ Childcare assistance, Clothing, Diapers, Hygiene, Emergency Food Bags, Drivers License, Section 8, and more
- **Funding:** Various foundations and Yocha Dehe Wintun Nation

Access to Food

Weekly fresh produce distribution, open to everyone

CalFresh enrollment – assistance enrolling in and understanding how to use the Federal Supplemental Nutrition Assistance Program (SNAP) – monthly cash benefits to help purchase food.

- **Outcomes:** 16,600 households and 40,000 family members for weekly food distributions. 425 referrals and applications/ Nav. Assist Ref.
- **Funding:** Various Foundations, State DHCS, California Association Food Banks- State Outreach Contract, Yocha Dehe Wintun Nation

Developmental Screenings – Developmental and behavioral health assessments for children 0-5 including referral and assistance accessing follow-up treatment if necessary.

- **Outcomes:** 269 screenings occurred
- **Funding:** First 5 Yolo

Health Insurance Enrollment, Retention, and Navigation – Covered California and Medi-Cal enrollment assistance. We help you get enrolled, stay enrolled and understand your health insurance benefits.

- **Outcomes:** 295 referrals and applications/ Nav. Assist Ref
- **Funding:** Various Foundations, State DHCS, California Association Food Banks- State Outreach Contract, Yocha Dehe Wintun Nation

Voluntary Income Tax Assistance Program (VITA) – Free tax return preparation assistance including assistance to claim earned income tax credit and other tax credits.

- **Outcomes:** 826 - back years taxes, current years taxes, and ITIN assistance
- **Funding:** Yolo County and United Way

Nurturing Parenting Program – A series of classes to develop parenting skills, promote healthy physical and emotional development, and foster self-awareness and nurturing for the parent. *Classes have recently become Provider focus versus Parent*

- **Outcomes:** 44 parents
- **Funding:** First 5 Yolo, Yolo County

Early Childhood Education – Parent-child interactive workshops to develop school readiness and increase skills and confidence in parents’ ability to be their child’s first teacher.

- **Outcomes:** 102-Children, 10 Parents, 60 Providers
- **Funding:** First 5 Yolo

Siemer Family Stability Program – Long term case management for families with school-aged children who are at risk of homelessness or experiencing homelessness. The mission is to enhance educational opportunities for school-aged children by preventing family homelessness. In addition to maintaining or obtaining housing, goals include increasing income and benefits, keeping a budget, gaining employment, furthering adult education, and supporting children with school transfers, medical appointments, and developmental needs. *YCCA INCLUDES SIEMERS IN OUR OVERALL HOUSING SERVICES*

- **Outcomes:** 19 households (64 individuals)
- **Funding:** United Way Capitol Region Siemer family Foundation

YCCA Housing Services – The agency provides housing services from eviction prevention, assistance with move-in costs, application fees, utility assistance, long-term case management, COVID-19 rent relief and utilities assistance, and homeless services. All services have their own qualifications and limitations.

- **Outcomes:** 63 (From June-December)- trying to get an exact number still and will update once have
- **Funding:** Yolo County Community Services Block Grant, State HHAP, Various Foundations

Secondary and Tertiary Strategies: Evidence Based Programs (EBPs)

[ACL 22-23](#) (page 4) indicates that “[t]he FFPSA allows for access to Title IV-E funding to pay for direct services...in the secondary and tertiary levels provided that all federal requirements for eligibility as a candidate for foster care or pregnant/parenting foster youth and services are met.”

Due to findings regarding Yolo County’s capacity assessment, data analysis, service array, and qualitative review of persons with lived experience it was determined that the

County should expand our in-home parenting/home visiting programs and target our 0-5 age groups, in addition to broader age groupings, while focusing on disproportionately of those families in our child welfare system. Additional key considerations included review of current program data success reports, costs to stand up new programs, FFPSA payer of last resort requirements, and the ability/capacity for current community providers to staff and provide EBPs to fidelity.

The County in collaboration with our cross-sector collaborative have chosen the following EBPs:

Healthy Families America (HFA)

HFA is included as the EBP for the In-Home Parenting Skills category. This program focuses on families with children ages 0-5 and is available currently in 41 locations within 23 local jurisdictions. HFA reaches some of California's most vulnerable candidates and has been adapted to meet the cultural needs of tribal families. California intends to apply for use of the HFA Child Welfare Protocol in implementation of the HFA program. This will include local agencies submitting the request to HFA for consideration of adaptation to allow the use the HFA Child Welfare Protocol for families referred through child welfare. Additionally, families will be enrolled into HFA per model fidelity requirements, including the majority of families being enrolled within the first three months of birth but before the child(ren) turn 24 months of age.

Version: Healthy Families America. (2018) *Best practice standards*. Prevent Child Abuse America and

Healthy Families America. (2018). *State/multi-site system central administration standards*. Prevent Child Abuse America.

HFA Target Population: Prenatal to 5 years (services provided begin within 3 months of birth)

HFA Outcomes: Increased positive parenting practices, increased nurturing parent-child relationships

HFA Fidelity Indicators: Provider received and maintained required training, Meets staffing qualification requirements, 1:6 Supervisor to Staff Ratio, Meets caseload requirements, Performance on ratings of HFA Best Practice Standards

Family Check-Up (FCU)

Family Check-Up has been rated Well-Supported by the Federal Title IV-E Clearinghouse as both a Mental Health Service and an In-Home Parent Skill Based Program. Currently, there is one authorized provider in California, located in Solano County. Family Check-Up was selected as it is a well-supported program and is capable of serving a wide range of families (those with children ages 2-17) potentially including parenting youth. Additionally, material for Family Check-Up is also available in Spanish, increasing its applicability for California's families.

Version: Dishion, T. J., Gill, A. M., Shaw, D. S., Risso-Weaver, J., Veltman, M., Wilson, M. N., Mauricio, A. M., & Stormshak, B. (2019). *Family check-up in early childhood: An intervention manual* (2nd ed.) [Unpublished intervention manual]. Child and Family Center, University of Oregon.

FCU Target Population: Families with children ages 2-17

FCU Outcomes: Improved child behavioral & emotional functioning, Increased positive parenting practices

FCU Fidelity Indicators: Provider received and maintained required training, Meets staffing qualification requirements, Use of COACH Rating Form

Guiding Questions

1. According to the assessments how is the current service array meeting or not meeting the needs of children, youth, parents, and families in your community?

Please see rationale provided above and the summary and detailed asset map/service array.

2. What primary, secondary, and/or tertiary services and supports are already in place in your community for the selected target population? Where are they? What outcomes have they produced? Are they being utilized to capacity? How are they funded?

Please see summary and detailed asset map/service array.

3. How will your current service array adjust to meet the needs of your FFPSA candidacy target population and your non-FFPSA target population (in primary, secondary, and tertiary prevention service tiers)?

Please see rationale provided above and the summary and detailed asset map/service array.

4. Based on the identified gaps in services in your community how will you support your communities need for additional services?

Please see rationale provided above and the summary and detailed asset map/service array.

5. What existing data was utilized to inform the service array assessments (e.g., evaluations, and qualitative stories from those with lived experience)?

Please see rationale provided above and the summary and detailed asset map/service array.

6. Outline the services that the Title IV-E agency will provide that address a continuum of primary, secondary, and tertiary prevention, intervention strategies and services for the selected populations.

Please see rationale provided above and the summary and detailed asset map/service array.

7. How were interventions and strategies developed to include culturally appropriate and responsive services that are tailored to meet the needs of local

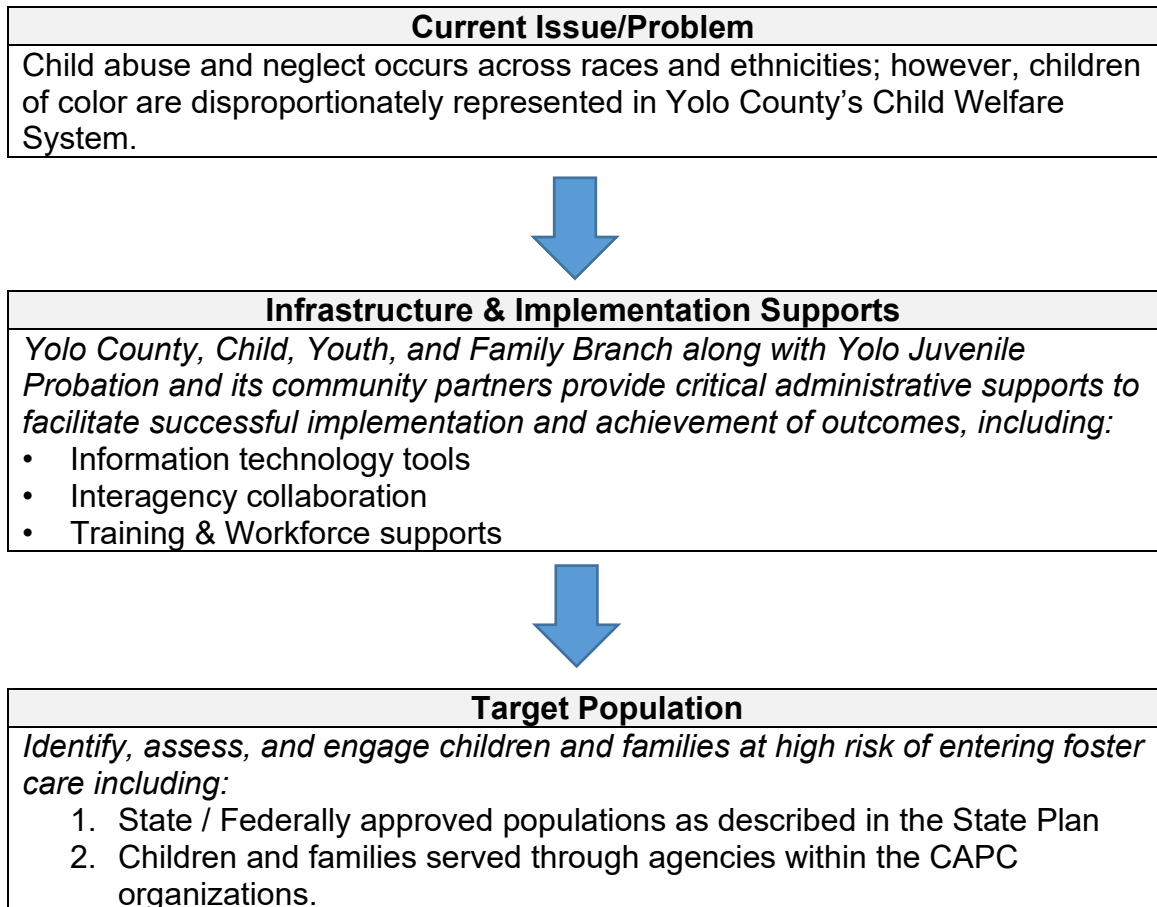
families who are disproportionately represented in the child welfare system, including AI/AN families, families of color, and lesbian, gay, bisexual, transgender, queer/plus, children or youth?

Please see rationale provided above and the summary and detailed asset map/service array.

THEORY OF CHANGE/LOGIC MODEL

Element Required in the CPP:

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



3. Children and families who are accessing services at local non-profit organizations for maternal health with limited or no insurance.
4. Children and families accessing services through WIC and CalWORKs and requesting additional supportive services with their families and children.
5. Pregnant or parenting youth in/recently exited foster care (non-ward children) with eligibility for services ending five years after exiting foster care.
6. Siblings of children in foster care who reside in home and have been assessed.
7. Children brought to the attention of the Child Welfare Agency



Interventions

Deliver high fidelity evidence-based programs concurrently with existing prevention promising practices wielding positive outcomes that are aligned with the specific needs and characteristics of each family in the target population.

Promising Practices

- Welcome Baby
- NPP, Nurturing Parenting Program
- Play School Education
- Family Resource Centers
- Wraparound
- Help Me Grow
- HHSA Adolescent Family Life Program & Home Visiting
- The Child Project: Road to Resilience
- First Steps Infant Program
- Mother to Baby of California
- WIC
- Healthy Families Yolo County
- ABC, Attachment Bio-Behavioral Catch-Up
- In-Home Safety Service Monitoring

Evidence Based Practices

- Healthy Families America
- Family Check-Up

Promote increased family engagement, motivation, completion of services, and progress toward case goals.

- Motivational Interviewing
- Shared case management technology
- Enhancement of Child, and Family Teaming



Proximal Outcomes

Parent, child, and family functioning improves by achieving improvement to parenting practices, promoting positive parent-child relationships, and healthy attachment.

- Reduce child maltreatment
- Improve parent-child interactions and children's social emotional well-being
- Increase school readiness
- Promote children's physical health and development
- Promote positive parenting
- Promote family self-sufficiency
- Increase access to primary care medical services and community services
- Decrease children's injuries and emergency department use



Distal Outcomes

As the number of children and families served in the community increases, the number of children served in foster care decreases.

- Increased access for preventive and post-permanency services
- Reduced foster care entry
- Reduced foster care re-entry
- Reduced foster care census

The child welfare system rebalances as a primarily preventative and family strengthening system.

