

# FAMILY FIRST PREVENTION SERVICES PROGRAM OF SANTA CRUZ COUNTY

## COMPREHENSIVE PREVENTION PLAN (CPP)

2023-2025



July 31, 2023

A Project of Family and Children's Services and Juvenile Probation and the  
Child, Youth, and Family Well-Being Cabinet of Santa Cruz County

## Acknowledgments

The Comprehensive Prevention Plan was developed by the Child, Youth, and Family Well-Being Cabinet. This team met from September 2022 to July 2023.

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## **Abstract**

Santa Cruz County Human Services Department - Family and Children's Services with the Juvenile Probation Department have engaged partners to develop an ambitious plan for collective movement "upstream" or toward prevention. Planning has taken place through the support of county agencies, community-based organizations, and people with lived expertise. Court partners - including the district attorney, public defender, and judges within the dependency court, have also been engaged in planning and are invested in system changes to result in child, youth, and family well-being.

This Comprehensive Prevention Plan (CPP) has been informed by needs, assets, and gaps, determined by quantitative and qualitative data, and prioritized through the guidance of the Child, Youth, and Family Well-being (CYFWB) Cabinet, an inclusive and cross-sector collaborative charged with planning, implementing, and monitoring the success of the Family First Prevention Services Program in Santa Cruz County. At the broadest level, this plan articulates and lifts up shared commitments to prevention, made possible through collaboration, related initiatives, funding, and continued attention to results.

The CPP leverages California Family First Prevention Services Block Grant funding to build a trauma-informed infrastructure to assess candidacy for Title IV-E prevention services and strengthen three evidence-based programs included in the State Prevention Plan (Nurse-Family Partnership, Motivational Interviewing, and Brief Strategic Family Therapy). The plan also reinforces infrastructure for referral and better connection at all levels of prevention, prioritizing mental and behavioral health, family and parenting education, fatherhood initiatives, and financial support -- especially for populations that have been marginalized and face barriers to access. The plan includes time to learn from and leverage the existing Differential Response program (known as Families Together) while concurrently exploring and building a Community Pathway, likely to include Family Resource Centers, Healthcare Providers, and School Wellness Centers--to provide community responses whenever appropriate.

Implementation will benefit the entire County; however, specific aspects are focused on disproportionality and inequities. Focal populations include addressing inequities and under-resourced communities such as South County (City of Watsonville and surroundings) as well as people that are geographically isolated from services. An additional focus for services is directed at people who are undocumented, who speak the indigenous languages of Mexico, and others who face barriers in accessing existing services. System reforms for racial equity address the over-representation of Black, Latine, and youth in child welfare and juvenile probation systems.

Plan Overview

	Phase 1	Phase 2
<u>System Level</u>	<p><b>Multi-Agency Collaboration with the CYFWB Cabinet</b></p> <ul style="list-style-type: none"> <li>● Complete fiscal mapping to leverage, blend, and braid state investments in CalAIM, School Wellness Centers, CalWORKs, Children’s Behavioral Health, and FFPS</li> <li>● Develop fiscal sustainability plan, identifying and advocating for the prevention resources needed for community based organizations and the families they serve</li> <li>● Develop data infrastructure and capacity for the CPP including continuous quality improvement (CQI) and outcome evaluation that will support ongoing improvement and data to inform decisions</li> <li>● Identify or refine tools and processes for determining candidacy that align to state plan and Title IV-E requirements</li> <li>● Continue movement “upstream” (prevention focus) through existing collaboratives and boards, with leadership from the ILT and CYFWB Cabinet</li> <li>● Continue to implement and expand use of the ICPM</li> <li>● Strengthen and expand use and access to a closed-loop referral system</li> </ul>	<p><b>Desired Results for Phase 2</b></p> <ul style="list-style-type: none"> <li>● <b>Sustainability.</b> Leverage state investments in CalAIM, School Wellness Centers, CalWORKs, Children’s Behavioral Health, and FFPS; identify opportunities to fill gaps through new funding</li> <li>● <b>Data infrastructure.</b> Capacity to track both process measures and outcomes to inform decision-making and ongoing results focus. Inclusive of quantitative and qualitative data.</li> <li>● <b>System Shifts.</b> Explore new policies that have the potential to positively impact children, youth, and families through prevention.</li> <li>● <b>Collaboration.</b> Agencies and providers work collaboratively so that children, youth, and families can get helpful support regardless of the “door” they enter and further other collective impact efforts.</li> </ul>
<u>Community Level</u>	<p><b>Collaboration through the CYFWB Cabinet</b></p> <ul style="list-style-type: none"> <li>● Expand access to existing differential response programming to reduce or remove waiting periods</li> <li>● Explore and plan the Community Pathway for Santa Cruz County</li> </ul>	<p><b>Desired Results for Phase 2</b></p> <ul style="list-style-type: none"> <li>● Differential response meeting need</li> <li>● Community Pathway pilot in place</li> <li>● Programming improvements ongoing</li> <li>● Network of support (community of care) emerging for children and families</li> </ul>

	Phase 1	Phase 2
	<ul style="list-style-type: none"> <li>● Enhance and strengthen capacity to improve systems from the perspectives of people with lived expertise</li> <li>● Expand and connect people to peer advocacy and navigation support</li> <li>● Provide community training plan for child abuse reporting (aligned to new legislation and holding an anti-racist lens)</li> <li>● Plan and implement community training plan to expand EBP</li> <li>● Expand access to existing EBPs in the county</li> <li>● Support working groups to advance the CPP, with engagement and guidance from community organizations and people with lived experience</li> <li>● Explore opportunities for direct (flexible) support to families experiencing material hardship</li> <li>● Resource community providers to be well and healthy so that they can continue to serve the community</li> </ul>	<ul style="list-style-type: none"> <li>● Opportunities identified for collaborative resourcing of projects</li> <li>● Strengthening existing Wellness Centers and Family Resource Centers sustainability and funding</li> <li>● Continue to resource community providers to be well and healthy so that they can continue to serve the community</li> </ul>
<b><u>Program Level</u></b>	<p><b>Strengthen service array through expansion of existing and new EBPS</b></p> <ul style="list-style-type: none"> <li>● Enhance pathways to <b>Nurse Family Partnership (and other home visiting programs)</b> through referral</li> <li>● Expand use of <b>Motivational Interviewing (MI)</b> at scale through community based training</li> <li>● Identify opportunities for <b>Brief Strategic Family Therapy</b> (pending additional funding)</li> <li>● <b>Support additional EBPs, including <u>mental health, parent education and support, and fatherhood initiatives</u></b></li> </ul>	<p><b>Desired Results for Phase 2</b></p> <ul style="list-style-type: none"> <li>● EBPs accessible and in use; practiced with fidelity</li> <li>● Gaps in service array documented with plans to modify or expand based on need, funding, and capacity</li> </ul>

	Phase 1	Phase 2
	<ul style="list-style-type: none"> <li>Support culturally relevant <b>Wellness practices in Santa Cruz County, e.g., Wellness Circle in Santa Cruz County</b>- for American Indian Families and led by Amah Mutsun leaders</li> </ul>	
<u>Individual Level</u>	<p><b>People connected to a “community of care”</b></p> <ul style="list-style-type: none"> <li>Connect children, youth, and families to a network of services and supports to a community of care, including informal supports, financial resources to address material hardship, and relevant EBP</li> <li>Continue to engage people with lived experience in planning, monitoring, and evaluation</li> <li>Lift up and value individual and family strengths</li> </ul>	<p><b>Desired Results for Phase 2</b></p> <ul style="list-style-type: none"> <li>Children, youth, and families access a more robust and comprehensive community of care</li> <li>Process for improving programming and systems directly informed by people with lived expertise</li> </ul>

## INTRODUCTION

Child maltreatment remains a severe and widespread problem in the United States. Since 1960, governmental and community agencies have reacted to protect children once harm has occurred. These systems play important roles in mitigating problems. Yet studies have also identified risks and injury that can continue -- or even worsen situations -- for children who experience abuse and neglect.

The Federal Family First Prevention Services Act (FFPSA) of 2018 and California's related Family First Prevention Services (FFPS) Program offer an unprecedented opportunity to systematically shift from reactive responses to earlier and more proactive support. Through an inclusive planning process and the next steps to implement and monitor progress, counties in California have been offered a pathway to shift mindsets, policies, funding, and programming "upstream" through the continuum of prevention for children, youth, and families.

Santa Cruz County's Human Services Department - Family and Children's Services and Juvenile Probation Department convened a broad scope of partners, inclusive of community-based organizations (CBOs), governmental agencies, people with lived expertise with child welfare and other systems such as the Child, Youth, and Family Well-Being Cabinet. Through the planning process, the Cabinet has centered and prioritized children at immediate risk of foster care entry "candidacy population" and also widened the scope to consider and imagine how system reforms that reduce risk and build protective factors can positively impact all children and youth that have experienced trauma. These efforts are both universal and targeted, with system changes intended to impact wellness for the entire population and targeted approaches to support those most affected to align resources to address long-standing inequitable outcomes.

Santa Cruz County's Comprehensive Prevention Plan (CPP) builds on the demonstrated impact led by reforms from within Child Welfare and Juvenile Probation. The plan aligns with eight interrelated CORE Conditions for Health and Well-being - a local framework for defining the social and structural health determinants necessary for our communities to thrive. It seeks to connect to and leverage the many community-driven collaboratives working toward health and well-being to collectively catalyze more power to reach children and families with holistic support.

While ambitious, the intentions identified within this plan are scaffolded with significant investments and initiatives offered at federal, state, and local levels. At the federal level, examples include efforts to strengthen the capacity for the mental health workforce and investments in full-service community schools. At the state level, [CalAIM](#) reforms, attention to [early childhood](#), a state focus on Community Schools, the Children and Youth Behavioral Health Initiative (CYBHI), and other initiatives are just a few of the opportunities to leverage. Locally, **community-based organizations** are working both individually and collectively on essential initiatives and policies. At the county level, agreements about the collective impact to address social determinants of health have been defined and are operationalized through the CORE Investments framework and other supporting initiatives, which is applied as both a [funding model](#) and a broader [movement](#) to achieve equitable health and well-being.

This document is the working version of Santa Cruz County's Comprehensive Prevention Plan. The plan has been developed using quantitative and qualitative data and the knowledge and expertise of the organizations in service of the community. It has been written with care and attention to the voices of our community, including people with lived experience in foster care, child welfare, and juvenile justice. Even with this attention, there are still voices that have not been heard and opportunities that have not yet been identified. As a result, this plan may need to be adapted and improved over time. The CPP is submitted as a complete and a working document, using a phased approach and small tests of change to evaluate progress.



The vision of Santa Cruz County’s Family First Prevention Services Program is **thriving children and families living in a resilient, just community**. The Theory of Change focuses on connected, equitable, and accountable systems that create the CORE Conditions for individuals and families to be healthy and supported.



### Creating Healthy Soil, Strong Roots, and Sturdy Trunk...

- Community & system norms & narratives are strengths-based, community-centered, antiracist & advance equity
- Partners create an integrated, trauma-informed, anti-racist & equity-centered System of Prevention; Family & institutional leaders share power & co-design solutions
- Prevention programs, practices & policies create equitable opportunities to experience eight vital, interconnected CORE Conditions for Health & Well-being (Health & Wellness; Lifelong Learning & Education; Economic Security & Social Mobility; Thriving Families; Community Connectedness; Healthy Environments; Safe, Just Communities; Stable, Affordable Housing)

### ...the Conditions that Support Sturdy Branches and Healthy Leaves

- Families have what they need to build Protective Factors, provide Positive Childhood Experiences & influence policies & systems that impact their well-being
- Children, youth, families & the community are healthy & thriving;
- Differences in well-being outcomes are not tied to race, gender, income, etc.

### We will focus these efforts and measure change through

- Process: Enhanced number and percentage of EBPs available and practiced with fidelity
- Process: Increased capacity of agencies and communities to refer and connect people to resources
- Process: Widespread training and education on anti-racism, trauma-informed response, prevention approaches, and ICPM
- Process: One or more system initiatives defined during planning are underway
- Desired Outcome: Improvements in child, youth, and family well-being
- Desired Outcome: Decreased number and disparity in “downstream” systems (Child Welfare, Juvenile Probation, etc.)

# DECISION-MAKING: CPP GOVERNANCE STRUCTURE

Santa Cruz County Human Services Department (HSD) Family and Children’s Services with Juvenile Probation answered the call to convene partners for the development, implementation, and monitoring of the Comprehensive Prevention Plan. FCS is the Title IV-E agency and holds a specific role in advancing the work of the CPP in partnership with the community.

The Interagency Leadership Team (ILT) (also referred to as the AB 2083 Workgroup in Santa Cruz County) holds the role of overseeing the plan, implementation, and monitoring.

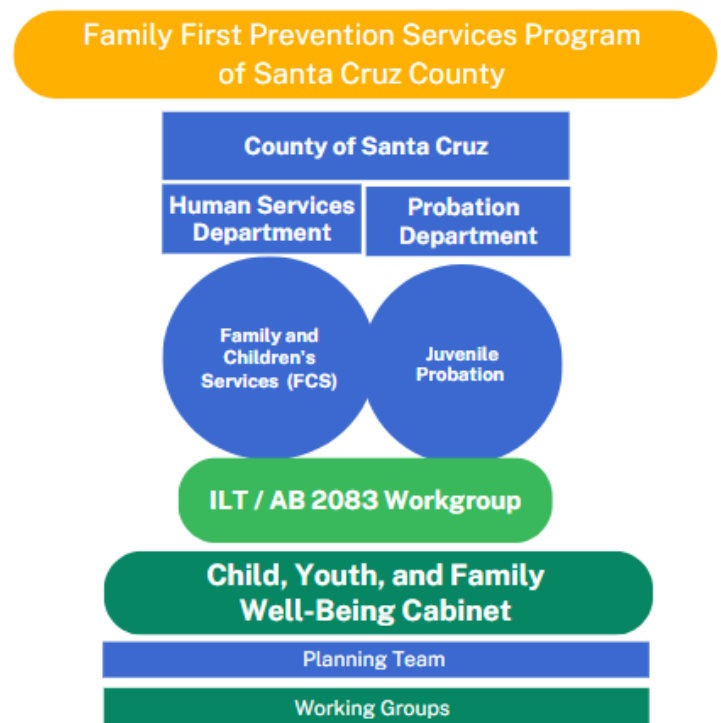
Guidance for planning is informed by the cross-sector Child, Youth, and Family Well-being Cabinet (referred to as the “Cabinet” throughout). The Cabinet is inclusive of both CDSS required and suggested partners. In its planning phase, the Cabinet is inclusive and continually engages new voices and perspectives. This body guides the work of the CPP. Consensus is the default decision-making for this group. The governance structure, including decision making roles, was formalized in a [Charter](#) accepted by the Cabinet by consensus in February 2023.

The Governance structure has been designed so that all cross-sector collaborative partners participate in meaningful decision-making for training, implementation, selection of Evidence-Based Practices (EBPs), fidelity monitoring, and continuous quality improvement for the CPP. Should issues not be able to be resolved through the Cabinet (consensus not reached), the ILT is provided the authority to vote on decisions. Finally, should there be a split in this group, the Title IV-E agency lead has final authority. However, this is seen as a final resort, with a strong preference toward participatory governance.

The Integrated Core Practice Model (ICPM) is embedded in the Charter as a central component to guide training, implementation, monitoring, and improvement.

The Cabinet also established [working groups](#) that bring focused recommendations back for exploration and decision. Moving to the implementation phase, these workgroups are expected to play a critical role in implementation.

The Cabinet and [working groups](#) are supported by FCS and Probation staff and consulting support, with the intention of transitioning roles fully to FCS and Probation once implementation is moving forward.



### **Child, Youth, and Family Well-Being Cabinet Theory of Action**

When we come together as the Child, Youth, and Family Well-being Cabinet, we collectively commit to prevention, working to change the system through mindsets, structures, policies, fiscal leveraging, and programs to create the healthy soil, sturdy trunk, sturdy branches, and healthy leaves, shown in our theory of change. The purpose of prevention is to eliminate or reduce harmful outcomes for children, youth, and families.

- We believe and uplift strengths and protective factors within individuals, families, and communities, leverage resources and focus on reducing harm.
- We understand that people with lived expertise are powerful and essential in identifying relevant and meaningful opportunities for change.
- We understand that efforts to shift systems upstream effectively will take time, focused attention to disparities, and care.
- We know that the power of our work is relational, and we cultivate care in and outside of the meeting space, connect and share information with other initiatives, and make inclusive, transparent decisions based on using data, experiences, and perspectives from our community.

# CROSS-SECTOR COLLABORATION AND PARTNER ENGAGEMENT

## **Engagement Approach**

The first meeting of the Cabinet was initiated by combining the Child Abuse Prevention Network with the ILT, along with additional invitations to partners required by CDSS. At the first meeting, participants were asked who was missing, and new invitations were made. The Cabinet has continued to grow, reaching 64 people as of May 2023. Regular meeting participants are closer to 30. Each of the required sectors is represented, along with other “optional” sectors. Meetings remain open to new participants, and mapping has taken place to show connections between individual member organizations with collaboratives that can also stay connected to the CPP through these linkages.

## **Information Sharing**

Information is shared through monthly meetings (occurring on the third Thursday of each month). Meetings are the primary way that information is shared across sector partners. Cabinet members are also asked to liaise with other collaborative bodies and important initiatives. This structure supports the linkage of the CPP across the county. A shared drive has been set up to serve as a knowledge repository for Cabinet members. Meetings are open to new community members to attend. Meetings are designed to strengthen meaningful dialogue and build relationships. The theory of action, along with principles for decision-making, provide guidelines for how, individually and collectively, Cabinet members are able to influence positive change for our children, youth, and families.

## **Ongoing Roles**

The role of the Cabinet is to guide and support the planning process, implementation, and monitoring. Collaboration among cross-sector partners is one of the key elements to long-term success and sustainability. These partners are committed to working together -- and through -- the challenges of siloed programs, past and present resource concerns, and legacies of harm to children, youth, and families.<sup>1</sup>

The Cabinet has been engaged in planning to date. They have contributed to an extensive needs assessment and contributed both quantitative and qualitative data that support the direction of the CPP.

The Child, Youth, and Family Well-being Cabinet is engaged as an ongoing body that will meet to monitor progress on the CPP and guide improvements as needed. The Cabinet includes CDSS required and suggested partners. The plan includes resources for the continued facilitation of the Cabinet.

The Cabinet and ILT are empowered to guide and update the Comprehensive Prevention Plan as needed to achieve better results for children, youth, and families and to adapt to changing opportunities and issues that arise for our communities. The Cabinet and ILT, through implementation, will be engaged in training, implementation, selection of EBPs, fidelity monitoring, and CQI.

## **Additional Outreach**

The Planning Team has presented the CPP to other collaboratives in Santa Cruz County. The purpose was to share information more broadly and ensure awareness across partners. Presentations took place at the Justice and Gender Commission Meeting (JAG), CORE Coffee Chat, Children’s Behavioral Health Meeting, and Children’s Network meetings. Regular updates were provided to the Interagency Leadership Team and the

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<sup>1</sup> Reference specifics.

System Improvement Plan (SIP) Steering Committee. Broad-based participation in the asset survey was also promoted through these channels, the Go For Health newsletter and individual partner word of mouth.

### **Barriers to Engagement**

Engagement of current youth was difficult due to the meeting schedule time and concerns about readiness to engage youth meaningfully. The Lived Expertise workgroup, including former foster youth, recommended bringing specific information or decisions back for co-design. This action step is in progress.

Despite outreach, the planning team was not able to engage Tribal representatives in planning. This is also discussed in the following section.

### **Continuing Engagement**

Cross-sector collaboration is a strength of Santa Cruz County's approach to the CPP. Yet, we note that this is not a box to check. The work is ongoing. Our edges for growth are the engagement of Tribal partners, youth leaders, faith-based institutions, and agencies that support basic needs, housing, child care, and other supports.

### **Required and Optional Sectors**

#### **Engaged in Cabinet**

Child Abuse Prevention Council  
Child Welfare Agency  
Probation Department  
Office of Education  
Behavioral Health Department  
Non-Profit/Community-Based Orgs  
Family Resource Centers  
Foster Family Agencies  
Parent Leader (Lived Expertise)  
Former Foster Youth  
System of Care Partners  
First 5  
Public Health Department  
District Attorney's Office  
Early Childhood Programs  
Local Regional Centers  
Public Defender  
Individual School District Representatives  
Advocacy Organizations

Hospital/Health Providers  
Private Organizations  
EBP Providers

#### **In the Process of Engagement**

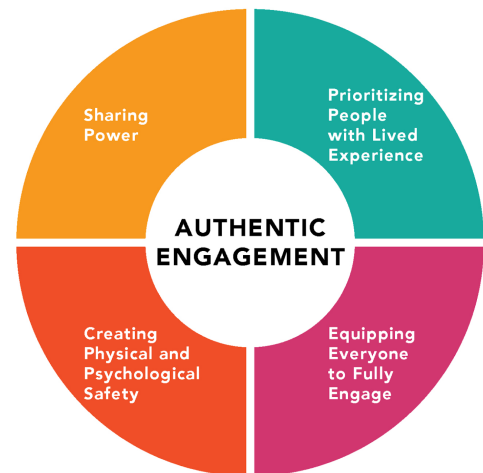
Foster Youth Currently (18+)  
Youth Leader (Lived Expertise)  
Tribal Representation

#### **Not Yet Engaged**

EBP Purveyor  
Program Evaluator  
Faith-Based Institutions  
Public Assistance Department  
Housing Department/Authority  
Homeless Programs  
Local Offices of Employment/Career Centers  
  
Local Vocational Training  
Centers/Community Colleges

## Lived Expertise

Both the Cabinet and ILT include members who are people with lived expertise. These experiences include but are not limited to, experience as parents with child welfare experience, former foster youth, people with experience of probation systems, and people who have utilized behavioral health services and supports. In the Voice and Choice Workgroup, designed to consider how to include and uplift the voice of lived experiences in planning, the participants emphasized tensions between inviting perspectives and the ability to enact change based on suggestions. The Cabinet agreed to use the Annie E. Casey Foundation [model for authentic engagement](#) in both planning and future outreach.