- Resources required to run the foster care system decline
- Resources available to invest in prevention services increase

Guiding Questions

Logic Model Diagram/Theory of Change

1. Based on the analyses above, what problem is the cross-sector collaborative wishing to address and for whom?

Please see theory of change described above.

2. What is the change(s) the cross-sector collaborative would like to achieve for the selected populations/communities?

Please see theory of change described above.

3. What resources are required to successfully create the needed change(s) (inputs), (this includes but is not limited to human resources, office supplies, field resources, etc.)?

Please see theory of change described above.

4. What community changes and service array will lead to accomplishing the goal?

Please see theory of change described above.

5. What are the measures of success for inputs, outputs (process indicators) and outcomes (performance indicators), both short-term and long-term?

Please see theory of change described above.

SPENDING & SUSTAINABILITY PLAN

Element Required in the CPP:

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

Guiding Questions

1. What prevention services included in the CPP are already available in the community and what funding sources are available to support the implementation of the CPP?

Please see asset map/service array detailed chart provided below.

2. How will the State Block Grant, federal and Title IV-E prevention funding sources be used?

The State Block Grant will primarily be used for administrative activities as described in CFL 21/22-110 which will be provided by County Staff to develop the Comprehensive Prevention Plan in addition to development of other administrative items, including but not limited to contracts, policies, assessment forms, etc.

We anticipate utilizing Title IVE funding for the provision of the selected Evidence Based Programs to ensure sustainability of the programs. State Block Grant may also be used for services.

3. How will you leverage other funding sources (grants, local county funds, state general funds, etc.) to ensure a continuum of prevention services are available to primary, secondary, and tertiary services for selected populations?

We intend to use \$400,000 (combination of Department of Cannabis Control and County Realignment) to uplift the selected Evidence Based Programs within our Alternative Response Program to initially pilot the FFPS Program.

Please see asset map/service array detailed chart provided below.

ADDITIONAL ASSURANCES

Element Required in the CPP:

- A description of the coordination with the local Mental Health Plan to ensure adherence to federal requirements that Title IV-E remains the payer of last resort.
- Plans for meeting the workforce and training requirements established under the state plan.
- A description of how counties will ensure that all EBPs, whether delivered via contracted entity or by local Title IV-E agency staff, will adhere to model fidelity protocols.
- Local Title IV-E agencies that contract with community-based organization for services will also describe the process for how safety monitoring and periodic risk assessments will be overseen. Agencies must include language within any service contracts that describes this process to ensure that roles and responsibilities are clear.
- Assurances of all other requirements under the state Title IV-E Prevention Program Plan approved by the federal Administration for Children and Families (ACF).

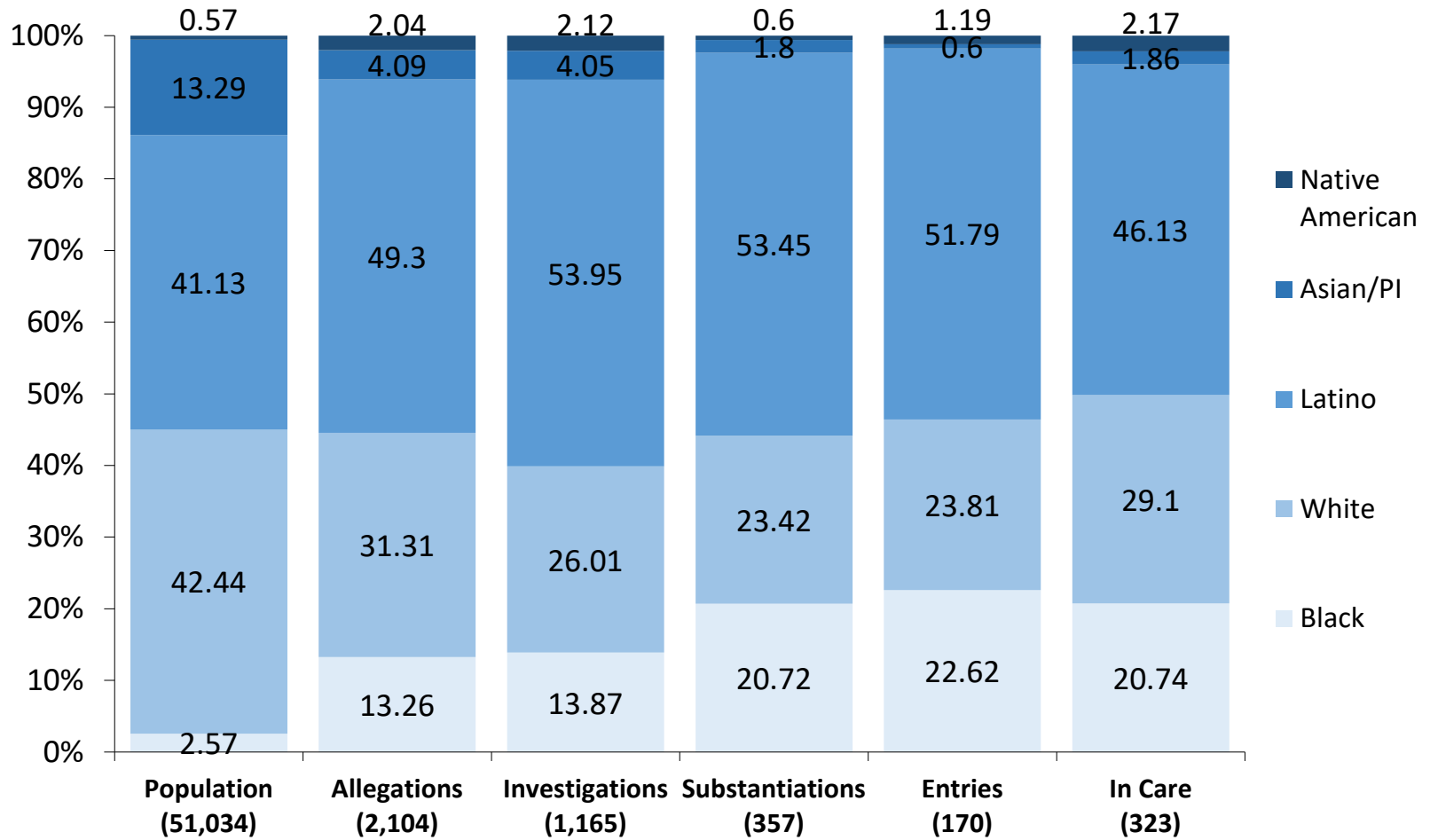
Instructions: Please complete and submit the Assurances Template, which includes assurances for Title IV-E Prevention Program Reporting, Child Safety Monitoring, Workforce Development and Training, Trauma-Informed Services-Delivery, Model Fidelity for Evidence-Based Programs, Continuous Quality Improvement, Racial Equity, Diversity and Inclusion, and Coordination with Local Mental Health. The assurances may be used to satisfy requirements of the Social Security Act (the Act), and Welfare and Institutions Code (WIC) sections 16585 – 16589 and remain in effect on an ongoing basis.

The Assurances Template is currently under development and will be available soon on the [FFPSA website](#). Please note the Assurances Template is **required** upon the submission of the CPP. However, the CPP Template is an **optional** tool.

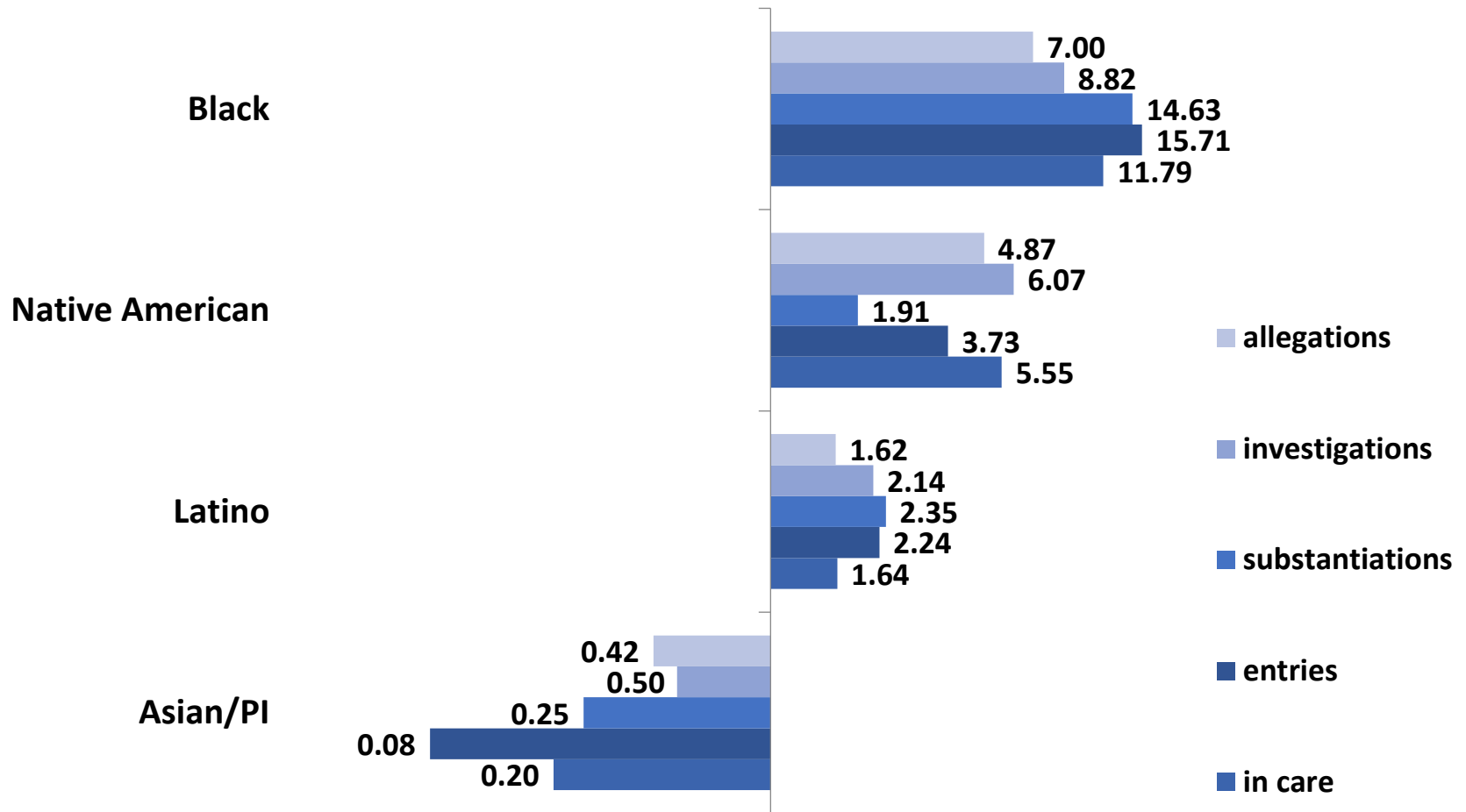
ATTACHMENTS

Ethnicity and Path Through the Child Welfare System Yolo: 2021

(missing & multi-race values excluded from % calculations)



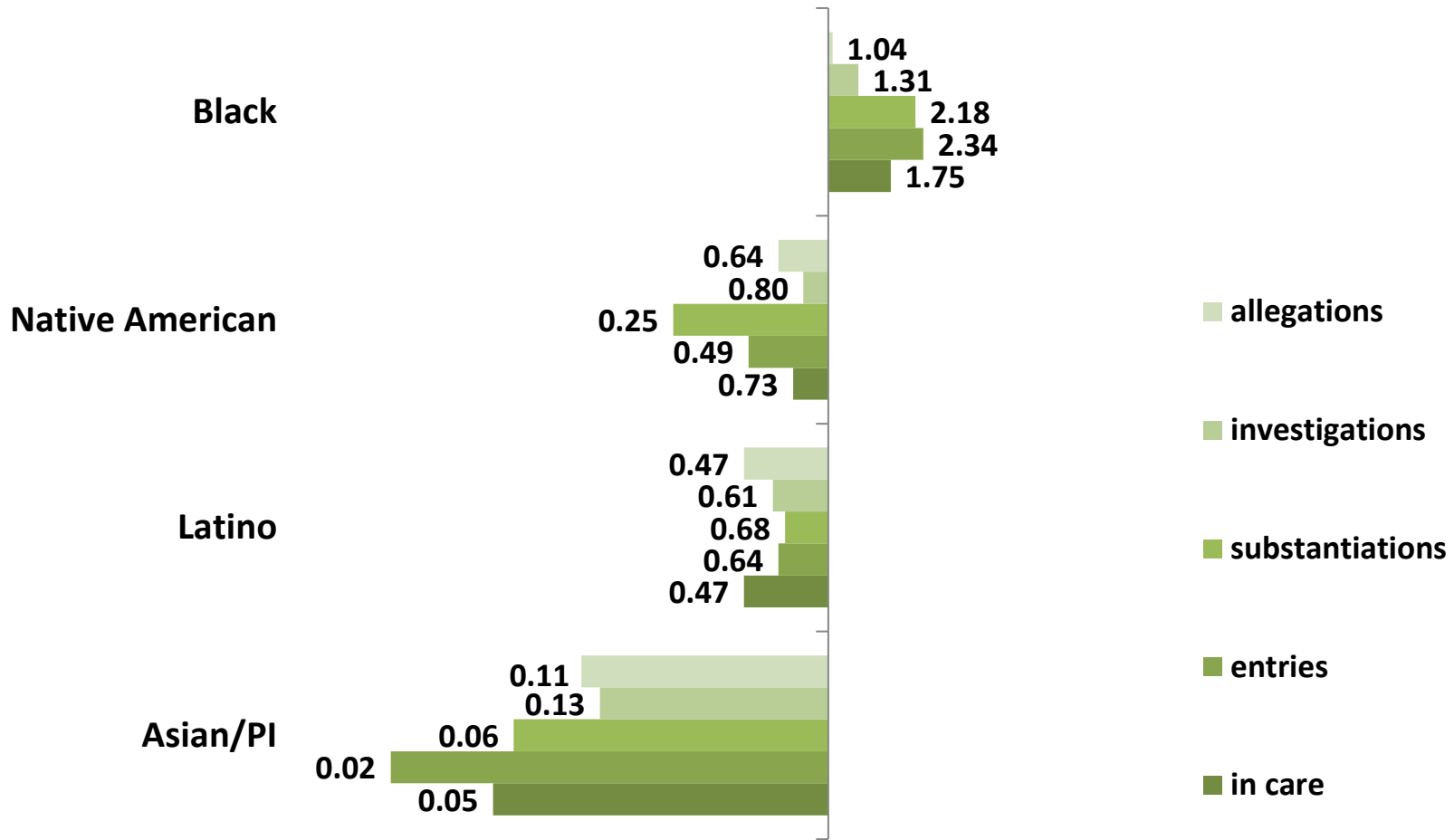
General Population Racial Disparity Indices Yolo: 2021 (group compared to White)



Population in Poverty Racial Disparity Indices

Yolo: 2021

(group compared to White)



Level of Service Definitions

Primary	Directed at the general population to strengthen communities and improve child well-being by focusing on the social determinants of health, defined as the conditions into which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
Secondary	Offered to populations that have one or more risk factors associated with compromised well-being or child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, exposure to violence, and parental or child disabilities. Programs seek to build protective factors and mitigate the risk factors.
Tertiary	Focus on families where child maltreatment has occurred, seeking to mitigate its trauma and reduce the negative consequences of the maltreatment and to prevent its recurrence.

Asset Map/Service Array (Detailed Chart)

Item #	Organization(s)	Service & Description	Service Category	Intended Outcomes	Funding Stream	Location
Primary						
1.	Yolo County HHS Contracted Service NorCal Services for Deaf/Hard of Hearing	ASL Interpreting Communication services include real time captioning services, video remote interpreting, and interpreting services including American Sign Language, oral, tactile, and emergency interpreting. Services may require the use of a deaf interpreter depending on the	Basic Needs	Remove communication barriers	Federal, State, County	Community

		language and communication needs of the client				
2.	Yolo County HHS Contracted Service Yolo County Children's Alliance	<u>Community Based Child Abuse Prevention Services</u> CAPCs are community councils whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect.	Strengthening Families	To increase family strengths, enhance child development, and reduce child abuse and neglect	Federal, State	Davis
3.	Yolo County HHS Contracted Service Yolo Crisis Nursery	<u>Crisis Respite Care</u> Provides intensive services during the day and overnight, 24 hours per day. The Yolo Crisis Nursery provides Child Care to infants and toddlers. Nursery is open 7am to 7pm Monday through Friday and operates	Basic Needs	Keeps the youngest and most vulnerable children birth to age five, safe during times of family crisis and has a focus on the overall well-being of the family. Families are also supported to connect with community resources to reduce isolation, lower stress levels and resolve the crisis or hardship	First 5 Yolo funds a portion of Crisis Nursery Services (respite, Emergency Overnight Care, and Client Navigation)	Davis

		after hours and overnight as needed. The Yolo Crisis Nursery provides emergency shelter care on a voluntary basis for children five years of age and under.				
4.	Yolo County HHSA Contracted Service VCSS RISE Communicare	<u>School Partnership Program</u> The program is to provide a wide array of services including, but not limited to: universal screening, assessment, referral, and treatment for children and youth enrolled in transitional kindergarten through the twelfth grade. Integrate mental health services into the school systems by	Mental Health	The goal of this integrated approach is to blend resources, training, systems, data, and practices to improve outcomes for all children and youth. The emphasis is on prevention, early identification, and intervention of the social, emotional, and behavior needs of students.	Mental Health Services Act	Davis, Woodland, Esparto, Winters, West Sacramento

		utilizing an integrated systems model and multi-tiered systems of support.				
5.	Yolo County HHS Contracted Service Woodland Community College Communicare	<u>Woodland Community College (WCC) Mental Health Services</u> provide school based physical healthcare, behavioral healthcare, and related social services in a client-centered, culturally, and linguistically competent manner. Provide education and learning opportunities for both WCC students and staff to increase knowledge of healthy-living habits and services available to them.	Mental Health	Improve beneficiary health and well-being of WCC students, with a sensitivity to providing Spanish-speaking and Russian Speaking services.	Mental Health Services Act	Woodland, West Sacramento

6.	Suicide Prevention of Yolo County	<u>Ask Teen Crisis Line</u> Crisis Line 24 hours a day/7 day a week. The Allied Services for Kids (ASK) teen line began in December 1994 to provide 24-hour availability to teens and families in crisis. Whatever the problem, teens are welcome to call this confidential crisis line for support	Mental Health	To provide crisis prevention and intervention, education and community outreach services to the residents of Yolo County.	A small group of citizens organized a telephone crisis line funded by churches, service groups, and individual donors. Incorporation as a non-profit organization occurred in 1980 as a result of a growing need for services.	Woodland, West Sacramento, Davis
7.	Yolo County Office of Education	<u>Early Health Start/Head Start</u> Serves children 0-5 and is designed for low-income families and is based on the philosophy that a child benefits from a comprehensive interdisciplinary program which fosters optimum growth and	Education and Comprehensive Services	Successful attainment of personal and family objectives	Head Start Early Head Start State Preschool Quality County California	Countywide

		development and which remedies problems through a broad range of services.				
8.	Yolo County Service Center	<u>Migrant Child Development Center</u> Child Care Assistance Eligibility: children under the age of 13, you are working, enrolled in school or in a training program, and your family's gross monthly income is less than 70%	Child Care	X	X	X
9.	Yolo County Children's Alliance	<u>Nurturing Parenting Program</u> An evidence-based, family-focused, and trauma-informed curriculum geared to keep children safe and teach parents more nurturing and	In-Home Parenting	Build self-awareness, positive concept/self-esteem, and empathy; teach alternatives to hitting and yelling; enhance family communication and awareness of needs; build nurturing behaviors; promote healthy physical and emotional	BSPF	Community

		positive parenting practices. The design of the program is to allow parents to move through the curriculum based on their own identified parenting strengths and weaknesses.		development of children; and teach appropriate roles and developmental expectations.		
10.	Yolo County	<u>Suicide Prevention Hotline</u> Crisis Line 24 hours a day/7 day a week	Mental Health	Confidential telephone counseling and referral information is provided any time of day or night by trained crisis volunteers. Immediate crisis intervention over the phone can decrease the need for more intensive counseling services.	A small group of citizens organized a telephone crisis line funded by churches, service groups, and individual donors. Incorporation as a non-profit organization occurred in 1980 as a result of a growing need for services.	Toll Free/Countywide
11.	YCCA	<u>Play School Education</u> Three (3) times weekly parent/caregiver-child interactive workshops to develop school readiness and	In-Home Parenting	Children learn school readiness skills and parents learn about child development, discipline, and ways to support their children	F5Y used to fund this service however, funding lapsed at the end of FY19-20. YCCA may continue to offer this service with their general funds.	West Sacramento

		increase skills and confidence in parents' & caregiver's ability to be their child's first teacher.				
12.	Yolo County HHSA	<u>Car Seat Program</u> Yolo County resident & child age 0-12. Services: car seat installation, low cost car seat program, violator's class, & car seat	Basic Needs	Reducing the number of injuries from motor vehicle crashes associated with children ages 0-12 years old and increasing the correct use of car seats for all families in all communities regardless of social-economic conditions, race, ethnicity, gender, ages, and abilities.	Grant	Woodland
13.	Yolo County Service Center	<u>CalFresh</u> Income-based resource for monthly food stipend	Basic Needs	Increase healthy and nutritious food consumption for those who are income eligible	CalFresh	Woodland, Community
14.	Empower Yolo	<u>Crisis and Emergency Safehouse</u> Provides twenty-four-hour crisis intervention, emergency	Mental Health, Basic Needs, Victim Services	Promote safe, healthy, and resilient communities	Federal, State, County	Yolo County

		shelter, confidential counseling, training, legal assistance, and other services for individuals and families affected by domestic violence, sexual assault, stalking, human trafficking, and child abuse.				
15.	Family Resource Centers	<u>Family Resource Centers</u> A myriad of referrals, resources, and support within each community	Basic Needs	Promote Safe, healthy and resilient communities	Federal, State, County	Knights Landing, Esparto, Winters, West Sacramento, Woodland
16.	Yolo County FreshText	<u>FreshText</u> Free service to connect you with local food distributions.	Basic Needs	Increase food distribution	CSBG	Woodland, West Sacramento, Clarksburg, Winters, Davis
17.	Yolo County Market Text	<u>MarketText</u> Free Service to connect you with local farmers' markets and farm stands	Basic Needs	Increase food distribution	CalFresh	Countywide

18.	Shores of Hope	<u>Shores of Hope</u> Child development, transitional housing, transportation and outreach	Basic Needs	Cultivate independence in each individual who is looking for the support they need.	CA Dept. of Ed.	West Sacramento
19.	Empower Yolo	<u>Sexual Assault and Domestic Violence Hotline</u> Crisis Line 24 hours a day/7 day a week	Mental Health	Promote safe, healthy, and resilient communities	Non-profit. Federal, State,	Yolo County
20.	YMCA	<u>Preschool and afterschool programs</u>	Education, Child Care	Youth Development, healthy living, and social responsibility	Non-Profit	Woodland
21.	Yolo County 211	<u>211</u> Information hub for Yolo County, linking residents to vital health and human services, information and resources in the community	Health	In California, 93% of the population has access to 2-1-1	2-1-1 Yolo is supported by the Yolo County Department of Employment and Social Services, the Yolo County Library, the City of Davis, and a grant from Kaiser Permanente.	Countywide
22.	Yolo County Food Bank	<u>Eat Well Yolo</u> Weekly fresh produce distributions. See website for	Basic Needs	increase food and nutrition security and help create an equitable and sustainable local food system.	farmers, grocery stores, distribution centers, and assistance from	Woodland

		<p>distribution locations.</p> <p>Emergency Food Assistance Program: Income based Kids Farmers Market: free weekly after school farmers' market for preschool and elementary school students at seven schools in Yolo County.</p>			Feeding America, USDA, and the State	
23.	Yolo County Library	<p><u>Yolo Reads</u> Adult & Family Literacy Program through Yolo County Library. Yolo Reads provides free tutoring to adults who want to improve their reading, writing, spelling, and grammar skills. Learners receive one- on-one support from volunteer tutors and free materials.</p>	Education	Builds literacy skills in families who have identified improving literacy to achieve life goals to be a priority.	California State Library Literacy Services, the Friends groups of Yolo County Library, private businesses in our communities, and through the generous support of our many volunteers throughout Yolo County.	Clarksburg, Esparto, Knights Landing, Winters

24.	Yolo County	<u>Immunization Clinic</u> Immunization Clinic with rotation locations	Public Health	Prevent diseases, disabilities, deaths	Federal, State, County	Community
25.	Yolo County	<u>Virtual One Stop Shop</u> Assistance with employment, training, and education needs	Employment	Increase employment and training opportunities	Grants	Woodland
26.	Yolo County	<u>Al-Anon</u> Mutual support program for people whose lives have been affected by someone's alcohol use	Substance Use Disorders	Increase connections and support	Voluntary Contributions	Woodland, Davis
27.	Yolo County HHSA	<u>Mental Health Crisis & Access Line</u> Mental Health & Substance Use Disorder Screening: Call or walk in Wellness Center; 24 hours a day/7 day a week	Mental Health	Increase access to appropriate services	Realignment/Medicaid	Woodland, Community