The Voice and Choice Workgroup (who both participate in the workgroup and are at the Cabinet table) are developing thoughtful and intentional engagement with more people with lived experience, especially youth. The team has emphasized the importance of attention to voice, the critical work of the Cabinet to avoid tokenism, and protecting people with lived expertise and the perspectives they have shared. They have also identified risks of engagement that are not well-planned, including negative repercussions of continued sharing of trauma, a general lack of follow-through even when issues are named, and over-surveillance. Ongoing strategies include - an advisory body, integration of supported parent and peer partners, training for staff on the ICPM, compassionate responses, and problem-solving with and for diverse children, youth, and families.

## Specific Roles

- Parent Partners - All Cabinet Meetings, ILT, and support for families at FCS - Consultation on plan and continued in engagement in implementation and monitoring
- Former Foster Youth - All Cabinet Meetings, Lived Expertise Workgroup - Consultation on plan and continued in engagement in implementation and monitoring
- Current Foster Youth - Youth Action Board (YAB) - Consultation on plan and continued in engagement in implementation and monitoring

## Engagement of FCS and Probation Case-Carrying Staff

Family and Children's Services (FCS) and Juvenile Probation participation in the Comprehensive Prevention Plan was largely guided by leadership with extensive experience--but not current roles--carrying child welfare and probation cases.

As the plan moves forward and continue both planning and implementation, FCS and Juvenile Probation will prioritize participation by case-carrying workers, providing designated time to review and orient to the planning process, engage in meetings, and provide perspectives. Their participation will help to ensure successful implementation, aligning plan intentions with actual situations and experiences of caseworkers and the children and families they serve.

Additionally, the plan includes continued training for all FCS and probation staff on the integrated core practice model (ICPM). The use of the ICPM helps to advance the goals and intentions described in Santa Cruz County's Comprehensive Prevention Plan.

**+ System Change**

<p><b>Collecting Data to Understand Peoples’ Experiences and Perspectives</b></p> <p>All Cabinet-involved agencies and CBO partners agree to collect information on experiences, hopes, and suggestions for improving programs, services, and systems. CBO and agencies identify peer partners to review data with and identify opportunities for improvement. Data is collected for the purposes of broad and inclusive voices of people with lived expertise and is intended to be used to improve programs and systems toward the prevention and goals of the CPP. Information about the cultural identity of participants will be collected to provide more specific information about whether services are culturally and linguistically appropriate.</p>	<p><i>All Prevention Levels</i></p>
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**+ System Change**

<p><b>Elevating and Expanding Roles for Youth and Others with Lived Expertise</b></p> <p>The CPP includes plans for an ongoing advisory role of current and former foster youth as well as adults with other aspects of lived experts. The Cabinet will work toward true shared power over the life of the plan.</p> <p>Include within the spending plan resources to clear barriers to engagement.</p>	<p><i>All Prevention Levels</i></p>
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**+ System Change**

<p><b>Recognizing Challenges Faced By CBOs</b></p> <p>The Cabinet will advocate for equitable pay for CBOs, helping to establish a stronger foundation for sustainable services through living wages for contracted providers and adequate coverage for administrative costs</p>	<p><i>All Prevention Levels</i></p>
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# TRIBAL CONSULTATION AND COLLABORATION

The Amah Mutsun Tribal Band are descendants of the original people. Valentin Lopez, the Chairman of the Amah Mutsun Tribal Band, has described the Amah Mutsun as a resilient people who have survived despite centuries of oppression. They are working to restore cultural and ecological practices in the unceded territory of Santa Cruz County. The Amah Mutsun are not a federally recognized tribe, despite efforts to request this status (<https://amahmutsun.org/history>).

Outreach to the Amah Mutsun Tribal Band Leadership took place through email and Zoom. As a result of the history of the nation and region, an intertribal approach to the plan is essential for Santa Cruz County. The intent of outreach and engagement is to recognize and meaningfully engage voices of the American Indian people who live here now. Engagement in planning, implementation, and monitoring helps to ensure that decisions and resources are culturally appropriate and relevant.

## Plan Opportunities

The following suggestions are offered as potential opportunities for conversation and collaboration.

1. Training and education for the Child, Youth, and Family Well-Being Cabinet (inclusive judges, governmental leaders, and CBOs) on the history and current issues\*
2. Local support for the protections of the Indian Child Welfare Act (ICWA), especially in light of threats to ICWA in the Courts (<https://narf.org/cases/brackeen-v-bernhardt/>)
3. Provision of the requirements of ICWA for American Indian / Alaska Native children that meet Candidacy requirements (Candidacy is described later in this plan; Candidacy centers children and youth at imminent risk of entering foster care)
4. Opportunities to explore culturally relevant pathways for children, youth, and families that encounter Family and Children’s Services (FCS) or Juvenile Probation
5. Opportunities to explore alternative locations (non-governmental sites) and spaces for the delivery of prevention services
6. Review of evidence-based practices for relevance with Tribes; opportunities to explore programming that is culturally relevant and appropriate
7. Sharing of information about available prevention programs with tribal leaders and, upon invitation, at cultural events
8. Designated Block Grant funds to acknowledge participation in planning, implementation, and monitoring of the CPP through stipends or other mutually agreed upon arrangements
9. Potential to use one-time Block Grant funds to build capacity for culturally appropriate prevention services, for example, a wellness circle in Santa Cruz County led by Amah Mutsun Tribal partners
10. Participation in quarterly meetings with the Central ICWA Field Liaison with the Office of Tribal Affairs to identify additional local Indigenous tribal leaders and further discuss tribal engagement strategies.

### + *System Change*

<p><b>Educating People about Tribal Issues and Native Experiences</b></p> <p>Include in the training plan an item for education on Native issues and perspectives.*</p>	<p><i>All Prevention Levels</i></p>
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# INTEGRATED CORE PRACTICE MODEL (ICPM)

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

The Integrated Core Practice Model has been integrated into the Cabinet Governance Charter and is a guiding set of principles and practices for planning, implementation, and monitoring. The plan includes opportunities for continuous training on ICPM with partner agencies and Tribes. ICPM has also been integrated into contracts with partner agencies, providing a structural component to alignment through agreements made between the Title IV-E agencies and the organizations and agencies delivering services and support.

**+ System Change**

<p><b>Ensure Contracts Align with ICPM</b></p> <p>ICPM language is currently part of contracts between CBOs and Juvenile Probation. FCS staff will work with fiscal and contract partners to include ICPM language in contracts with their contracted CBOs.</p>	<p><i>Secondary and Tertiary Prevention</i></p>
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**+ System Change**

<p><b>Ensure Adequate Training on ICPM</b></p> <p>Provide training on ICPM for FCS, Juvenile Probation Staff, Contracted agencies and organizations, and non-contracted CBOs interested in aligning with the ICPM.*</p>	<p><i>Tertiary Prevention</i></p>
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**+ System Change**

<p><b>Strengthen Networks of Natural Supports for Children in Dependency and Probation Systems</b></p> <p>Strengthen networks of natural support for children or youth involved in the dependency system and probation involvement through collaboration, improved court reporting, and attention to the value of kin support and family voice.</p>	<p><i>Tertiary Prevention</i></p> <p><i>(JCC Team)</i></p>
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**+ System Change**

<p><b>Value Choice within the Categories of the Service Array</b></p> <p>Through the plan and its implementation, work to develop the array of services, with a menu of excellent choices within service areas.</p>	<p><i>All Prevention Levels</i></p>
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# ASSESSMENT OF NEEDS to TARGET CANDIDACY POPULATION(S) & NEEDS ASSESSMENT

The CPP process involved an extensive needs assessment, leveraging published reports, data repositories, and program data. It builds from the 2020 Santa Cruz County Child Welfare/Juvenile Probation [Self Assessment](#), completed by FCS and Probation in 2020. Additionally, members of the CPP contributed qualitative information through discussions at meetings. Peer-reviewed publications were also included in the analysis.

- [Community Health Improvement Plan](#)
- 2020 Santa Cruz County Child Welfare/Juvenile Probation Self-Assessment (2020-2025)
- FCS & Probation data, including reports from SDM (Structured Decision Making)
- Community Action Board (CAB) Community Action Plan: An Equity-Based Approach to Addressing Poverty
- CPP Survey to community providers, including agency and nonprofit organizations
- Mental Health Services Act (MHSA) Report
- 2017 Community Assessment Project (CAP) Report
- DataShare Santa Cruz County
- Santa Cruz County's Community Health Assessment
- Black Health Matters Report
- [Review of Literature Centering Youth Perspectives](#)
- Contributions of the Child, Youth, and Family Well-Being Cabinet - Inclusive of former foster youth, parents that have experiences with the child welfare system, and others with lived experience relevant to the plan

The inquiry is grounded in knowledge of known [risk and protective factors](#) for child abuse and neglect; this knowledge is paired and contextualized with the understanding that many of these risk factors are societally driven and are also factors that cannot be universally applied to individuals or groups.

The results of this assessment of needs are used to identify planning and will continue to provide value as we move forward in implementation. Data were reviewed to understand total counts, to understand disparity and inequity, to understand the critical issues within our communities that contribute to chronic stress and family instability, and the contextual issues that frame family and community life post-pandemic.

## Santa Cruz County Demographics

Santa Cruz County has a total population of 262,382. In 2022, there were 3,245 births. The majority of births in Santa Cruz County are to white mothers, followed by Latine mothers. By race and ethnicity, the white population is roughly half of the population, followed by people who are Latine. People that are Asian make up the next largest group, followed by two or more races, Black or African American, American Indian, and Native Hawaiian / Pacific Islander.

- White: 131,085 (50.0%)
- Latine: 87,847 (33.6%)
- Asian: 23,460 (8.9%)
- Black or African American: 10,147 (3.8%)
- American Indian or Alaska Native: 1,216 (0.4%)
- Native Hawaiian or Pacific Islander: 352 (0.1%)
- Two or more races: 10,550 (4.0%)

The county has four incorporated cities: Capitola, Santa Cruz, Scotts Valley, and Watsonville. The City of Santa Cruz and the City of Watsonville are the largest by population, respectively.

Santa Cruz County has a wide range of languages spoken. The most common language spoken is Spanish, which is spoken by over 25% of the population. Other common languages include Asian/Pacific Islander languages, Indo-European languages, and other languages. The Pájaro Valley Unified School District (PVUSD), which serves Watsonville and surrounding areas, estimates that about 1% of its students speak Mixteco.

According to the California Healthy Kids Survey, 12.3% of youth in Santa Cruz County identify as LGBTQ+. This is higher than the statewide average of 10.3%. The survey also found that LGBTQ+ youth in Santa Cruz County are more likely to experience bullying and discrimination than their peers who do not identify as LGBTQ+.

### **+** *System Change*

<p><b>Strengthen Linguistic and Cultural Capacity</b></p> <p>Resource community-based partners and county agency staff to work across languages and cultures.</p>	<p><i>All Prevention Levels</i></p>
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## Distribution of Students, Including Foster Ed

Ten school districts support nearly 40,000 students in Transitional Kindergarten (TK) through 12th grade. Roughly half of this population is the Pájaro Valley Unified School District (PVUSD).

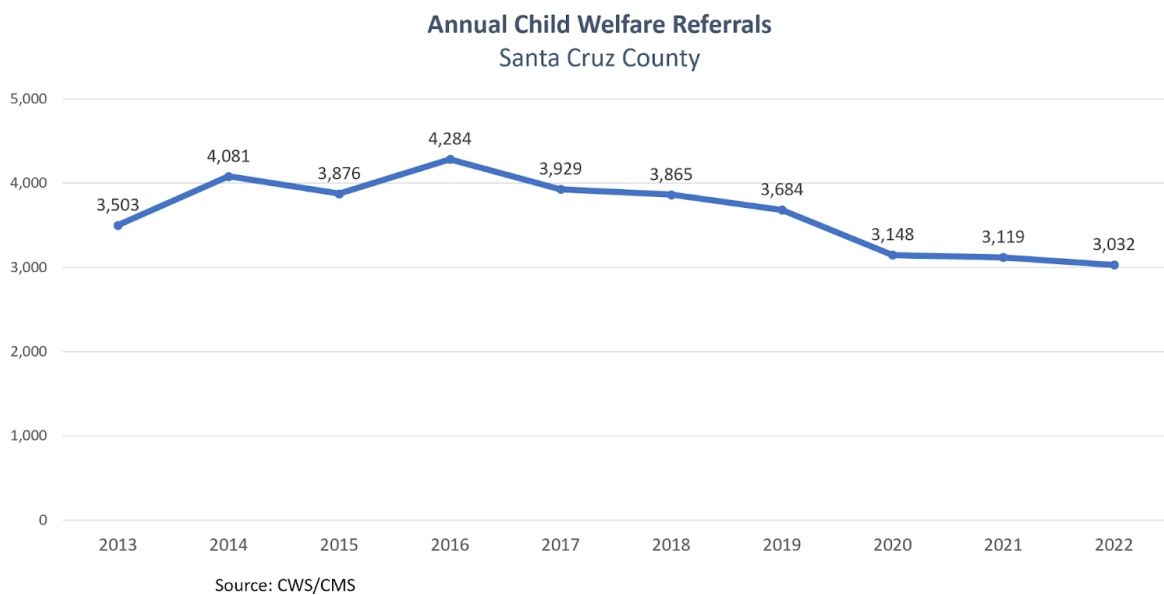
District	Total Enrollment 2022-23	Foster Ed	Economically Disadvantaged
Pájaro Valley Unified (PVUSD)	17,963	50	14,598
San Lorenzo Unified School District	5,407	S	1,374
Santa Cruz City Schools - High School	4,394	S	1,611
Scotts Valley Unified School District	2,644	S	416
Santa Cruz City Schools - Elementary	1,724	S	647
Live Oak School District	1,691	S	887
Soquel Unified School District	1,654	S	538
Santa Cruz County Office of Education	1,603	13	587
Mountain Elementary School District	160	S	31
Pacific Elementary School District	154	S	54
Happy Valley Elementary School District	120	S	12
Bonny Doon Union School District	115	S	15
<b>Totals</b>	<b>38,025</b>	<b>95</b>	<b>21,043</b>

\*Foster Ed numbers 10 or less are suppressed for privacy.

## Child Welfare Data

### Child Welfare Data: Referrals

In 2022, the number of child welfare allegations in Santa Cruz County was 3,024 (as of mid-October 2022). This number was the lowest since 2013, demonstrating a general downward trend. When the data are normalized to the race and ethnicity by group, we see an over-representation of Black, Native American, and Latino children in allegations (Source: California Child Welfare Indicators Project (CCWIP) & CWS/CMS).



### Child Welfare Data: Substantiations

Only a small percentage of allegations in Santa Cruz County are substantiated. In 2022, this percentage was roughly 4% of all allegations.

By race and ethnicity, substantiations for Latine children was 4.8%, followed by white children (3.8%), not reported (2.8%), and Black children (2.1%). Substantiations for Asian children were 0, and Native American data were suppressed to protect privacy (due to the small total number).

By age, the youngest children are at the highest risk for child abuse, with infants and toddlers making up the largest proportion of substantiations compared to other age groups.

Children with special needs may also be at higher risk for child abuse and neglect, along with youth who are LGBTQ+. These data were not compiled specifically for Santa Cruz County.

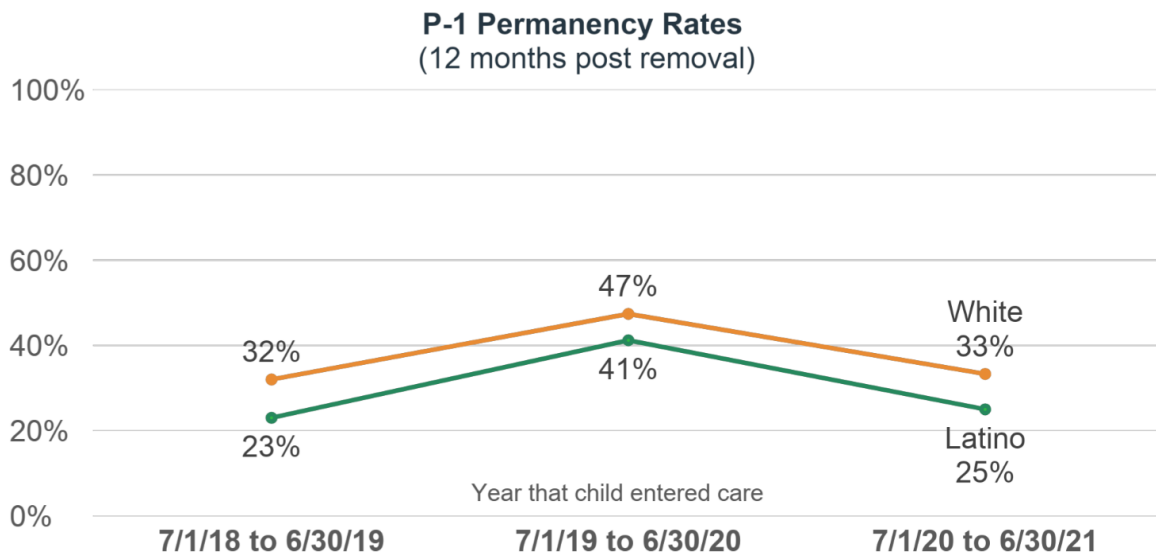
### Child Welfare Data: Out-of-Home Placement

In September 2022, there were 185 active cases placed out of the home. Of this total, 70 were Latino youth, and 58 were white (non-Latine) children. The count of Black and Native American, Asian, Native Hawaiian/Pacific Islander children are suppressed for privacy due to small total numbers but were represented in the total number of out-of-home placements.

Disparities in foster care among race and ethnicity are considerably less prominent in the County of Santa Cruz compared to the state as a whole. These data reflect favorably on attention to correcting bias within systems, yet there is still work to continue.

### Child Welfare Data: Permanency Rates

Permanency rates, 12 months post removal, can vary considerably due to low overall numbers. Reviewing data for the year 2020, P-1 permanency was 33% for white children and slightly lower for 25% for Latino children and youth. Data is not shown for other races due to small numbers and data privacy.



**+ System Change**

<b>Strengthen Connections of Parent Partners with FCS</b> Parent Partners are engaged with FCS but are under-utilized in case planning. Identify barriers to connection to strengthen connections to peer support.	<i>Tertiary Prevention</i>
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**+ System Change**

<b>Strengthen and Expand Team Approaches and Consider High Fidelity In Wraparound</b> Strengthen and expand use of team approaches in child welfare; explore High Fidelity Wraparound Care, including exploration for FCS involved families*	<i>Tertiary Prevention</i>
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**+ System Change**

<b>Support Access to Differential Response</b> Leveraging the existing differential response program, Families Together, explore and design a Community Pathway that includes more community-based partners that can provide services to families at risk.	<i>Tertiary Prevention</i>
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**+ System Change**

<b>Explore and Build the Community Pathway</b> The Cabinet members identified “nowhere else to call” as a reason that some children may encounter FCS or Probation systems, even when there are more appropriate services and supports. The plan has identified new phone and referral pathways in the Community Pathway as a way to shift from “reporting” to “supporting.”	<i>Secondary / Tertiary Prevention</i>
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**+ System Change**

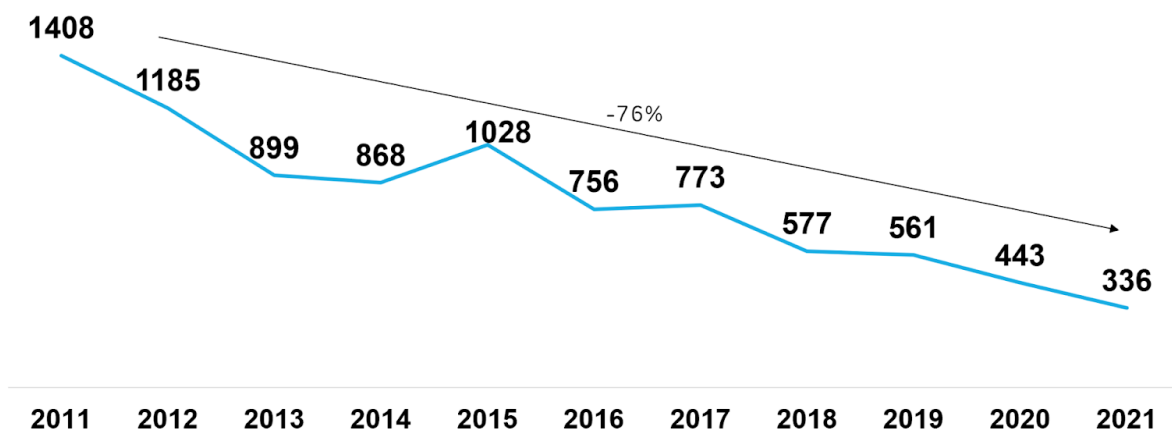
<b>Address Barriers Post-Involvement</b> The CPP strategy includes attention to “postvention” as a direct result of feedback from people with lived experience. Challenges post-involvement in FCS/Dependency Court are often not able to access needed help because their cases were closed.	<i>Tertiary Prevention</i>
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## Juvenile Justice Data

### Juvenile Probation Data: Trends and Disparity

Since 2011, rates of juvenile arrests in Santa Cruz County have decreased considerably, from 1,408 in 2011 to 336 in 2021. This reduction reflects system reforms, as well as actual reductions in crime (ref).

### Juvenile Arrests – Santa Cruz County 2011-2021

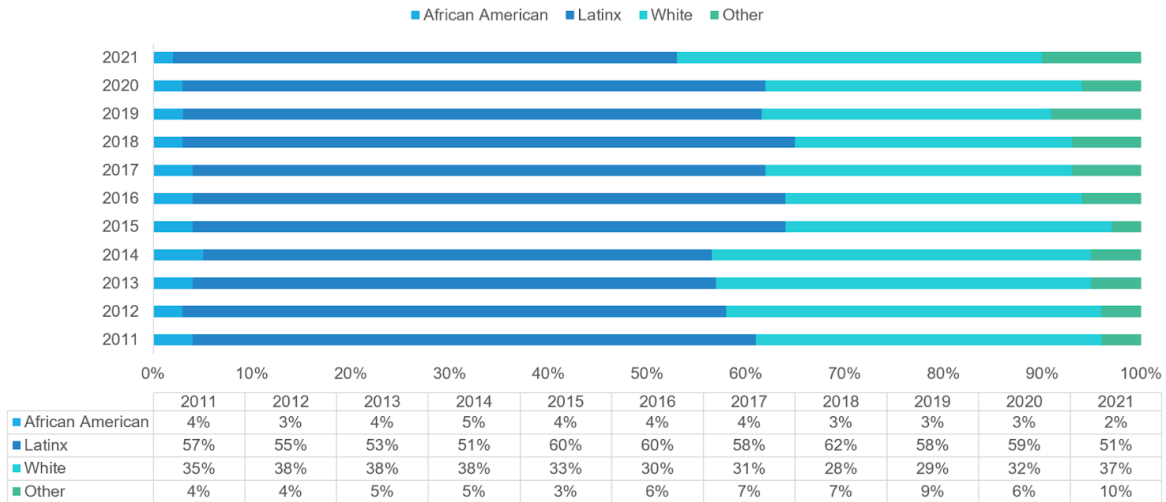


Juvenile arrests by gender are generally 75% male compared to 25% female. By age, youth ages 16-17 are most at risk for arrest, making up more than half of the total youth arrested each year. The next largest age group is 14-15 year olds, averaging around 30% of the total youth arrested by year.