28.	UC Davis Immigration Law Clinic	Immigration Law Clinic provided by the UC Davis School of Law Services open to everyone	Immigration	One of the only clinics in the nation devoted to representing detained immigrants before the immigration court — challenging conditions of confinement and contesting their confinement in federal court.	CA State Bar’s Legal Service Trust Fund Program	Davis
Secondary						
29.	Yolo County HHSA Staff and Contracted Service Communicare Stanford Youth Solutions Turning Point Community Program Victor Community Support Services	<u>Children’s Mental Health (Early and Periodic Screening, Diagnosis, and Treatment (EPSDT))</u> Array of specialty behavioral health services to Medi-Cal beneficiaries under the age of 21.	Mental Health	Improve functioning in life domains such as in school/employment, social situations, and family relationships.	Realignment/Medi-Cal	Woodland, West Sacramento, Davis, home/community
30.	Yolo County HHSA Contracted Service	<u>Wraparound / EPSDT</u> Children’s Outpatient Intensive Mental	Mental Health	Reduce involvement with the juvenile justice system, reduce out-of-home placements, increase school success	Realignment/Medi-Cal, State (SB 163)	Woodland, West Sacramento, home/community

	<p>Communicare</p> <p>Victor Community Support Services</p>	<p>Health Services / EPSDT Specialty Mental Health Services including Senate Bill (SB) 163 Wraparound Program Services</p>		<p>and facilitate the transition to adulthood. Services and supports provided to the child, youth and their family are tailored toward maintaining a stable permanent family.</p>		
31.	<p>Yolo County HHS Contracted Service</p> <p>First 5 Yolo (FSY contracts with Northern California Children's Therapy Center, YCCA, RISE, and Yolo Crisis Nursery for direct services)</p>	<p><u>Help Me Grow</u></p> <p>Universal mental health screening to parents and their children ages 0-5 years to identify young children who are either at risk of or beginning to develop mental health and/or developmental problems that are likely to impact their healthy development. In addition, this program connects children and their families to services that would either prevent or intervene early to address mental</p>	<p>Mental Health, Developmental Needs</p>	<p>Children served will be screened for developmental /mental health issues so that developmental delays are identified early, and families are referred to appropriate services. <u>100%</u> of families in need of services will be referred to appropriate services, and connections will be tracked in database</p>	<p>First 5, Mental Health Services Act Prevention and Early Intervention (MHSA PEI). Current funding expires 6/30/2023</p>	<p>Home, early learning setting(s), community, and/or Office (Woodland, West Sacramento, Esparto)</p>

		health and/or developmental problems impacting healthy development. HMG also offers developmental playgroups, parent support groups, and therapy for caregivers to support earliest intervention efforts				
32.	Yolo County HHSA	<u>HHSA Adolescent Family Life Program & Home Visiting</u> A comprehensive and voluntary home visiting and case management program for pregnant or parenting teens (mothers and fathers).	In Home Parenting	Increase overall wellbeing and improvement in life domain functioning	CWS Realignment	Community
33.	Yolo County HHSA Contracted Service	<u>Family Urgent Response System (FURS)</u>	Mental Health	Placement preservation	State Allocation	Community

	VCSS	designed to receive referrals from the statewide hotline and provide collaborative and timely county-level in-home, in-person mobile response for current/former foster youth and caregivers, during situations of instability, for purposes of preserving the relationship of the caregiver and the child or youth, providing developmentally appropriate relationship conflict management and resolution skills.				
34.	First 5 Yolo Contracted Service	<u>The Child Project: Road to Resilience</u> In-home, intensive parent education and	Child Abuse Prevention; Home Visiting; Basic Needs; mental health	Provides family centered navigation, intensive-home visiting, and connection to other supports to improve maternal health and	Office of Child Abuse Prevention, First 5, YC Cannabis Tax, Local funding, private funding	Countywide—in-clinic navigation available at CCHC Woodland, West Sacramento, Davis, and rural

	Yolo County Children's Alliance Communicare Health Centers	comprehensive case management to at risk families.		healthy infant/child development; reduce risk of negative effects of substance use on children and their families; prevent child abuse and neglect, prevent/reduce behavioral, emotion, and developmental concerns; and improve early learning and school readiness	(Current funding sunsets June 2024)	clinics. Home Visiting also offered in clients home or preferred location
35.	Yolo County Office of Education	<u>First Steps Infant Program</u> Early intervention services & family support for special needs children from birth to the age of three years in Yolo County	Education	Supports infants and toddlers in achieving their developmental milestones by focusing on the whole child. Through a coaching model, we support the family/caregiver by facilitating play-based and developmentally appropriate interventions within the natural environment.	Special Education Local Plan Area	Countywide
36.	First 5 Yolo	<u>Welcome Baby</u> Nurse home visit and up to 2 Community Health Worker Visits post-partum	Home visiting; parenting education; mental health	Expansion of The CHILD Project: Road to Resilience, WB supports families to reduce toxic stress related to the COVID-19 pandemic and build resiliency	YC ARP Funds, First 5, local funds (Funding anticipated through 10/2024)	Countywide in client homes, hospitals, clinics or community

		for all new mothers/babies born with no insurance or public-insurance (medi-cal). Highest risk families will be enrolled in intensive home visiting services. Families will be provided connection and linkage to needed services		starting at birth. WB aims to improve maternal-child outcomes through mental, physical, and social assessments for new mothers and their babies. Connection to appropriate services and concrete supports. Highest risk families are connected to intensive home visiting services		
37.	Mother to Baby of California	<u>Mother to Baby of California</u> Source of evidence-based information on the safety of medications and other exposures during pregnancy and while breastfeeding	Public Health	Minimize safety issues and risk of chemical exposures	Federal	Countywide/Toll Free Telephone, Email, Chat. Housed in University of California San Diego's Center for Better Beginnings
38.	Yolo County Service Center	<u>CalWORKs</u> Income-based resource for those eligible. Childcare for CalWORKs recipients	Basic Needs	Increase participant engagement, employment, educational attainment.	CalWORKS	Woodland, Community

39.	Davis Community Meals and Housing	<u>Davis Community Meals and Housing</u> Provides low-income and homeless individuals and families with housing, food, and human services to help them rebuild their lives.	Basic Needs	<u>Meals Program</u> 3,642 meals to 379 unduplicated low-income and homeless men, women and children (2020) <u>Shelter and Transitional Housing</u> Emergency shelter to 62 homeless men and women. Transitional housing to 21 adult men and women.	Non-profit, non-denominational volunteer organization	Davis
40.	Yolo County HHSA	<u>Women Infants and Children (WIC)</u> A supplemental food, nutrition education, and breastfeeding support program. Must meet eligibility requirements	Basic Needs	Pregnant, postpartum and breastfeeding women, infants, and children under 5 to eat well, be active and stay healthy, and includes funds for families to purchase healthy foods, as well as individual breastfeeding support for moms.	WIC	Countywide, Woodland
41.	Yolo County	<u>Alcoholics Anonymous</u>	Substance Use Disorder	Achieve sobriety for oneself and to help others	Non-profit, Proceeds from books and literature	Davis, Woodland, West Sacramento,

		12 step recovery program				Winters, Knights Landing, Dixon, Esparto
42.	Cache Creek Lodge	<u>Residential Care Program & Transitional Housing Services</u> Utilizes a social model based on the 12-step program and addresses a client's comprehensive needs. Clients commit to a structured schedule in which they receive individual and group counseling, behavioral therapy, financial literacy, employment training, spiritual counsel, temporary housing, recreational activities, and assistance accessing public and community-	Substance Use Disorders, Housing	Facilitate individual rehabilitation and community reintegration of men and women struggling with alcoholism and drug abuse with guidance, education, and compassionate support	501(c) 3 nonprofit organization	Woodland

		based health and social services.				
43.	HHSA Contract Service Yolo County Children's Alliance (YCCA)	<u>Healthy Families Yolo County</u> Home visitation using a Healthy Families America model. Serving primary caregivers of children from conception to age 3, the program Provides practical support for accessing basic needs and community resources as well as activities to foster parenting skills	In-Home Parenting	Aims to improve the infant-parent relationship by enhancing skills, promoting healthy child development, and supporting bonding in a safe home environment.	CHVP	Community
44.	Alta Regional Center	<u>Alta Regional Center</u> Services for Children with Development Needs/Ages 0-5. Provides services to people with developmental disabilities and their families.	Developmental	achieve healthy and productive lives in their own communities	Private, Non-Profit, DDS	Woodland
45.	Community Housing	<u>CHOC</u>	Basic Needs, Housing	Individuals and families become self-sufficient,	Non-profit	Davis, Winters, Woodland

	Opportunities Corporation (CHOC)	Affordable Housing Financial Fitness Workshops & Homeownership counseling		building strong community foundations. We believe that affordable housing and supportive programs improve the economic status of residents, transform neighborhoods, and stabilize lives.		
46.	Mercy Housing	Mercy Housing Affordable/Low-income housing development	Basic Needs, Housing	Ensure fair and equitable access, opportunity and advancement for all. Identify and eliminate barriers, including but not limited to racial discrimination, that prevent full participation of marginalized groups.	Non-profit, Mercy Community Capital was created to administer reliable, flexible funding to socially-responsible community developers in support of Mercy Housing's mission	Esparto, Woodland, West Sacramento
47.	Salvation Army	Salvation Army Group Homes & Transitional Living Centers, Family Service Programs	Basic Needs, Housing	Regain stability	Public Donations, Non-Profit	Woodland
48.	Short Term Emergency Assistance Committee (STEAC)	<u>EVICTION PREVENTION:</u> provides rental assistance to keep low-income residents from being evicted.	Basic Needs, Housing	Provide immediate short-term assistance with basic necessities to Yolo County families and individuals with income below the poverty level.	Non-Profit	Davis

		FIRST MONTH'S RENT: provides cash assistance to help pay for first month's rent for long-term housing.				
49.	Yolo County Housing Authority	Rent/Deposit Assistance, Housing Choice Vouchers, Public Housing, Client Services	Basic Needs, Housing	Establishing and maintaining quality, affordable housing, and community development support to everyone within its service area.	HUD, HCD, OMS	Woodland, Winters, West Sacramento
Tertiary						
50.	Yolo County HHS Contracted Service Center for Positive Change	<u>Short Term Residential Therapeutic Programs</u> Outpatient behavioral health program providing a full range of Title 9 outpatient diagnostic and treatment services for adolescents age 13-18 and Non-Minor Dependents, age 18-21 who are Seriously	Mental Health	Improves mental health and behavioral functioning with a goal of transitioning into a less restrictive, community based or family care setting.	Realignment/Medi-Cal	Woodland

		Emotionally Disturbed.				
51.	Yolo County HHS Contracted Service Children's Home Society of CA	<u>Emergency Child Care Bridge Program</u> Provide resource and referral services, trauma-informed training for child-care providers, and a voucher payment system for child-care services for the Bridge Program.	Mental Health, Public Health	Increased home-based placements and stability. Increased childcare providers and trauma informed practices.	Emergency Bridge, CAPIT	Woodland
52.	Yolo County HHS Contracted Service Bobbie Stewart's Consulting Yolo County Children's Alliance Comminucare	<u>Building and Strengthening Protective Factors (BSPF)</u> Provide services to parents, legal guardians and caretaker's referred by Child Welfare Services that build and strengthen protective factors ensuring child safety, permanency, and well-being.	Mental Health	Evidenced based and informed services shall improve parents, legal guardians and caretaker's protective capacities and skills allowing them to recognize safety concerns that created danger in the home, identify behavioral changes needed to increase safety and wellbeing, and demonstrate an increased awareness of protective factors in	BSPF	Woodland, West Sacramento, Davis

				order to establish a safe, nurturing, and supportive environment for their children		
53.	Yolo County HHS Contracted Service Bobbie Stewart's Consulting	<u>Anger Management and Domestic Violence Services</u> Educational service provider offers a range of services in the Yolo County area, including anger management classes, 52-week batterer's intervention program, and supervised visitation monitoring.	Mental Health	Promote increased safety for victims, as well as the children who witness domestic violence. provide a meaningful opportunity for abusers to change their behavior.	TANF/IV-E	Woodland, West Sacramento
54.	Yolo County HHS Contracted Service First 5 Yolo	<u>ABC Home Visiting Pilot for CWS</u> Improving family protective capacities, child well-being, and preventing system re-entry. The project will promote permanency by	In-Home Parenting	To increase safety in the homes of families transitioning from Family Reunification to Family Maintenance, including decreasing re-entry into the Child Welfare System, increase stability of the family by increasing caregiver nurturance	First 5, Yolo County HHS Funds	Home and Community

		<p>providing in-home services and training to child welfare-involved families, those families that are actively in family reunification services and transitioning to family maintenance services with children in Yolo County's high-risk population of young children ages 6 months old-4 years old.</p>		<p>and sensitivity, increase child attachment security and decrease disorganized attachment, and increase child behavioral and biological regulation Increase evidence - based practices in the community</p>		
55.	<p>Yolo County HHS Contracted Service England Consulting</p>	<p><u>ICWA Expert Witness Testimony</u> Provide consultation and expert witness testimony to Yolo County HHS on Indian Child Welfare Act case law, procedures, guidelines, court protocols, casework, and</p>	ICWA	<p>Increase ICWA communication, understanding and support.</p>	CWS Realignment	Woodland

		general matters pertaining to Indian Child Welfare cases and procedures.				
56.	Yolo County HHSA Contracted Service CDSS	<u>Adoption Services</u> Consult and review of children in out-of-home care who need permanence through adoption. Assess and provide a written analysis of the adoptability of a child. Match and place children for adoption with a licensed or approved caregiver.	Adoption	Increase permanency, stability and wellbeing for system involved children/youth	CWS Realignment	Woodland, Sacramento
57.	Yolo County HHSA Contracted Service The Regents of University of CA Davis	<u>Specialized Trauma-Focused Mental Health Services</u> Provide assessment and evaluation services to COUNTY Child	Mental Health	The purpose of assessment and/or evaluation is to assess the cognitive, psychological, and behavioral functioning of children to determine, appropriate placement setting, level	Interpersonal Violence	Woodland, Davis