Juvenile arrests by race and ethnicity show Latine youth are most likely to be arrested, followed by white youth and other races and ethnicities. Latinx, other, and Black youth and other youth of color are overrepresented compared to their relative population. These disparities can be attributed to inequities and are an opportunity to address structural racism within our communities.

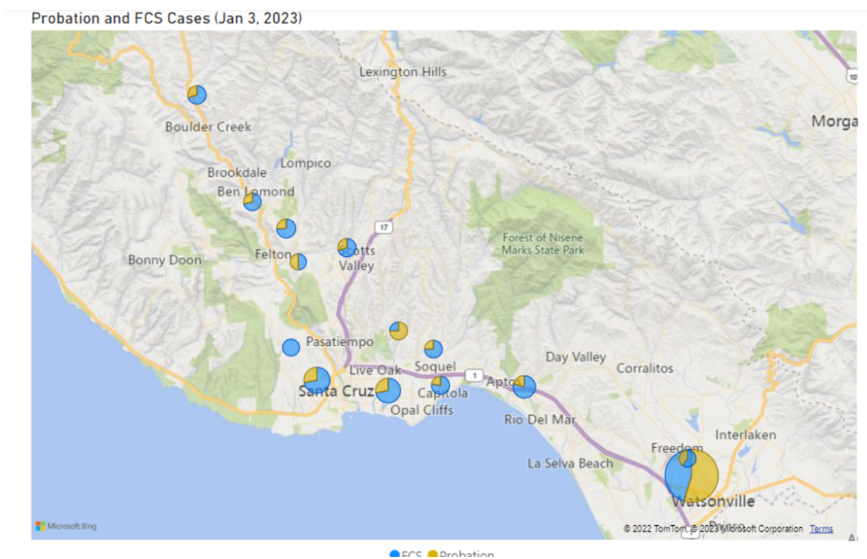


## Juvenile Arrests by Race/Ethnicity



## FCS and Probation - Geographic Distribution

Looking at FCS and Probation data together, South County is a clear priority from the perspective of “moving the needle.” Efforts on prevention in 95076 are most likely to influence totals countywide. The total of FCS and Probation in 95076 in this chart is 130, with more Probation cases (71) than FCS (59). In all other zip codes, Probation numbers are smaller than FCS numbers. The next largest totals by zip code are for 95060 (36), 95062 (32) and 95003 (24), and 95018 (12). The remaining eight zip codes have fewer than 10 per zip code. These data are suppressed for confidentiality.



**+ System Change**

<b>Addressing Geographic and Racial/Ethnic Disproportionality</b> Expand or initiate pilot programs in Watsonville to respond to disproportionality and inequity.	<i>All Levels of Prevention</i>
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**+ System Change**

<b>No Wrong Door</b> Work across organizations, agencies, initiatives, and data systems so that there is no wrong door to services and supports;.	<i>All Levels of Prevention</i>
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**+ System Change**

<b>Expand Evidence-Based Prevention Services</b> Extend the use of at least two EBPs in the first three years of the plan.	<i>All Levels of Prevention</i>
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**+ System Change**

<b>Specialty Courts for Transition Age Youth</b> Convene (or engage with existing groups) to develop alternative courts aimed at better outcomes for transition-age youth (aging out of foster care) and for youth that are on probation. Model courts can help to change pathways and serve as a diversion point for young people away from carceral systems.	<i>Tertiary Prevention</i>
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## Data on Adverse Experiences, Sexual Violence, and Trauma

### Adverse Childhood Experiences

Data on Adverse Childhood Experiences (ACEs) is available for the region through [kids.data.org](http://kids.data.org). In Santa Cruz County (grouped with other Bay Area counties), the percentage of children with no ACEs is comparatively high (73%); however, those with four or more ACEs is also relatively high (6.3%). Both prevention of ACEs, and trauma informed practice when ACEs have occurred, can help to mitigate the associated long-term outcomes.

#### + System Change

<p><b>Strengthen Capacity to Prevent and Respond to ACEs</b></p> <p>Aligning with existing efforts through Thrive by 5, continue to build and strengthen the system of care for very young children and families, prenatal through age 5.*</p>	<p><i>Secondary Prevention</i></p>
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### Sexual Abuse and Child Trafficking

In recent meetings of the Cabinet, partners identified increased severity and frequency of sexual abuse among children and youth they are serving. This anecdotal information aligns to national trends that occurred during the pandemic.

Similarly, data specifically on the number of children and youth being trafficked are not readily available. Yet, even without specific counts, it is important to understand that trafficking takes place within the county, and prevention, as well as support, are important aspects of a comprehensive plan. [Local organizations](#) as well as [law enforcement agencies](#) engaged with the CPP process offer information and support to both prevent and address trafficking in Santa Cruz County.

#### + System Change

<p><b>Support Emerging Needs of Providers</b></p> <p>Fund additional training and support for individuals who are providing care, treatment, and support for higher acuity situations. Training should include support for providers themselves, including spaces to process and heal.</p>	<p><i>All Levels of Prevention</i></p>
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### Intimate Partner Violence

In Santa Cruz County, the rate of calls for domestic (intimate partner) violence is lower than the state rate per capita but has increased over the last decade. The most recent data show 5.1 calls per 1,000). [Local organizations](#) have seen dramatic increases during the pandemic and also continue to experience the impacts of the scale and severity of abuse. Intimate partner violence is a factor for child abuse and neglect and also intersects with other types of violence and the work of law enforcement.

**+ System Change**

<b>Strengthen Collective Capacity to Respond to Trauma</b> All efforts of the CPP should be trauma-informed; strengthen collective community capacity for trauma-informed responses across health care, CBO, and agencies.	<i>Secondary / Tertiary Prevention</i>
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## Data on Incarceration

### Adult Incarceration: Trends and Intersection

Parental incarceration intersects with child welfare. “When children and youth are separated from their parents due to incarceration— and possibly placed in out-of-home care—they often experience a variety of negative outcomes. Caregivers for these children may also be adversely impacted by the stress of incarceration events.

Roughly half of all people incarcerated in the US have a minor child (<https://www.sentencingproject.org/app/uploads/2022/09/Parents-in-Prison.pdf>). Among women, the rate is considerably higher. More than 58 percent of women in state and federal prisons and nearly 80 percent of women in local jails have children who are minors. Over five million children in the United States have experienced the incarceration of a parent (May 7, 202)

In a [point-in-time study in California](#), 14.5% of people incarcerated were former foster youth. Homelessness at the time of aging out of foster care increased the risk of incarceration.

[https://www.childwelfare.gov/pubPDFs/parental\\_incarceration.pdf](https://www.childwelfare.gov/pubPDFs/parental_incarceration.pdf)

By the numbers, on an “average day in 2021, there were 316 people in county jails and 461 people from Santa Cruz County in the state prison system. In 2021, law enforcement agencies made 8,477 arrests and 7,205 county jail admissions, and courts sentenced 108 people to state prison. **Of all counties in California in 2021, Santa Cruz County has the eighth-highest arrest rate of Black people.** (Vera Institute)

<https://www.vera.org/california-state-of-incarceration/county/Santa%20Cruz>”

**+ System Change**

<b>Support Children with Incarcerated Parents</b> Include a question in jail/prison intake to find out if the person is a parent of a minor child. These data are intended to be used to advocate for and support children of incarcerated parents through system reforms, new funding, appropriate communication, and resources.	<i>Secondary Prevention</i>
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**+ System Change**

<b>Continue to Address Inequities Contributing to Disproportionality</b> As a component of prevention, continue efforts to understand and reduce the root causes of jail and prison entries -- with focused attention to disproportionality.	<i>Secondary Prevention</i>
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## Data on Community Violence

### Community Violence

Violence in the community makes children and youth less safe; prevention activities focused on reducing community violence will positively impact all children and youth.

As one example of an emerging issue, hate crimes have increased in recent years, with 32 crimes in 2021, the last year that data is available. Race/ethnicity/ancestry was the most frequent bias, followed by sexual orientation, gender nonconforming, and religion.

Considerable [input from the community](#) related to Youth Violence Prevention was collected by United Way in 2015; this information has influenced reforms and continues to be relevant for the CPP Plan.

Gang involvement is another critical issue within the county that impacts youth.

**+ System Change**

<b>Restorative Justice</b> Support and expand restorative justice initiatives taking place in Santa Cruz County.	<i>Tertiary Prevention</i>
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**+ System Change**

<b>Community and Relational Power</b> Expand circles and networks of informal support through intentional funding and action that removes barriers and uplifts the power of people in the community.	<i>All Levels of Prevention</i>
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# Data on Housing and Unhoused People Homelessness

## Housing: Cost Burden

Santa Cruz County is one of the least affordable places in the US to live (National Low Income Housing Coalition, 2023). According to the 2021 American Community Survey, 60% of renters in Santa Cruz County are cost-burdened, meaning that they spend more than 30% of their income on rent. This is significantly higher than the national average of 35.4%. The cost burden rate is even higher for renters with children, at 70%. The high cost of housing in Santa Cruz County makes it difficult to save for a down payment on a home, and it can also make it difficult to afford other basic necessities, such as food and transportation. For families that have involvement with child welfare, barriers to housing can complicate and delay opportunities for stability. The high cost of housing can also lead to homelessness, as renters who are unable to afford their rent may be forced to move out of their homes.

### + *System Change*

<b>Collaborate for More Effective Service Use</b> Collaboration to decrease waiting lists for programs (e.g., Differential Response) and increase program use (like CalWORKS, after-school care, etc.).	<i>All Levels of Prevention</i>
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## Housing: Unhoused/Homelessness

According to the 2022 Homeless Point-in-Time (PIT) Count, there were an estimated 2,299 people experiencing homelessness in Santa Cruz County on February 28, 2022. Of this number, 1,774 were unsheltered, meaning they were living on the streets, in cars, or in other places not meant for human habitation. The remaining 525 were sheltered, meaning they were living in a temporary or permanent housing facility. The number of people experiencing homelessness in Santa Cruz County has increased by 6% since 2019. This increase is likely due to a number of factors, including the high cost of housing, the lack of affordable housing, and the lack of mental health and substance abuse treatment services. These counts underestimate the full extent of the issue. Families doubled up, youth staying with friends without a safe or permanent housing arrangement are examples of people not included in these counts but that would meet other definitions of experiencing homelessness through McKinney Vento.

The City of Santa Cruz has the highest number of people experiencing homelessness in the county, with 1,439 people counted in the 2022 PIT Count. The City of Watsonville has the second-highest number of people experiencing homelessness, with 338 people counted.