		Welfare Services (CWS) referred children. Assess cognitive, psychological, and behavioral functioning of children to determine appropriate placement setting, or level of bonding with others in child's life, or appropriate services to meet the child's needs.		of bonding with other's in the child's life, and/or, appropriate services to meet the child's needs.		
58.	Yolo County HHS Staff and Contracted Service Turning Point Community Programs	<u>Full-Service Partnership (FSP)</u> Provided to Seriously Emotionally Disturbed (SED) children or youth under the age of 16 years who are unserved, underserved or inappropriately served and who otherwise lack access to mental	Mental Health	Improving wellness, recovery and resiliency, with attention to the importance of client-driven services while reducing disparities in access to mental health services and thereby improving outcomes.	Mental Health Services Act	Office (West Sacramento, Davis) Home, Community

		health treatment services. FSP services and treatment are community centered rather than facility based and are patterned upon evidence-based or best practice-based models of treatment incorporating principles of resiliency and recovery.				
59.	Yolo County HHS Staff and Contracted Service Wayfinder	<u>Resource Family Approval / Support</u> Strengthen kinship placements by offering specific trauma-informed support for relative and or non-relative extended family members. Establish Protective Factors family service plans, build	Intensive Service Foster Care (ISFC)	Offer supportive services to kin to improve placement stability and permanency outcomes with kin.	BSPF, ISFC	Woodland, Citrus Heights, Sacramento

		protective factors, and navigate the unique family dynamics and circumstances experienced in “kinship” and or non-relative extended family members families during the RFA process.				
60.	Yolo County HHS Staff and Contracted Service Wayfinder	<u>Supervised Visitation Services</u> Visitation and coaching for families involved with CWS to provide child safety and enhance the parent-child relationship and other family attachments.	Visitation	Reduce the sense of loss and/or abandonment that children experience when placed in foster care. Enhance parent-child relationships and assist with reunification	CWS Realignment	Home of birth parent, Community, In office (Woodland, West Sac)
61.	Yolo County HHS	<u>Supportive Therapeutic Options Program (STOP)</u> Probation will provide services to uninsured	Mental Health	Prevent entry or re-entry for probation youth.	STOP	Woodland

		juveniles in the probation system to prevent entry or reentry into out of home placement for juveniles who are unable to access services through another funding source for evaluation, treatment recommendations and services.				
62.	Yolo County HHSA Contracted Service Bright Heart Health	<u>IOT Eating Disorders</u> intensive outpatient eating disorder services for adolescents aged 18 and older who suffer from anorexia, bulimia and/or binge eating disorders who meet medical necessity criteria for residential care.	Mental Health, Public Health	Weight restoration, reduction of binge and purge frequency, reduction in eating disorder pathology and improvement in quality-of-life metrics.	Realignment/Medi-Cal	Telehealth, Walnut Creek
63.	Yolo County HHSA	<u>Psychiatric Evaluations</u>	Mental Health	Assess cognitive functioning and any psychopathology	CWS Realignment	Elk Grove, Fairfield

	Contracted Service Wendy McCray	Provide assessment services to CWS-referred adults and children		present in adults and children to determine the person's ability to parent their child, identify appropriate services, appropriate placement, level of bonding.		
64.	Yolo County HHS Contracted Service Woodland Community College	<u>YESS ILP Program</u> A variety of life skill topics are addressed which include: opening a bank account, obtaining the California ID card, conducting job searches, researching secondary education options, money management, self-defense, physical health and more. Additionally, there are life skill topics associated with interpersonal skills such as cultivating healthy relationships. Youth in the	Basic Needs	Provide life skills to enhance overall wellbeing and functioning. Caregivers will have the tools and resources needed to meet foster children's educational, emotional, behavioral and development needs.	CSEC Funding	Woodland

		<p>program are provided with the opportunity to meet others who have shared life experiences. Additionally, support and serve transitional age youth and young adult dependents with CSEC backgrounds. This is beyond providing CSEC specific classes, it is the direct relationship building and life skills enhancements helping pave new pathways for their future.</p>				
65.	Foster & Kinship Care Education (FKCE)	<p><u>Education, training, and support for Prospective and Approved Yolo County Resource Families</u></p>	<p>Strengthening Families and Protecting Children</p>	<p>Support for Family Reunification, Strengthening Families, and Positive Permanency Outcomes for children touched by the dependency system.</p>	<p>CA Community College Chancellor's Office / State Prop 98 & Federal Title IV E funding.</p> <p>Housed at Woodland Community College in</p>	<p>Countywide</p>

		Provides monthly Resource Family Pre-Approval training, in addition to a wide array of parent education, trauma informed care, adverse childhood experiences, the impact of child abuse, mandated reporter, child development, positive parenting, resilience building, CSEC prevention, CPR/First Aid, etc. classes and workshops.			partnership with Yolo County HHSA. Several strands of additional funding.	
66.	Yolo County HHSA Contracted Service Communicare	<u>Juvenile Justice Behavioral Health Services</u> To provide Community Behavioral Health Services to Juvenile Justice Youth. The Community Behavioral Health Services will	Mental Health, Substance Use	Support improvement in life functioning and decrease risk behaviors.	Mental Health Services Act	Woodland, West Sacramento

		include mental health, family counseling, and/or substance use treatment services. Services and treatment will be community-centered rather than facility-based and patterned upon evidence-based or best practice-based models of treatment, incorporating principles of resiliency and recovery.				
67.	Yolo County HHS Contracted Service Regents	<u>Bonding Assessment Services</u> To provide bonding assessment services to Child Welfare Services (CWS) referred children. The purpose of bonding	Basic Needs	A bonding assessment can identify if the primary attachment can be transferred to a new caregiver. A bonding assessment may assess any emotional and psychological risks or benefits to the child if the relationship with a caregiver or parent is severed. A bonding	CWS Realignment	Davis

		<p>assessments is to assess the nature and quality of the child's attachment relationships to his or her birth parents or siblings, or caregiver, including identification of who is the primary attachment figure for a child, and the quality of that relationship. A bonding assessment explores the child's capacity for a secure attachment, and if a designated parent or caregiver can meet the child's needs regarding nurture, structure, engagement, and opposition. The bonding assessment will</p>		<p>assessment identifies any secondary attachment figures, and the quality of the relationships with secondary attachment figures. Lastly, a bonding assessment may provide mental health treatment recommendations.</p>		
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		also explore who is central in the child's emotional life and determine the quality of that relationship.				
68.	Children's Home Society	<u>Subsidized Child Care</u> Provides subsidized child-care services to eligible families.	Child Care	Through these programs, participating families select the licensed or license-exempt child-care provider of their choice, as parents work, seek employment, or attend school or job training programs.	CalWORKs	Countywide
69.	CA Dept. of Rehabilitation – Woodland Branch	<u>Rehabilitation</u> Assists Californians with disabilities to obtain and retain employment and maximize their equality and ability to live independently in their communities	Basic Needs	Equip each individual with a disability who enters our door with the tools to attain employment, achieve independence, and realize equality.	Federal, State	Woodland
70.	California Alliance of Caregivers (CAC)	<u>Advocacy Services</u> CAC represents the voices of	Advocacy	Prioritizing the interests of children in foster care and providing an active and regular	501(c)(3) organization	Sacramento

		relative and non-relative caregivers (resource families) to promote the well-being of children in foster care.		caregiver voice in statewide discussions on child welfare policy and legislation		
71.	Yolo County HHS	HHS Educate, Equip, and Support Parent Training for parents, grandparents, and resource family members of children who have emotional challenges.	Mental Health, In-Home Parenting	Increase support for resource families	Realignment	Woodland
72.	Hope's Anchor	<u>Supportive Services</u> Families seeking to maintain or stabilize a placement: guardianship, kinship and adoption. Additionally, food boxes and training and support services for	In-Home Parenting	Stabilize placements	XX	Woodland

		Transitional-aged youth				
73.	Narcotics Anonymous	<u>Narcotics Anonymous</u> 12 step recovery program	Substance Use Disorders	Support recovery	Self-supporting	Davis, West Sacramento, Woodland
74.	Yolo County Children's Alliance (YCCA)	<u>In-Home Safety Monitoring Service & Nurturing Parenting Project</u> Support families in implementing safety plans and accessing resources and supports. Also implements the Nurturing Parenting Project curriculum with the family, a family-centered trauma-informed course designed to build nurturing parenting skills and child-rearing practices. Parents attend group classes that are designed to build self-awareness, positive concept/self-esteem, and empathy; teach alternatives to hitting and yelling;	In Home Parenting	Mitigate entry into the child welfare system, improvement in basic life skills	PSSF	Community

		enhance family communication and awareness of needs; build nurturing behaviors; promote healthy physical and emotional development children; and teach appropriate roles and developmental expectations.				
75.	Yolo Children's Fund	<u>Yolo Children's Fund</u> Funding for youth involved in the court dependency system. Referral needed. Help Fund: funds for special project, gift, need, or opportunity that would otherwise go unmet Summer Fund: for summer activities such as camp, lessons, etc. Education Fund: helps with school supplies, fees, and extracurricular activities	Health, Education, Auxiliary	Enhance the quality of life for under-served, abused or disadvantaged children and teens by providing for a special project, need, or enrichment service that would otherwise go unmet.	Yolo Children's Fund	Davis

76.	Walter's House/Yolo Wayfarer Center	<u>Residential and Transitional Living</u> Co-Ed Residential Treatment Transitional Living Program, Male and Female separate units	Substance Use Disorders	Increase stability, improve overall health and wellbeing	Non-Profit, Medi-Cal	Woodland
77.	Warmline Family Resource Center	<u>Warmline</u> Warmline provides free support, training, and consultation to families of children with disabilities birth to age 26	Basic Needs	Empowering parents to develop skills to be active participants in their child's programs and services	501(c)(3) nonprofit organization	Sacramento
78.	Woodland Community College	<u>Foster and Kinship Education Program</u> FKCE program serves Yolo County foster parents, kinship/relative care providers, and individuals interested in becoming foster parents or in adopting a child. Free classes and workshops.	Education	Provide quality education and training for care providers of children and youth in out-of-home care so that these providers can meet the child's educational, emotional, behavioral, and developmental needs	RFA	Woodland
79.	Yolo County HHS	<u>California Children's Services (CSS)</u>	Medical, Basic Needs	Directed toward attaining maximum function within the	CSS	Woodland, West Sacramento

		California's medical program for treating children diagnosed with certain physically disabling medical conditions		limits of the child's capabilities		
80.	Growing Healthy Children Therapy Services	<u>Services for Children: Development Needs/Ages 0-5</u> Provides a range of therapy services, including Occupational and Physical Therapy, that are client-centered and focused on the whole family.	Health, Basic Needs	Therapy is tailored to meet the complex needs of each individual. Our therapists build on the strengths and interests of each client while helping to improve areas of need.	Private Pay Facility	Davis
81.	National Human Trafficking Resource Center Hotline	<u>CSEC/Sexual Assault Support</u> Hotline that supports victims and survivors, friends and family, law enforcement, service providers, government, professionals,	Mental Health	Connects victims and survivors of sex and labor trafficking with services and supports to get help and stay safe.	Federal	Hotline

		practitioners and advocates				
82.	District Attorney's Office	<u>CSEC/Sexual Assault Support Yolo County Victim Services Program</u> Holding perpetrators responsible for exploiting victims. Training and Collaborating with law enforcement on how to properly investigate sex trafficking, pandering, and pimping cases. Providing training to the community—educators, students, the general public— to raise public awareness about domestic sex trafficking.	Mental Health	Increase support to victims and educational awareness for the community	County, Grants	Woodland
83.	Bringing Families Home	<u>Bringing Families Home</u>	Basic Needs, Housing	Reduce the number of families in the child	Grant, BRF	Woodland

		Grant allocation to Child Welfare Services for families involved in the Child Welfare System where housing is a barrier to family reunification.		welfare system experiencing or at risk of homelessness, to increase family reunification, and to prevent foster care placement		
84.	Fourth and Hope Shelter	Fourth and Hope Shelter Emergency Shelter & Housing Program for Individuals	Basic Needs, Housing	<p>Emergency Shelter: 280 pp received overnight emergency services 50 pp were placed in housing 238 pp received street outreach/day services 50,000 meals were served</p> <p>Treatment Program: 324 pp received residential services at Walter's House 52 pp completed the treatment program 448 referrals were made to partner agencies</p> <p>Housing Program: 50 pp housed in permanent supportive housing</p>	501(c)3 non-profit, Grants, County	Woodland, Community