The majority of people experiencing homelessness in Santa Cruz County are adults, with an average age of 44. About half of the people experiencing homelessness are male, and about half are female. About 40% of

the people experiencing homelessness have a serious mental illness, and about 30% have a substance abuse disorder.

The lack of affordable housing is a major factor contributing to homelessness in Santa Cruz County. The median rent for a two-bedroom apartment in the county is \$3,200 per month, which is out of reach for many people. The lack of mental health and substance abuse treatment services also contributes to people being unhoused. Many people who are experiencing homelessness have mental health or substance abuse problems, but they may not have access to the treatment they need. (Sources: 2022 Homeless Point-in-Time Count, Santa Cruz County Homeless Services, City of Santa Cruz Homelessness Response, Santa Cruz Sentinel article: Larger picture revealed for Santa Cruz County homelessness Santa Cruz Local article: Strides and stalls in Santa Cruz County homeless plan).

## Data on Service Access

### Transportation

Santa Cruz County has many unincorporated areas that have low total population and services, and the terrain, especially in winter months, can make transportation difficult. In these rural areas, as well as some urban areas, lack of transportation is a serious barrier to accessing services and supports like counseling, substance use treatment, medical appointments, and enriching activities for children and youth. Public transportation is a viable option for some but not all people, depending on where they live. Transportation to services and supports was a critical barrier named by partners.

#### + System Change

<p><b>Address Transportation Barriers Children, Youth, and Families</b></p> <p>Identify transportation solutions and support children and youth to access primary, secondary, and tertiary supports. Examples of transportation needs include long driving distances and unwalkable communities; solutions include rides, public transportation, and neighborhood, school, and home-based services support</p>	<p><i>All Levels of Prevention</i></p>
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### Services Timing

Many services are not available at times that work best for families. Evening and weekend resources can be difficult, whether for primary, secondary, or tertiary prevention services.

### Workforce Challenges

Like many places in the nation and in California, Santa Cruz County has gaps in the workforce needed to support children and families. In Family and Children’s Services, several positions are unfilled despite efforts to fill them. A recent grand jury report quantifies gaps in the County’s Behavioral Health workforce, but this challenge is not unique to County departments. Community-based (non-profit) organizations, schools, health care providers, child care providers, and other system partners are dealing with the impact of the extreme staffing shortage, combined with increased demand for behavioral health services following the pandemic and severe weather events. These problems undermine the ability to provide prevention at the levels needed.

# Data on Social Determinants of Health

## Child Care

High-quality care and education, especially paired with family engagement, is considered an important prevention strategy for child abuse and neglect (<https://www.cdc.gov/violenceprevention/childabuseandneglect/prevention.html>). Yet, both supply and affordability of child care can be a challenge for families and childcare providers, particularly when it comes to infant/toddler care. The local Childhood Advisory Council’s annual Child Care Subsidies Priority Report (adopted June 2023) indicates that there are only enough spaces to meet 16% of the potential need for subsidized care for infants and toddlers (0-35 months). Countywide, there are approximately 835 infants/toddlers enrolled in subsidized care, compared to the estimated 5,121 infants/toddlers whose families are eligible for subsidized care (defined as earning 85% of the State Median Income). The high cost of child care, paired with a high cost of living, limits access even when slots are available. Some areas of the county lack child care (of any type).

### + System Change

<b>Advocate for Access and Funding for Child Care</b>  Subsidies are limited; part-time programs may not meet the needs of families. Work with the Childhood Advisory Council to clarify issues and opportunities to support. Assist priority populations, including candidates in finding and affording high-quality care.	<i>Primary Prevention</i>
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## Access to Open Spaces and Safe Spaces for Recreation

Access to nature and safe spaces for recreation is increasingly recognized as an important health and equity issue. The California Surgeon General’s [Roadmap for Resilience](#) identifies access to nature and physical activity as two of the seven “Stress Busters” that prevent and mitigate Adverse Childhood Experiences (ACEs), including child abuse and neglect. Locally, Santa Cruz County Public Health’s CalFresh Healthy Living Program, County Park Friends, City of Watsonville Parks and Community Services, and Salud Para La Gente (a Federally Qualified Health Center) have collaborated to implement [ParkRxSCC](#) as part of an international movement to prescribe parks, nature, and programming to improve health. Health care providers at Salud Para La Gente ask patients how many minutes per week they spend outdoors. If the answer is less than 120 minutes per week, the patients are prescribed a “ParkRx,” and referred directly to the City of Watsonville Parks and Community Services team who enroll them in one of many available free parks programs.

Compared to neighboring counties, Santa Cruz County has considerably less funding per capita for outdoor space, and within the communities, park and green space acreage across Santa Cruz County



is distributed inequitably. For example, there are 2.25 acres per 1,000 residents in the City of Watsonville compared to 27 acres per 1,000 residents in the City of Santa Cruz, and that distribution disproportionately affects communities of color

(<https://docs.google.com/document/d/1zTq5bSVtxSDrULDupvCfVNqz4vIkIgfmvEV1CU4aeNQ/edit>)

**+ System Change**

<p><b>Access to Recreation and Natural Spaces</b></p> <p>Advocate for parks, green spaces, libraries, and other spaces that can serve as places for building protective factors, and community sites for programming</p>	<p><i>Primary Prevention</i></p>
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**Access to Enrichment, including High-Quality Afterschool and Summer Programming**

Enrichment programs are in place for children and youth. More information is provided in the asset map. Engaging youth and families in available programming can be a barrier, especially post-pandemic. Disconnection from the community and isolation worsen risk factor for child abuse and neglect.

**Isolation and Disconnection**

While local quantitative data was not available, partners have described challenges in reaching children, youth, and families. Loneliness has been described as a [national epidemic](#), with the Surgeon General issuing a report in 2023. This report provides data relevant to Santa Cruz County, along with potential solutions to strengthen social connection.

**Primary and Specialty Health Care, including Mental Health Care and Substance Use Treatment**

In Santa Cruz County, many health indicators for children and youth are improving. The rate of children with health insurance is 95.5%. Nearly all children have access to dental care 97.1%.

Yet, other indicators for youth with special circumstances are worse. Timely medical exams for children in foster care were 69% (2021).

Data on adults also suggests increased challenges. Among adults, 22.1% of adults had seriously thought about suicide, a rate high among California counties and increased over time.” Similarly, one in five (20.4%) adults have “likely psychological distress.” These challenges reverberate in family life, and our systems of support are stressed to meet them without additional support.

**+ System Change**

<b>Map the Existing Service Array for Behavioral Health</b>  Aligning with existing efforts through Children’s Behavioral Health, clarify existing resources and gaps in the <a href="#">service array</a> for children, youth, and families experiencing mental health challenges. Strengthen referral pathways.	<i>Secondary</i>
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### Education and School Attendance

Absence from school - or, more specifically, chronic absenteeism, is an issue that has worsened considerably post-pandemic. According to DataShare Santa Cruz County, the rate of chronic absenteeism in Santa Cruz County schools in 2023 was 27.3%. This means that 27.3% of students in Santa Cruz County schools missed 18 or more days of school during the 2021-2022 school year. (California Department of Education) Chronic absenteeism is defined as missing 18 or more days of school during the school year.

There are a number of factors that can contribute to chronic absenteeism. By working with groups working to address chronic absenteeism (e.g., Student Absence Review Board, or SARB), partners can support students with root causes of absence.

**+ System Change**

<b>Respond to Chronic and Absenteeism with Support</b>  Aligning with new efforts initiated by the District Attorney’s Office, support children and families that have chronic absenteeism and other risk factors to access resources and supports that are impacting school attendance.	<i>Secondary Prevention</i>
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**+ System Change**

<b>Support Family Leadership and Voice</b>  Lift up family leadership opportunities at schools and within systems.	<i>Primary Prevention</i>
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**+ System Change**

<b>Respond to Chronic and Absenteeism with Support</b>  Aligning with new efforts initiated by the District Attorney’s Office and the work of school districts and community based organizations, support children and families that have chronic absenteeism and other risk factors to access resources and supports that are impacting school attendance.	<i>Secondary Prevention</i>
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+ *System Change*

<b>Student Attendance Review Board (SARB)</b> Map the existing resources and collaboratives addressing chronic absences; early involvement; improve communication and responses (address situations when there are no agencies have access into)	<i>Secondary Prevention</i>
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## SERVICE/ASSET MAPPING

The asset mapping process has resulted in a clearer understanding of the services and supports within the community. To complete asset mapping, existing resources were consulted, and a follow up survey specifically for the CPP was completed by April 2023, referred to as the “EBP Survey” throughout. The survey remains open so that additional assets can be updated through time.

- [FCS and Probation Self Assessment \(2021\)](#)
- [In 2021 the Watsonville Youth Engagement Initiative Asset Mapping spreadsheet \(Updates may be needed to reflect accurate offerings as of 2023\)](#)
- [211 resource database](#)
- [Go For Health and Second Harvest Food Bank developed a map of food distribution locations.](#)

The asset mapping process for the CPP shows a strong network of organizations that are in service to the population. Additionally, it showed EBPs already in practice within the county, areas where there were opportunities to strengthen and enhance the EBPs, and interest in EBPs. The asset mapping process pointed to effective referrals, some shared assessment processes, and strong networks within the county in service of children and families.

Santa Cruz County has a rich array of services and supports for children and families, with many working on aspects of prevention. They include but are not limited to Family Resource Centers, Behavioral Health Providers, Family Education Providers, Organizations helping families with income and job support, Advocacy Organizations, Shelters, Violence Prevention, School wellness centers that have been launched in PVUSD with other districts planning and beginning.

### **Summary of EBP Survey**

A total of 38 responses were completed for the CPP, representing 34 unique organizations serving at least 20,000 individuals. The survey was intended to reach across the county.

### **Waiting Lists**

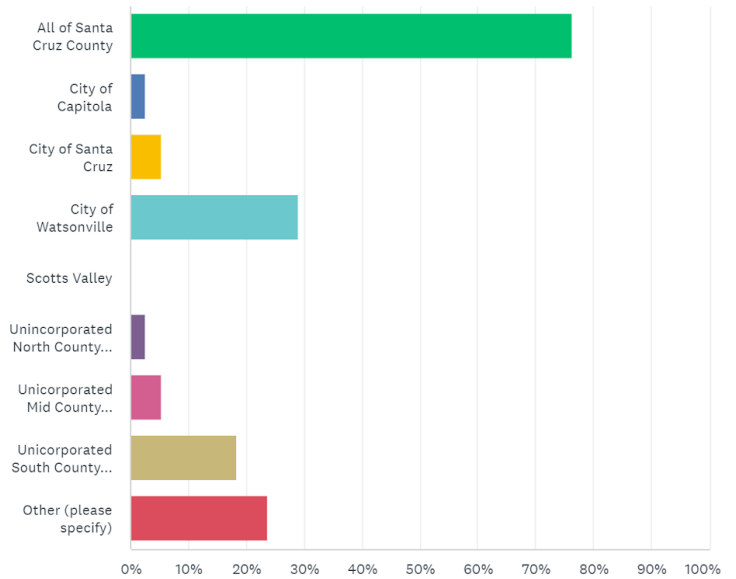
More than one in four organizations (26%) surveyed have a waitlist and are unable to meet the current demand for services.

## Service Areas

The majority of organizations serve all of Santa Cruz County; a large portion are focused on the City of Watsonville and unincorporated South County.

What best describes your service location?

Answered: 38 Skipped: 1



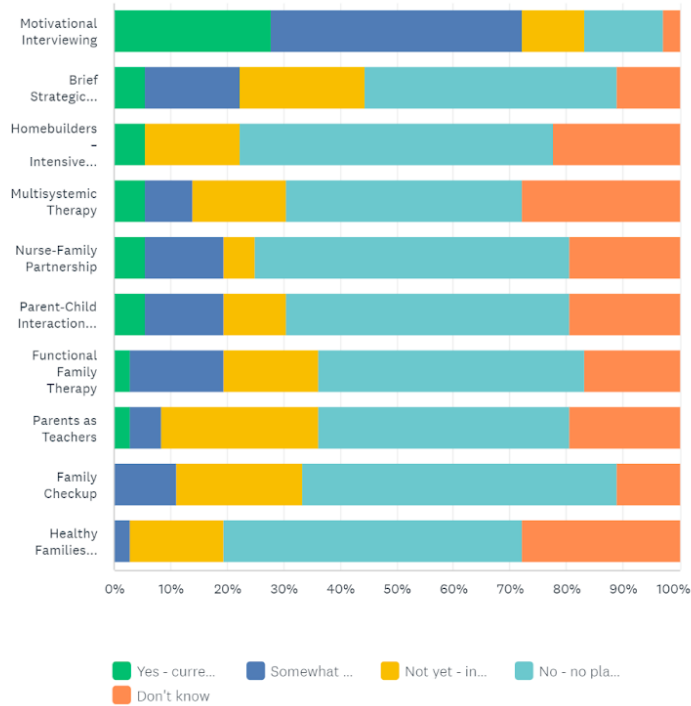
## Summary of EBPs

The survey asked about the 10 Well-Supported EBPs identified in California's Family First Prevention Plan, as well as other Supported and Promising EBPs in the Prevention Clearinghouse. Additionally, the survey also allowed participants to write in practices that were not listed in the survey.

Evidence-based Program/Practice (EBP) <i>by Title IV-E Prevention Clearinghouse Rating</i>	Number of EBPs where at least one survey respondent answered:				
	Yes <i>(with fidelity)</i>	Somewhat <i>(trained, not implementing)</i>	Not Yet <i>(interested or exploring)</i>	No <i>(no plans to implement)</i>	Don't Know
<b>Well-Supported EBPs</b> (and in CA's Prevention Plan) - 10 EBPs listed in survey	8 of 10 EBPs	9	10	10	10
<b>Supported EBPs</b> - 16 EBPs listed in survey	10 of 16 EBPs	13	16	16	16
<b>Promising EBPs</b> - 29 EBPs listed in survey	14 of 29 EBPs	18	27	29	29

Does your group/organization implement any of these programs that are rated as Well-Supported in the Title IV-E Prevention Services Clearinghouse?

Answered: 36 Skipped: 3

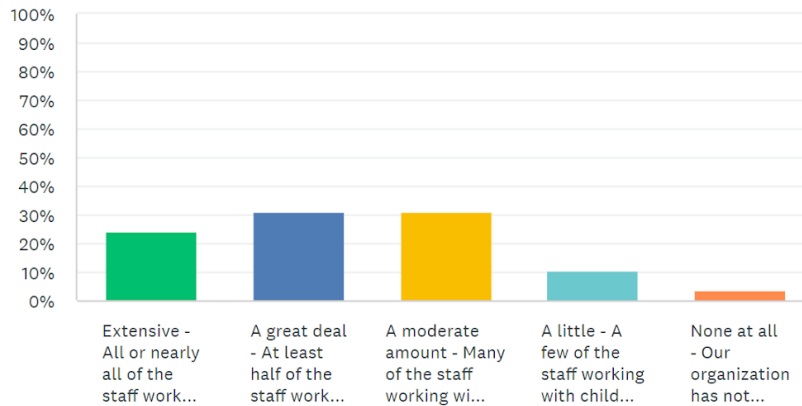


## Trauma Informed Practice

Of 29 organizations answering the question, most had at least some familiarity with trauma-informed care and responding to toxic stress. This is an area for potential growth as a county.

To what extent has your organization or agency engaged in trauma-informed care and responding to toxic stress?

Answered: 29 Skipped: 9



## Screening for Social Determinants

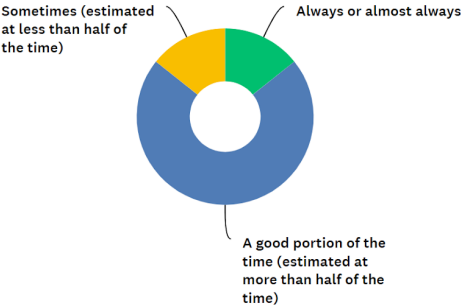
Of 28 organizations and agencies answering this question, less than half screen for social determinants of health. This may be an opportunity to improve connection to resources.

## Referrals

Of 28 organizations and agencies answering this question, most felt that they could make effective referrals most or a good portion of the time. The majority of organizations use relational referrals and internally developed directories to make referrals. 2-1-1 was also an important source for referrals.

To what extent is your team able to make effective referrals? An effective referral is defined as identifying an unmet need, connecting to another program, organization, or agency, and confirming that contact was made between the individual and the program, organization, or agency referred.

Answered: 28 Skipped: 10

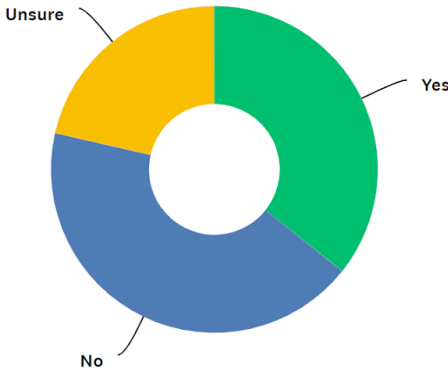


	ALWAYS OR ALMOST ALWAYS	VERY OFTEN	SOMETIMES	RARELY	NOT AT ALL	TOTAL	WEIGHTED AVERAGE
Relational referral (phone or email)	39.29% 11	46.43% 13	10.71% 3	0.00% 0	3.57% 1	28	1.82
List or directory developed and maintained by your agency or organization (e.g. internal directory)	25.00% 7	35.71% 10	32.14% 9	3.57% 1	3.57% 1	28	2.25
Agency or organization's Electronic Health Records system	14.29% 4	10.71% 3	17.86% 5	17.86% 5	39.29% 11	28	3.57
2-1-1	3.57% 1	28.57% 8	25.00% 7	28.57% 8	14.29% 4	28	3.21
UniteUs	7.41% 2	14.81% 4	18.52% 5	14.81% 4	44.44% 12	27	3.74
NowPow	13.79% 4	6.90% 2	3.45% 1	10.34% 3	65.52% 19	29	4.07
Santa Cruz Health Information Exchange (SCHIE)	7.41% 2	7.41% 2	11.11% 3	14.81% 4	59.26% 16	27	4.11

[Comments \(2\)](#)

# Do you use a tool to screen families for social determinants of health?

Answered: 28 Skipped: 10



ANSWER CHOICES	RESPONSES
Yes	35.71% 10
No	42.86% 12
Unsure	21.43% 6
<b>TOTAL</b>	<b>28</b>

[Comments \(8\)](#)

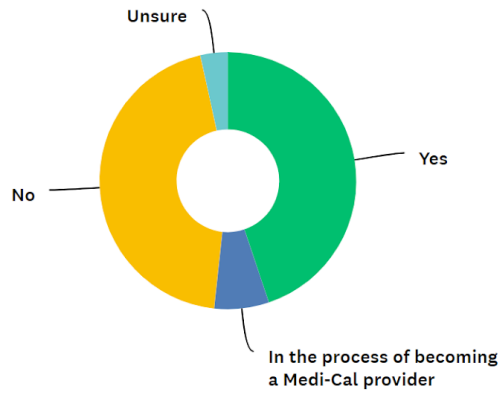
## Accepting Medi-Cal

Of 29 answering this question, slightly less than half accept Medi-Cal. This may be an area to strengthen and build capacity, particularly given the new Medi-Cal benefits (e.g., Community Health Worker, Enhanced Care Management, Community Supports, Dyadic Services, Family Therapy, etc.) and new Medi-Cal provider types (e.g., Peer-to-Peer in-school, Peer Specialists, Community Health Workers, Doulas, Wellness Coaches, and Interns/ASW/AMFTs) that have been or will be, created as part of CalAIM.



# Does your organization accept Medi-Cal?

Answered: 29 Skipped: 9



## Funding Sources

The majority of respondents answering this question receive federal or state grants or contracts. Local grants or contracts were the second most common response.

ANSWER CHOICES	RESPONSES	
Private Payment or Fee for Service	10.71%	3
Local (County or City) Grants or Contracts	50.00%	14
Federal or State Grants or Contracts	75.00%	21
Private Foundation or Public Foundation (Public Charity) Grants	42.86%	12
Insurance (Private Pay) Billing	7.14%	2
Insurance (Medi-Cal) Billing	32.14%	9
Donations, Sponsorships, or Fundraisers	25.00%	7
Other (please specify)	Responses 28.57%	8
<b>Total Respondents: 28</b>		

### 1. Other Asset Maps Consulted

This survey represented a major portion of the organizations and agencies most closely aligned to the aims of the CPP. However, it was limited in its reach, especially related to primary prevention resources. To help understand the full picture of services, United Way's 2-1-1 data, a previous asset map completed by FCS, a survey of youth services completed in 2021, and asset projects of Go for Health were consulted. Within larger agencies, whether they be County Behavioral Health, School Districts, or health providers, there are often a myriad of research-based approaches and programs available and taking place.

2. **Readiness Assessment.** An assessment was completed through CDSS and Strategies. Recommendations have been incorporated in this document.

The capacity assessment was completed and analyzed with CDSS technical assistance. (Link to appendix).

## Summary of Gaps

Needs assessment data alongside asset mapping identified key gaps in the system array and priorities for development in the community of care.

### SUMMARY OF GAPS IN SUPPORTS & SERVICE AND SYSTEM ARRAY

Needs by child and family developmental stage



Relevant culturally, linguistically, by identity and circumstance

## Candidacy Populations

Potential candidates, as defined in California’s Prevention Plan, are a priority for prevention services. Based on the assessment of community assets and needs, the Cabinet selected **all potential candidates for** inclusion in Santa Cruz County’s Prevention Plan. They will be determined by the Title IV-E agencing using the existing definitions described in California’s plan *and* using a tool for assessing risk of foster care. In addition to candidates, several other populations have been prioritized for prevention services. The assessment of needs identified many situations and factors that are important to prioritize. The graphic below shows populations and groups identified as underserved in the current context. The graphic shows these as intersecting.

“California has determined that if a child falls within one of the categories specified below, the child can be considered for eligibility for Title IV-E prevention services. While the groups described below are at increased

risk of foster care, a case-by-case, individualized assessment will be required to determine whether an individual child within that category meets the criteria of being at imminent risk of entering foster care.”

The following children are currently considered candidates for foster care under the existing Title IV-E foster care program and may be eligible for prevention services under Title IV-E based upon an individual assessment and determination that the child is at imminent risk of entering foster care but can remain safely in the home as long as allowable mental health, substance use, and/or in-home parent skill-based program services are provided.