				60 pp housed in sober living environment transitional housing 27 pp housed in victims of crime transitional housing 5 pp housed in the family bridge program (with children)		
85.	Grace in Action	Homeless Assistance: Weekly afternoon rest/respice and lunches from 12-1pm at two locations: Mondays: United Methodist Church Wednesdays: Pole Line Baptist Church Individual prayer and spiritual companionship Referrals for legal aid and advocacy Referrals to other support services and shelters within Yolo County	Basic Needs, Housing	Restore hope and dignity through compassionate care, spiritual companionship, and referrals to local agencies.	Support comes from faithful donors, partner churches, and grants specific to our services	Davis

		<p>Laundry vouchers for cleaning clothes</p> <p>Bus passes for medical and social services needs</p> <p>Other hygiene and personal care supplies</p> <p>Individualized care for additional needs</p> <p>Consultation for church and community members regarding homelessness</p>				
86.	Yolo County HHSA	<p><u>Homeless Services</u></p> <p>Provides a continuum of care to include:</p> <p>Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Housing, Homeless Outreach, Housing Case Management, and Housing Navigation</p>	Basic Needs, Housing	Create and sustain a comprehensive, coordinated, and balanced array of human services for homeless and low-income individuals and families within Yolo County.	HUD, CSBG, CARES, ESG-CV1, HHAP Round 1-CoC, American Rescue Plan	Woodland, Davis, West Sacramento

87.	Mutual Housing California	<u>Mutual Housing California</u> Mutual Housing offers a permanent solution to the housing needs of California's diverse families. With residents taking a key role in overseeing their properties and developing programs through site-specific resident councils, communities are created in which residents have a vested interest.	Basic Needs, Housing	develop, operate and advocate for sustainable housing that builds strong communities through resident participation and leadership development.	Non-Profit	Davis, Woodland, Esparto
88.	Refugee Cash Assistance	Cash assistance program for refugees without children who are not otherwise eligible for any other cash aid	Immigration	Increase self-sufficiency	RCA, Federal, Grants	Davis, West Sacramento, Winters, Woodland
89.	Make it Happen Yolo	Assistance with first apartment down payment and furniture	Independent Living Skills/TAY	Served 26 foster youth in 2020	Non-Profit, Robert and Joanne Andresen, Save Mart Cares Foundation, the Biberstein Social	Davis (located in Davis, services Yolo County Youth)

					Action Fund, the Valente Foundation, Katie Flaherty and the late Paul Brady, the Mikuni Foundation, Davis Sunrise Rotary and the Union Pacific Railroad in addition to financial and furniture donations from many community members.	
90.	RISE / WIOA Youth	Assistance with jobs for 16-24 aged youth. Workforce Investment and Opportunity Act.	INDEPENDENT LIVING/TRANSITIONAL AGED YOUTH	In this program you can gain: Up to 300 hours of PAID work experience Job Development Skills Resume & Master Application Assistance Career Assessment Tools Job Searching Techniques Job Interview Training	Non-profit, contracts, grants, CDE, WIOA, Yocha Dehe Community Fund	Capay Valley, Dunnigan, Esparto, Knights Landing, Winters, Woodland or Yolo areas



KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES

County of Yolo

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

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

Trauma-Informed Service Delivery Assurance

The Yolo County CWS and Yolo County Probation (Name of participating child welfare services and/or probation agency) assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child 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 Yolo County CWS and Yolo County Probation (Name of participating child welfare services and/or probation agency) assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, 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 Yolo County CWS and Yolo County Probation (Name of participating child welfare services and/or probation agency) assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color,


as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.


Assurance of Coordination with Local Mental Health

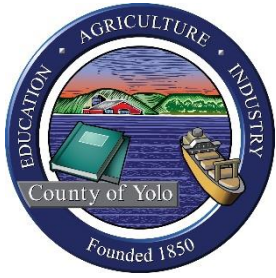
In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the Yolo County CWS and Yolo County Probation (Name of participating child welfare services and/or probation agency) assures the establishment of a joint written protocol, based on the 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.

02/22/2023
(Date)  Tony Kildare
(Signature of Authorized CWS Representative)

02/22/23
(Date)  Dan Fruchtenicht
(Signature of Authorized Probation Representative)



COUNTY OF YOLO

Health and Human Services Agency

Nolan Sullivan
HHSA Director

Karleen Jakowski, LMFT
Director, Child, Youth & Family Branch

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EXECUTIVE MEMORANDUM

DATE: December 16, 2022

RE: Compliance with the Indian Child Welfare Act

Background

This Executive Memorandum provides details regarding *select* requirements of the Indian Child Welfare Act (ICWA) which are high priorities for the Agency and which are to be implemented *immediately*. Yolo HHSA has chosen to actively work with several tribes and CDSS in a collaborative effort to address issues that have arisen in some cases subject to ICWA. While current Agency practices align with many elements of this memorandum, the Agency is currently working to develop a series of robust Policy and Procedures (and Desk Guides) to assist staff with fully complying with all aspects of ICWA. This Memorandum is intended to serve as general guidance with respect to ICWA compliance and is an effort to improve relationships with Indian Tribes, children, and families, while more extensive Agency policies are being created. Child Welfare staff are encouraged to review the [Indian Child Welfare Act Desk Reference](#) that has been created by the California Department of Social Services and Office of Tribal Affairs for more detailed information about ICWA pending the release of County Policies and Procedures.

Overview of the Indian Child Welfare Act¹

Congress recognized in the Indian Child Welfare Act that “there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children.” 25 U.S.C. 1901(3).

As explained by the Bureau of Indian Affairs in the Guidelines for Implementing the Indian Child Welfare Act:

“Congress enacted ICWA in 1978 to address the Federal, State, and private agency policies and practices that resulted in the “wholesale separation of Indian children from their families.” Congress found “that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies and that an alarmingly high percentage of such children are placed in non-Indian foster and adoptive homes and institutions...” Although the crisis flowed from multiple causes, Congress found that non-Tribal public and private agencies had played a significant role, and that State agencies and courts had often failed to recognize the essential Tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families. To address this failure, ICWA establishes minimum Federal standards for the removal of Indian children from their families and the placement of these children in foster or adoptive homes confirms Tribal jurisdiction over child-custody proceedings involving Indian children.”

¹ As discussed in [Guidelines for Implementing the Indian Child Welfare Act](#) (pg. 5), published by the Bureau of Indian Affairs.

In addition to the federal ICWA, the State of California has enacted a parallel state version of the ICWA, which is codified in the California Welfare and Institutions Code (WIC).

Agency Philosophy Regarding Indian Children

- First and foremost, Native American Tribes are sovereign governments. While their authority is limited in some respects by federal laws, tribes have many of the attributes of a sovereign government and are said to stand “in a government-to-government relationship” with the United States.² A tribal government must be treated with the same level of respect that you would demonstrate toward the federal government.
- Tribes also stand in a government-to-government relationship with the State of California. See, e.g., Executive Order B-10-11. The State has “committed to protecting the essential tribal relations and best interest of an Indian child by promoting practices, in accordance with the federal [ICWA] and other applicable state and federal law, designed to prevent the child’s involuntary out-of-home placement and, whenever that placement is necessary or ordered, by placing the child, whenever possible, in a placement that reflects the unique values of the child’s tribal culture and is best able to assist the child in establishing, developing, and maintaining a political, cultural, and social relationship with the child’s tribe and tribal community.” WIC 224(a)(1).
- Agents of the Tribes (e.g., attorneys, social workers, etc.) who have been granted authority to represent the Tribe *must* be recognized not only as professionals, but as emissaries of the Tribe. This means that these individuals must be recognized and afforded due respect as would be expected for a representative of the federal government.
- The Indian Child Welfare Act requires the Agency, through the social workers and other Agency staff, to engage in “active efforts,” as defined in Section 23.2 of the Code of Federal Regulations (see below), in all cases involving Indian children to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. Active efforts must be ***affirmative, active, thorough, and timely***, and must begin at first contact with the family when there is reason to know the child may be an Indian child. Active efforts, by definition, goes beyond what is required to meet the “reasonable services” standard and requires a higher standard of social worker conduct.
- Child Welfare staff must ensure that Tribes are afforded an opportunity to actively engage at each stage of a child welfare matter that involves their Indian children. Often times, Child Welfare staff disseminate information relating to these events to the case participants. It is vital to ICWA compliance that staff include Tribes on that dissemination of information.
- When a Tribe is a party to a court case, the tribal representative(s) must be invited to all meetings where other parties’ counsel are invited. A Tribe need not be represented by an attorney to participate in a court case. Tribal representatives should be invited to and be provided the opportunity to participate meaningfully in meetings such as child and family team meetings, monthly placement meetings and settlement conferences. Tribal representatives should be consulted in advance of any meetings to ensure their availability to attend.
- Tribal representatives should not be invited to meetings such as staffings with county counsel, meetings with supervisors, or any other internal meetings.
- Information about Indian children must be provided to Tribes as soon as practical after receiving the information, and every effort must be made to ensure that third-party service providers are made aware that information provided to the Agency must also be provided to the Tribes (if this is not possible, the Agency bears the responsibility of providing this information to the Tribes *upon receipt of the information*). The Agency should work with third-party service providers to have the providers send information directly to the Tribes so that the Tribes receive

² [ICWA Desk Reference](#) at p. V-1

the information concurrently with the Agency.

- Tribes must be consulted for recommendations on what they believe to be in the best interests of their children. Tribes have a unique perspective on the implications of multi-generational and historical trauma which may not be understood by social workers who are not part of their culture. *Each Tribe has a unique history and set of traditions*, so the Tribe must always be consulted regarding efforts to connect children to culturally relevant services. The Agency will consistently strive to understand, respect, and honor the wisdom of Tribes regarding the best interests of their children.
- Tribes have a compelling interest not only to protect their children, but to preserve the unique history and traditions of their ancestors. The Agency bears a legal responsibility under ICWA to assist the Tribe to ensure, whenever possible, that Tribal children remain connected to their Tribal communities and cultures as well as their extended families.
- Tribal authorities are partners of the Agency and are never to be addressed in an adversarial manner or as offenders in any child welfare matter. Tribal authorities recognize that their citizens have the same social problems as other cultures and seek to work with the Agency to address child abuse and neglect situations that come to their attention. Tribes and tribal people and families have a long and understandable history of distrust with governmental authorities. *The Agency bears the responsibility of recognizing, honoring, and addressing historical wrongdoings* by demonstrating integrity, respect, and trustworthy behavior towards Tribes to develop a positive and trusting relationship necessary to collectively serve Indian children.

Active Efforts

The next section discusses specific stages of a typical dependency case. It is important to know when you are required to engage in active efforts and when ICWA applies to a case.

Overview of Active Efforts

- In general, ICWA and the regulations governing ICWA require “active efforts” to prevent the breakup of the Indian child's family. This means that prior to removal (in a non-emergency situation), the Agency must engage in active efforts to prevent the breakup of an Indian family. See, WIC 319(f)(2). If the Agency is seeking to place a child into a foster-care placement, then the Agency must prove that active efforts have been made to provide remedial services to prevent such placement and that those efforts have been unsuccessful. 25 U.S.C. 1912(d).
- In cases involving emergency situations – where the Agency needs to remove a child from a parent in order to prevent imminent physical damage or harm – the Agency is not required to engage in active efforts prior to effecting an emergency removal. ICWA does not require active efforts prior to an emergency removal or emergency placement. 25 U.S.C. Sec 1922. The immediacy of the threat is what allows the Agency to temporarily suspend the active efforts requirements in ICWA.
- If a removal or placement occurs on an emergency basis, then it is important for the Agency to begin to engage in active efforts at the earliest stages of a proceeding once the risk of imminent harm is negated.
- Absent an emergency removal or emergency placement, the Agency is required to engage in active efforts to prevent the need for removal or placement of the Indian child.

Hotline/Intake

- Call screeners must always ask if the child has any known Indian ancestry.
- If the intake call involves a child for whom the Agency has reason to believe is an Indian child, social workers must make attempts to identify the Tribes involved and provide those Tribes with information regarding the pending investigation, including the allegations of child abuse or

neglect. If the intake call involves an emergency situation where the child is at risk of imminent physical damage or harm, then social workers should first work to provide safety for the child and then make attempts to contact the Tribe(s) involved.

- Whenever the Agency receives a report for a child with **confirmed Tribal membership or eligibility for membership and the child is not already involved in child-custody proceedings**, the Tribe must be contacted *prior* to any intervention unless a social worker is intervening in an emergency situation where the child is at risk of imminent physical damage or harm. Social workers must document those emergency circumstances in the case notes. Tribes should then be contacted as soon as practical following, or, if possible, contemporaneously with, the intervention. The Agency shall document and report to the court on their efforts to contact the parents, Indian custodian, extended family, and Tribe for the emergency proceeding.
- Refer to “Chapter 31-100 Intake” of the [Indian Child Welfare Act Desk Reference](#) or the [Judicial Council of California’s ICWA Information Sheet](#) for additional details.

Investigation

- Whenever the Agency intends to investigate an allegation of suspected child abuse or neglect regarding a child with **confirmed Tribal membership or eligibility for membership**, the BIA Guidelines “recommend that [the Agency] work with Tribes, parents, and other parties as soon as possible, even in an emergency situation, to begin providing active efforts to reunite the family.” Tribal representatives will often have access to information that will not be readily available to social workers.
- The opportunity to participate in investigations includes (but is not limited to): observing interviews with the children, parents, and collaterals; identification of culturally relevant services to prevent removal of children from the home; identification of family members or non-related extended family members for placement consideration; participation in child and family team meetings; and completion/scoring of Standard Decision- Making (SDM) tools. Refer to “Chapter 31-100 Intake” of the [Indian Child Welfare Act Desk Reference](#) for additional details.

Placement Decisions

- The law compels collaborative work with the Tribe to find an appropriate placement by requiring the child welfare workers to use Tribes and tribal services and agencies, when available, to fulfill the placement priorities. The Social Worker must carefully document in the Court report all efforts to work with the Tribe and secure a placement consistent with the applicable preferences.
- Even when an extended family member requires a criminal background exemption and is therefore not eligible for emergency placement, they should be encouraged to pursue RFA or Tribally Approved Home (TAH) status.
- Whenever the Agency is considering moving an Indian child from a currently approved placement, the child’s Tribe must be afforded the opportunity to *participate in identifying an appropriate placement* with a family member, a non-related family member, or Indian home *prior to removal of the Indian child from the home*.
- Active efforts must be made to include the Tribe, children, parents and extended family in decisions regarding placement and these active efforts must be fully documented in the case file.
- Even in the absence of the Tribe’s participation or input, Social Workers must still comply with the ICWA placement preferences (i.e., give preference to relative and Indian homes, least restrictive environment, etc.).
- Refer to “Chapter 31-400 Placement” of the [Indian Child Welfare Act Desk Reference](#) for additional details.

Court Processes

- The Agency is required under ICWA to make active efforts to collaborate with the Tribe regarding any Court filings related to Indian children, including (but not limited to) Petitions, Detention Reports, Jurisdictional Reports, Dispositional Reports, Status Updates, and 366.26 Reports. In the spirit of collaboration, the Agency and tribal representatives should work together to ensure that any relevant documents the Tribes want to be included in the Agency's report are included.
- So long as the Agency and tribal representatives are working collaboratively, then both the Agency and tribal representatives will be aware of all information contained in court reports prior to the reports being filed with the Court, and the reports should reflect any areas in which the Agency and Tribe do not agree.
- When a Tribe has intervened in a case, they are party to the case and are entitled to timely service of any Court filings.
- In order for the Agency to be in compliance with the ICWA "active efforts" requirement, social worker practitioners should have already included the Tribe, the parents, the extended family, and the children (as applicable) in the various actions that make up the report, such as discussions and decisions regarding services, placement, visitation, etc., prior to the reports being produced and filed with the Court.

Case Planning

- In cases where it is known, or there is reason to know, the child is an Indian child, the CFT meeting must be held within 30 days of entry into foster care in order for the dispositional hearing to occur within the time required. A representative from the Indian child's Tribe is required to be included for all CFT meetings for cases involving an Indian child. In cases where petitions under section 300, 601, or 602 may be filed for child, inquiries into whether a child may be an Indian child should be made beginning with initial contact. Practice expectations require collaboration with the Tribe to determine a time, date, and location of the CFT meeting. The CWS agency should make every effort to allow for the Tribe or tribal representative to participate, including telephonic, digital, or virtual access to the CFT meeting. If the CWS agency has made every effort to collaboratively determine a time, date, and location of the CFT meeting with the Tribe, and if informed the Tribe is not available, the best practice would be to determine next steps together with the Tribe, including postponing or proceeding without the Tribe.
- The Agency must include the Tribe and extended family in case planning activities to ensure that Indian children are provided with culturally appropriate services that are approved by the Tribe. The Agency must make active efforts to ensure that the Tribe has provided input to the case plan prior to filing with the Court, and the associated court report should reflect any components of the case plan that is being recommended by the Agency with which the Tribe is objecting (including any services that the Tribe has recommended but which are not included on the case plan).
- The Agency must also take affirmative, proactive steps to assist parents and children through the steps of a case plan, which includes, among other things, assisting the parents and children in accessing the resources necessary to satisfy the case plan objectives, identifying appropriate services and helping the parents to overcome barriers, including actively assisting the parents in obtaining such services. These steps go beyond providing reasonable efforts, which could be satisfied by simply providing the parents and children with a case plan with identified tasks along with contact information for the service providers and routine follow-up.
- Refer to "Chapter 31-200 Assessment and Case Plan" of the [Indian Child Welfare Act Desk Reference](#) or the [Judicial Council of California's ICWA Information Sheet](#) (see the chart on page 3) for additional details.

Visitation

- Under ICWA, active efforts with respect to visitation includes “supporting regular visits with parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the need to ensure the health, safety, and welfare of the child.” 25 C.F.R. 23.2(7).
- Active efforts must be made and documented to ensure that Indian children have visitation with "extended family members" (as defined by the law or custom of the Indian child’s Tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child’s grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent) and participation in the cultural and ceremonial events of the child's tribe. The Agency shall conduct a diligent search for an Indian child’s extended family members, including contacting and consulting with extended family members to provide family structure and support for the Indian child and the Indian child’s parents under the active efforts requirement.
- The connections between the Indian child and their extended family members are critical even when those extended family members are not available for placement. Extended family members can provide important supports for the parents, the Indian child, and caregivers, (e.g., relatives can supervise visits, assist with transportation, etc.) ensuring better outcomes for Indian children and promoting cultural connections for the child.

Nolan R. Sullivan

12/16/2022

Nolan Sullivan
Yolo County HHSA Director

Date

Karleen Jakowski

12/16/22

Karleen Jakowski
Yolo County Child Welfare Director

Date

Employee Acknowledgement

I have read and understand the responsibilities outlined in this Executive Memorandum.

Employee Name: _____

Employee Signature

Date

“ACTIVE EFFORTS,” as defined in [Section 23.2 of the Code of Federal Regulations](#)³

“Active efforts” means affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family. Where an agency is involved in the child-custody proceeding, active efforts must involve assisting the parent or parents or Indian custodian through the steps of a case plan and with accessing or developing the resources necessary to satisfy the case plan. To the maximum extent possible, active efforts should be provided in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child's Tribe and should be conducted in partnership with the Indian child and the Indian child's parents, extended family members, Indian custodians, and Tribe. Active efforts are to be tailored to the facts and circumstances of the case and may include, for example:

- (1) Conducting a comprehensive assessment of the circumstances of the Indian child's family, with a focus on safe reunification as the most desirable goal;
- (2) Identifying appropriate services and helping the parents to overcome barriers, including actively assisting the parents in obtaining such services;
- (3) Identifying, notifying, and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in family team meetings, permanency planning, and resolution of placement issues;
- (4) Conducting or causing to be conducted a diligent search for the Indian child's extended family members, and contacting and consulting with extended family members to provide family structure and support for the Indian child and the Indian child's parents;
- (5) Offering and employing all available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
- (6) Taking steps to keep siblings together whenever possible;
- (7) Supporting regular visits with parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the need to ensure the health, safety, and welfare of the child;
- (8) Identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources;
- (9) Monitoring progress and participation in services;
- (10) Considering alternative ways to address the needs of the Indian child's parents and, where appropriate, the family, if the optimum services do not exist or are not available;
- (11) Providing post-reunification services and monitoring.

³ See also [Welfare and Institutions Code 224.1\(f\)](#)

What Is the Difference Between Reasonable Efforts and Active Efforts?⁴

When ICWA applies to child-custody proceedings, the agency involved must provide active efforts to assist the Indian family in remaining together. Reasonable efforts are insufficient. For a clearer understanding of reasonable and active efforts, see the chart below.

Reasonable Efforts	Active Efforts
Choosing standard items for the case plan	Working with the tribal representative and parents to identify goals for case plan and resources
Giving the parents a list of parenting classes	Going over the list of parenting classes with the parents, locating a culturally appropriate class, and assisting the parents in signing up for classes that their schedules allow them to attend
Identifying general counseling one time per week in the case plan	Locating culturally appropriate behavioral health resources; accompanying the parents, child, and/or family to the intake appointment; and having regular contact with the service provider
Documenting that the child is eligible for enrollment	Taking the necessary steps to secure tribal membership for a child if the child is eligible for membership in a tribe (Cal. Rules of Court, rule 5.484(c)), including contacting the tribal representative to find out how to get the child enrolled in the tribe and following the procedures of that tribe to get the child enrolled
Locating a standard substance abuse treatment program	Locating a culturally appropriate substance abuse treatment program and identifying when the child can visit or stay with the parent in the program
Placing child in a frequently used non-Indian foster home	Using ICWA placement preferences properly for the child's temporary home, beginning with contacting the family and tribe to begin identifying a home

⁴ Source: <https://www.courts.ca.gov/documents/ICWA-active-efforts.pdf>

Yolo County FFPS CPP Update 7/26/2023

Yolo County responses to CDSS' questions are provided in blue text below.

TRIBAL CONSULTATION AND COLLABORATION

1. CDSS has reviewed Yolo County's plan to meet Tribal consultation and collaboration but would like more information on Yolo County's efforts to invite and engage Tribes and/or tribal organizations to gather input into the CPP based on ACL 22-23.
 - a. Please clarify if any Tribes were invited to participate in the development of the CPP. If so, which Tribes were invited?

Yolo County's Child Welfare Manager who oversees Intake, Emergency Response, Court Unit and Program Contracts for our Child Welfare Department contacted a Tribal Social Worker in Lake County on July 28, 2022, to help identify a Tribal Representative. Yolo County's Child Welfare Manager spoke with the Lake County Tribal Social Worker on August 2, 2022, and they suggested that Yolo County contact the California Tribal Families Organization. On August 2, 2022, the Yolo County Child Welfare Manager contacted the California Tribal Organization to identify the level of engagement we could anticipate during our CPP development but did not receive a response.

Yolo County's Executive Leadership Team (which includes our Child, Youth and Family (CYF) Branch Director and Adult and Aging Deputy Branch Director) has been collaborating with the Indian Child and Family Preservation Program (ICFPP) and Tribal Representatives from three Tribes: Yocha Dehe Wintun Nation, Kletsel Dehe Wintun Nation of the Cortina Rancheria and the Dry Creek Rancheria Band of Pomo Indians to build a relationship and identify challenges and areas for improvement regarding Yolo County's Health and Human Services Agency in addition to improved coordination with our Child Welfare Department. Yolo County Executive leadership has met with representatives from the specified Tribes monthly, beginning in August 2022 to build/strengthen our relationship.

Yolo County Leadership has chosen to actively work with several tribes, CDSS and the Office of Tribal Affairs (OTA), in a collaborative effort to address issues that have arisen in some cases subject to the Indian Child Welfare Act (ICWA). Yolo County had reached out to CDSS to provide technical assistance which was coordinated by Angie Schwartz and Valerie Early. A meeting took place on October 7, 2022, with CDSS, several tribes and OTA which served as a catalyst in the development of an Executive Memorandum which addressed ICWA, Agency Philosophy Regarding Indian Children, Overview of Active Efforts, Hotline/Intake Efforts, Investigation Efforts, Placement Decisions, Court Processes, Case Planning and Visitation. The Memorandum is intended to serve as general guidance with respect to ICWA compliance and is an effort to improve relationships with Indian Tribes, children, and families, while more extensive Agency policies are being created. The Memorandum can be found as an attachment to the CPP starting on page 120.

- b. What are the steps for the County Administrative Officer to formally request that the Yocha Dehe Wintun Nation consider providing a representative in the ILT committee? Where is your agency in the process? By when does your agency anticipate having tribal representation?

During the discussion on October 7, 2022, the Tribes indicated that high level Tribal representatives participating in official meetings including the ILT committee would need to be requested by Yolo County leadership above the CYF Branch Director. The CYF Branch Director has submitted a letter to Yolo County leadership which is currently under review for signature. Our goal is to have the letter sent and include representation within the next six months, however, this timeline may be subject to change and the Tribes have the ability to determine whether they would like to participate or not.

CDSS' Comments:

A CPP required component is a description of efforts to invite and engage Indian Tribes in cross-sector collaboration and input into the CPP. Yolo County did attempt to identify Tribal Representation through the California Tribal Families Organization. However, it was not noted if there were efforts to invite their local Tribes (Yocha Dehe Wintun Nation) to participate in the development of the CPP. Yolo County is working to improve its overall relationship with the Tribes. Yolo County is applying the feedback they received from Tribes by formally requesting through Yolo County Leadership that the Yocha Dehe Wintun Nation tribe provide a representative in the ILT committee.

Yolo County has taken multiple steps towards building on and strengthen its relationship with Tribes. They have already requested assistance from CDSS, have been meeting with Tribes monthly, developed an Executive Memorandum which addressed ICWA and are working towards formally requesting Tribal representation in their ILP.

Next steps:

1. Have a direct conversation with Tribes about the CPP. Advise the Tribes that you are working towards the formal request to consider providing a representative for the ILT, but in the meantime, would like to invite them to be part of the CPP planning and implementation. Document those efforts and responses.
2. If it is not possible to directly converse with your local Tribes about the CPP, could you clarify why it is not possible? [Please see response to question 1b above.](#) It appears that your county has been working diligently to build a relationship with your local Tribes. We want to ensure that we understand correctly the request from your local Tribes and if there is a process in place for your agency to invite them to participate in the CPP.
3. Continue to invite and engage Tribes in the CPP and document those efforts.

SPENDING AND SUSTAINABILITY PLAN

2. In accordance with ACL 22-23, CPPs must include the local Title IV-E agency's spending plan, which describes how the State FFPS Program Block Grant will be used for prevention activities and services and the extent to which additional funds are leveraged for comprehensive planning.
 - a. Please provide a spending plan which notes the dollar amount allocated for planning and development, and delivery of services for the State Block Grant. Identify the categories your

agency anticipates using the funds for and estimate the amount allocated for each category.

- b. Your agency can utilize the optional [CPP Spending Plan template](#) to document costs spent on the planning and development of their CPP and propose a budget for the delivery of services and implementation support. Your agency can also reference the approved [CPP Plans](#) to create your spending plan.

Please note that the following spending plan includes projections/estimates which may be subject to change.

Fiscal Year	Projection Amount	Type of Funding	Cost Type
2022-2023	\$97,455	FFPS SBG	Admin
2022-2023	\$22,837	Cannabis	Admin
2023-2024	\$197,455	FFPS SBG	Admin
2023-2024	\$47,990	FFPS SBG	Training
2023-2024	\$5,000	FFPS SBG	Service Provision: Secondary and Tertiary Services and Strategies for Material Goods for Families (i.e., food, transportation support, books/toys for children and youth).
2023-2024	\$225,260	FFPS SBG	Service Provision: Secondary and Tertiary Services and Strategies including the delivery of selected evidence-based programs (Healthy Families America, Family Check Up)
2023-2024	\$177,163	Cannabis	Service Provision: Secondary and Tertiary Services and Strategies including the delivery of selected evidence-based programs (Healthy Families America, Family Check Up)
Projected Total	\$773,160		

CDSS' Comments:

The spending plan provides a high-level overview but needs to describe further how the State FFPS Program State Block Grant (SBG) will be used for prevention and service activities.

Follow-up Questions:

1. Is your county planning to utilize your FFTA allocations (\$202,788) in your CPP planning efforts? We are planning to utilize FFPS SBG prior to utilization of FFTA since the deadline to utilize FFPS SBG ends earlier (June 2024).
Your county's projected FFPS SBG amount is \$573,160. However, the allocated amount is \$772,939. Could you clarify if this is your final projected amount for the SBG funds?
We intend to blend funding streams including the utilization of the Department of Cannabis Control (Cannabis) funding for implementation purposes and are projecting to utilize \$573,160 of FFPS SBG– the total projected program amount including cannabis funding is \$773,160. Although this is our final projected amount at this time, the provision of services cannot begin until provider contracts are fully executed and service engagement with identified/eligible families takes place, therefore, it is possible that costs could increase which will allow us to utilize the remaining funds. Additionally, we intend to work with our contracted provider to identify unique needs and trends of the families being served which will inform us as to how the remaining funds can be utilized to further support our clients for example concrete supports, etc.
2. Are there plans for the remaining SBG funds?
The provision of services cannot begin until provider contracts are fully executed and service engagement with identified/eligible families takes place, therefore, it is possible that costs could increase which will allow us to utilize the remaining funds. We intend to work with our contracted provider to identify unique needs and trends of the families being served which will inform us as to how the remaining funds can be utilized to further support our clients for example concrete supports, etc.
3. Please provide separate SBG projection amounts for each cost type (admin, training, and service provision).
The chart above has been updated to separately identify, admin, training, and service delivery.
4. Please provide more information on what prevention and service activities the SBG funds will be allocated towards. Please note the projection amount for each potential prevention and service activity. Below are some examples of prevention and service activities:
 - Concrete support to avoid entry into care
 - Primary and secondary services and strategies
 - Contracts with service providers
 - Culturally responsive programs and other secondary and tertiary Evidence-Based Programs (EBPs) that fill service gaps but are not yet included in the State's Five-Year Title IV-E Prevention Plan

The chart above has been updated to include the estimated amounts for service delivery of secondary and tertiary services including implementation of the selected evidence-based programs: Healthy Families America and Family Check Up.

SERVICE/ASSET MAPPING

1. Per ACL 22-23, agencies opting into the FFPS program must submit a CPP outlining the agency's plan for primary, secondary, and tertiary services. The CDSS is requesting further clarification on your agency's primary and secondary strategies.
 - a. Does your agency's have primary prevention and intervention strategies? If so, could you provide more information on those strategies? (For example: Does your agency plan to increase access and/or awareness of WSFRCs?)

Yes, Yolo County has primary prevention and intervention strategies. The Yolo County Children’s Alliance (YCCA) operates the West Sacramento Family Resource Center (WSFRC). The WSFRC is an existing primary prevention/intervention strategy in Yolo County that has proven to have positive outcomes for community members. The programs, services, numbers served, and high-level funding streams can be found starting on page 54 of the CPP.

Our intention is to coordinate with YCCA’s WSFRC as we implement two selected evidence-based programs, Healthy Families America (HFA) and Family Check Up (FCU). After referral from Title IVE Agency, YCCA will determine whether the family is interested in participating in HFA or FCU and meet(s) the applicable EBP eligibility criteria. Through this process families are connected to activities, services, and community resources through the WSFRC and its knowledge of Yolo County programs and services, parents will receive information that best meets their needs for basic necessities including food, housing, medical care, supplies, as well as information leading to broader cultural support and recreation opportunities for families.

CDSS’s Comments:

Yolo’s CPP outlines services that address a continuum of primary, secondary, and tertiary prevention and intervention services. Yolo has 90 services provided to Yolo County’s children, youth, and families. Yolo has documented service providers and implemented different programs in the county as part of its prevention efforts. Yolo has categorized its prevention services into three tiers: primary, secondary, and tertiary. They have (28) primary prevention services, (21) secondary services, and (41) tertiary services. Yolo applied information received in their data analysis, cross-sector collaborative, and lived experience/listening session to spotlight WSFRC as their primary prevention strategy. The WSFRC connects families to activities, services, and community resources. Parents will receive information that best meets their needs for basic necessities, including food, housing, medical care, and information leading to broader cultural support and recreation opportunities for families.

Recommendation:

The CDSS recommends identifying options to build on, strengthen or expand the existing primary prevention service. For example, identify prevention strategies to increase authentic engagement in existing primary prevention services from the community. Below are some prompting questions to help you think about authentic engagement.

1. How are you working with the community so that the community creates the capacity to connect with available resources?
2. How can Yolo County and the WSFRC create a robust provider network? (Ex. Outreach, have pop-up spaces where people already gathered, one-stop public benefits enrollment, and mobile services/pop-up places in neighborhoods)
3. How will the WSFRC build capacity within the community for them to solve their own challenges?
4. How will the community be driving the agenda to move forward?
5. How are you working with WSFRC to build resiliency within the community?
6. How is the WSFRC celebrating culture?
7. How does the community become an active partner?

- b. Are there plans to create an intake/screening process through FRCs or CBOs to determine family eligibility and interest in participating in voluntary services?

Yolo County Child, Youth and Family Branch Staff plan to work collaboratively with YCCA to develop screening and referral processes.

- c. Does your agency have a community pathway?

Yolo County intends to utilize the framework outlined in the [States 5-Yr Prevention Plan](#) and initially anticipates referring clients from the Title IV-E Agency to a contracted provider(s) for prevention services:

“A Child Abuse Hotline is one access point of the Child Welfare Pathway for Title IV-E funded prevention services. When the referral from the Hotline is assigned to an emergency response social worker, they contact the family to investigate the allegation(s). If the investigation results in substantiated or inconclusive findings, yet a case is not opened, a child may be identified as a candidate for foster care eligible for Title IV-E Prevention Services and **referred to available and appropriate prevention services under the community pathway described below**” (State’s 5YR Prevention Plan, Page 26).

In tandem to the development of the CPP, Yolo County is also in the process of developing an Alternative Response (AR) Program and intends to align the pathways to ensure that candidacy decisions are made by the Title IV-E agency and that reporting requirements and model fidelity are followed as indicated on page 31 of the State’s 5 YR Prevention Plan. However, some clients may not meet the level of a “candidate for foster care” but may still be served through the AR Program based on our pathway criteria which is currently in development.

INTEGRATED CORE PRACTICE MODEL

- 2. CDSS recommends providing further details on Yolo's County ICPM strategies. Below are some guiding questions to assist with providing further information on your agency's ICPM strategies.
 - a. Could your agency provide more information on the ICPM training available for staff and stakeholders? How often will ICPM training be offered? Will it be mandated?

Yolo County Staff can take ICPM training through the UC Davis Northern Training Academy (Training Academy) and frequency of those trainings are developed by the Training Academy. Yolo County’s Social Worker Supervisor II who oversees the Training Unit sends available trainings to staff frequently which also includes ICPM training information from the Training Academy. An ICPM Leadership Learning Collaborative was offered on January 19, 2023, and we requested/required that a Supervisor II from each Child Welfare Managers’ Unit was represented during the training. We will continue to offer these trainings to staff as they are available through the Training Academy, and we have also contacted First5 Yolo to determine whether they are also interested in participating in subsequent ICPM and SOP trainings.

- b. What are some of the behaviors (leadership and staff behaviors) that will demonstrate that the standard of ICPM is being utilized?

The behaviors that leadership and staff can demonstrate related to ICPM are as follows:

- Engagement
 - Listen to the child, youth and family and demonstrate that we care about their thoughts and experiences.
 - Demonstrate an interest in connecting with the child, youth and family and help them identify and meet their goals.
 - Identify and engage family members and other individuals who are important to the child, youth, and family.
 - Assessment:
 - From the beginning and throughout all work with the child, youth, and family, engage in initial and on-going safety/risk assessments and permanency planning.
 - Teaming:
 - Work with the family to build a supportive team
 - Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, and family.
 - Work with the team to address the evolving needs of the child, youth, and family
 - Work collaboratively with community partners to create better ways for children, youth, and families to access services.
 - Service Planning and Delivery
 - Work with families and their teams to build a plan that will focus on changing behaviors that led to circumstances that brought the family to the attention of the child welfare agency and assist the child, youth and family with safety, trauma, healing, and permanency.
 - Transition
 - Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.
- c. Provide examples of leadership and practice behaviors of the ICPM framework used when developing your agency's CPP.

Engagement Example Re CPP:

Yolo County Leadership (including the Child, Youth and Family Branch Director and Adult and Aging Deputy Director) solicited help from the Woodland Community College's Independent Living Program (ILP) and attended the ILP class to request youth volunteers to participate in FFPSA planning. Yolo County Leadership held a broad FFPSA community meeting and from this dialogue it was determined that there were many individuals who wanted to share their current, personal experiences within Yolo County's Child Welfare Department. Based on input we received from individuals with lived experience, it was determined that listening sessions would be convened to hear from our community

members about our overall agency and system interactions with individuals who expressed areas of agency consideration in addition to FFPSA feedback. Through the administration of our Capacity Assessment, it was determined that information shared and gathered from individuals with lived experience should be articulated differently, compared to our cross-system partners. Yolo County Leadership utilized community listening sessions to identify areas of change that would be considered as part of our overall agency communication and planning. We met with individuals with lived experience (youth and parents respectively to mitigate re-traumatization), in six separate occasions to receive feedback regarding FFPSA implementation and whether the selected Evidence Based Programs would meet the needs of community members. These discussions occurred on August 17, 2022, September 1, 2022, September 15, 2022, December 9, 2022, December 20, 2022, and December 21, 2022. We received positive feedback regarding the Evidence Based Programs with the caveat that County and Contracted Staff would provide services appropriately and through trauma informed practice.

Teaming Example Re CPP:

Yolo County Leadership worked collaboratively with our cross-system partners to create and develop components of our CPP including our service array to guide services and access needs for children, youth, and families. We reviewed the service array with our cross-system collaborative during monthly meetings to provide an overview and we provided an opportunity for the cross-system collaborative to share verbal and written feedback on the service array to guide EBP selection.

Service Planning Example Re CPP:

As noted in the engagement section above, Yolo County Leadership held listening sessions for those with lived experience including parents who are currently being served in our child welfare system. We shared with them the EBPs we were planning to select based on our needs assessment which we believed may help to change behaviors that led to circumstances that brought the family to the attention of the child welfare agency and assist the child, youth and family with safety, trauma, healing, and permanency. We received positive feedback regarding the EBPs with the caveat that County and Contracted Staff would provide services appropriately and through trauma informed practice.