**Children in court-ordered Family Maintenance services cases.**

**Probation minors subject to a petition under section 602 of the Welfare and Institutions Code (WIC)** and for whom the probation department determined to be at imminent risk for foster care will be eligible to receive services under the Title IV- E Prevention Program.

Below are potential categories of circumstances under which children are eligible for prevention services funded through Title IV-E if in each case, they are also individually determined by a local IV-E agency, or a Tribe with a Title IV-E agreement with the state to be **at imminent risk for foster care** but can remain safely at home as long as allowable mental health, substance use, and/or in-home parent skill-based program services are provided.

**Children whose guardianship or adoption arrangement is at-risk of disruption will be able to receive Title IV-E prevention services.** These are non-reunited children and youth who have exited foster care to permanency through guardianship or adoption and are at risk of re-entry into foster care due to disruption of that permanency arrangement according to an assessment of the child and their adoptive parent(s)/guardian(s)’ circumstances.

**Children with a “substantiated” or “inconclusive” disposition of a child abuse or neglect allegation, without a case being opened,** are eligible for Title IV-E prevention services.

**Children who have siblings in foster care are eligible to receive Title IV-E prevention services.** Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents).

**Children experiencing homelessness and with other risk factors.** While state law provides that the homelessness itself is not a basis for removal, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance abuse, which may place a child at imminent risk.

**Lesbian, Gay, Bisexual, Transgender and Queer/questioning (LGBTQ) children are eligible to receive Title IV-E Prevention Services.**

**Substance-exposed newborns are eligible to receive Title IV-E prevention services.** Substance-exposed newborns are defined as infants born and identified as being affected by

substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.

**Trafficked children are eligible to receive Title IV-E prevention services.** These children are at risk of or have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2).

**Children exposed to domestic violence are eligible to receive Title IV-E prevention services.**

**Children whose caretakers experience a substance use disorder are eligible to receive Title IV-E prevention services.** Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.

**Children or youth experiencing other risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care.** Families of such children may be served under the Title IV-E prevention program when services identified in the state's prevention plan may provide interventions that mitigate risk of entry into foster care.

Additionally,

**Pregnant and parenting foster youth are eligible for receiving Title IV-E funded prevention services included in the state's five-year prevention plan.** California law defines a pregnant and parenting foster youth as a child or nonminor dependent in foster care who is a parent, or an expectant parent of an unborn child, including fathers. There is no requirement in FCPS Part 1 that children of expectant or parenting foster youth (EPY) be determined to be at imminent risk of foster care in order to participate in services.

In Santa Cruz County, partners identified specific demographic and situational characteristics for children, youth, and families. These prioritized populations are considered in the broader prevention efforts to help focus resources where they are needed most.

## PRIORTIZED POPULATIONS

Groups Named in Assessment

**Circumstance**  
 Undocumented  
 Experiencing homelessness  
 Precariously housed  
 Child-welfare involved  
 Foster or out of home  
 Justice/probation involved  
 Behavioral health concerns  
 Complex family and trauma histories

**Identity & Culture**  
 LGBTQ+  
 Fathers & men  
 Aspects of ability and disability  
 Background and culture



**Race and Ethnicity**  
 African American/Black  
 Latinx /Hispanic  
 Indigenous from Mexico  
 American Indian

**Age & Development**  
 Pregnant and parenting  
 Early childhood  
 Primary school age  
 Teens  
 Transition age youth

**Geography**  
 South County - Population size  
 North County - Geographic isolation

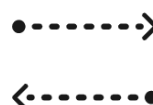
**Languages**  
 Spanish, Mixteco, Triqui

## Moving to Action: Strengthening Evidence Based Programs in Santa Cruz County based on Identified Priorities

The issues identified through gaps assessment point to a broad-based approach for transformation. Collectively, the agencies and organizations will work toward more proactive approaches to supporting children and families. They will continue to connect and cooperate with a goal of true collaboration in service of the community. Understanding that these shifts will take time and potentially more resources (until cost savings through prevention can be realized), the Cabinet will work on shifting mindsets from scarcity to abundance. These changes have the potential to transform our communities.

## SYSTEM SOLUTIONS

Comprehensive Prevention Plan - Assessment



### 1 - Prevention and Upstream Orientation

System structures and collective orientation across the prevention continuum. Restorative models after harm; resilience and recovery focus for individuals, families, and community.

### 2 - Connection & Collaboration

Peer, family, and community support; attention to protective factors. Continued attention to build and strengthen the system connections.

### 3 - Abundance Mindset & Radical Care

Resourcing our needs; attention to collaboration in service of the community; care for ourselves, our families, and our communities.

Relevant culturally, linguistically, by identity and circumstance

**Connections to Title IV-E Prevention Services (for Candidates)**

Santa Cruz County has a differential response program, Families Together, operated by Encompass Community Services. This program has a track record of success with families and is an important resource in the community. The current differential response program is not able to serve everyone who might be eligible due to staff capacity and requirements of current contracts. Differential response is a strong foundation to leverage in an approach to building the Community Pathway.

Phase one of the CPP will be to explore and design the community pathway. It is envisioned to include a broad array of community-based organizations to assist families, including those eligible for Title IV-E Prevention funding, to access an array and menu of appropriate services and supports. The Title IV-E agency (Family and Children's Services) will continue to hold responsibility for candidacy determinations. Family and Children's Services (FCS) uses the Structured Decision Making (SDM) tool) to assess risk and make determinations for safety.

<b>Pathways and Connections Traditional</b>	<b>Pathways and Connections through CPP &amp; Related Initiatives</b>
<ul style="list-style-type: none"> <li>● Mandatory Reporting</li> <li>● Law Enforcement</li> <li>● Juvenile Probation</li> <li>● Organization to organization referral</li> </ul>	<ul style="list-style-type: none"> <li>● Differential Response</li> <li>● Community Pathway</li> <li>● Organization to Organization Referrals</li> <li>● Self-referrals</li> <li>● School-based Connections</li> <li>● Mandatory Reporting</li> <li>● Law Enforcement</li> <li>● Mobile Crisis Response</li> </ul>
<p><b>➔ From Mandated Reporting to Community Supporting</b></p>	

Finally, but also importantly, the CPP will strengthen and enhance evidence-based programming designed to address and support child welfare. Programs - including EBPs named in California’s plan that may be sustainable for candidacy populations, as well as other EBPs that can be strengthened and sustained through other sources - are named here. Note that this list is inclusive but is not exhaustive. The Cabinet may consider additional EBPs and resources in updates to this plan.

**EBPs included in California's Prevention Plan and Potential for Title IV-E Funding for Candidates**

Secondary/Tertiary EBP	Current Status	Expansion through CPP	Funding Current and Envisioned
Nurse-Family Partnership (NFP)	Implemented by Santa Cruz County Public Health; Underutilized	Support and connection to more children and families, including Title IV-E Candidates	County Public Health <b>Title IV-E (pending approved plan)</b>
Motivational Interviewing (MI)	In use among many agencies and CBOs; fidelity to model varies	Enhance number of organizations and agencies using MI with fidelity	Various <b>State Block Grant (training)</b> <b>Title IV-E (pending approved plan)</b>
Brief Strategic Family Therapy (BSFT)*	Limited in Use	Expand to eligible agencies*  *Note that this EBP is contingent on additional funding; likely not possible within current Block Grant	Not currently funded <b>Leveraged Sources</b> <b>Title IV-E (pending approved plan)</b>  *Pending additional funding / Additional phases of project

NFP, MI, and BSFT (pending additional funding) were selected using information from local asset mapping, needs assessment data, and information from the Title IV-E Prevention Services Clearinghouse. Decisions were based on these data, alongside assessing county capacity to expand relevant EBPs listed in California’s Plan. Specifically:

- Nurse Family Partnership (NFP) is already in place in Santa Cruz County and provided through Public Health. This is a home visiting program for eligible families that can be expanded to reach more people, including candidates. The program has evidence to support Child safety: Child welfare administrative reports, Child well-being: Cognitive functions and abilities, Child well-being: Physical development and health, and Adult well-being: Economic and housing stability.
- Motivational Interviewing (MI) is also in place within the County, and is considered a cross-cutting practice that can support people in a variety of situations to set and achieve goals. Expansion of this EBP can reach more people, including candidates. This program has evidence of impacts on Adult well-being: Parent/caregiver substance use.
- Brief Strategic Family Therapy, while not yet present in the county, offers a solution to support families with specific needs. Standing up this program (pending additional funding) will help to address needs identified through the assessment process. This program has evidence to support positive impacts on Child well-being: Behavioral and emotional functioning, Child well-being: Delinquent behavior, Adult well-being: Parent/caregiver substance use, Adult well-being, and Family functioning.

We recognize that these three EBPs alone will not meet all of the needs of the candidacy populations. It is the hope and intention that through continued capacity building and seeking additional resources, we can strengthen the prevention ecosystem to provide more services, support, and evidence-based programming.

Candidates will receive support to identify the best and most relevant services and support as determined by a prevention team, with safety monitoring in place throughout the duration of support.

**Additional EBPs** Not included in California’s Prevention Plan but Secondary/Tertiary Focused

Secondary and Tertiary Prevention	Current Status	Expansion through CPP	Funding Current and Envisioned
Trauma-Focused Cognitive Behavioral Therapy	Was in place; not currently funded. Rated as Promising in the Title IV-E Prevention Clearinghouse. In <a href="#">California Evidence-based Clearinghouse</a> (CEBC) for Child Welfare as level	Support and connections to more children and families, including focal populations  Increase access to and improve mental health outcomes through	Various  <b>State Block Grant (training)</b>  <b>Leveraged Sources</b>



Secondary and Tertiary Prevention	Current Status	Expansion through CPP	Funding Current and Envisioned
	<p>1 (well-supported) and high relevance to child welfare</p> <p>In place through existing organizations and agencies; both strengths and gaps identified in ability to serve community needs</p>	<p>appropriate evidence based treatment as determined by assessment</p> <p>Re-initiate <a href="#">FUERTE program</a> with Probation and potentially FCS</p>	
Supporting Father Involvement (Parenting Education and Family Support)	In place in the county; In <a href="#">CEBC</a> as level 1 (well-supported) and medium relevance to child welfare	More access for fathers and men	<p>Various</p> <p><b>State Block Grant (training)</b></p> <p><b>Leveraged Sources</b></p>
Triple P - Positive Parenting Program (Level 4 Standard, Group, and Online)	In place in the county; services in Spanish; Rated as Supported (Online) and Promising (Standard, Group) in the Title IV-E Prevention Clearinghouse; Included in <a href="#">CEBC</a> as level 1 (well-supported) and medium relevance to child welfare	Support and connection to more children and families, including focal populations	<p>Various</p> <p><b>State Block Grant (training)</b></p> <p><b>Leveraged Sources</b></p>
Positive Discipline (Parenting Education and Family Support)	In place in the county; services in Spanish and Mixteco, included in <a href="#">CEBC</a> as level 3 (promising) and medium relevance to child welfare	Support and connection to more children and families, including focal populations	<p>Various</p> <p><b>State Block Grant (training)</b></p> <p><b>Leveraged Sources</b></p>

## Primary Prevention Supports

Primary Prevention Services	Current Status	Expansion through CPP	Funding Current and Envisioned
Screenings: <ul style="list-style-type: none"> <li>● ACEs</li> <li>● Developmental Screening</li> <li>● Social Determinants of Health</li> </ul>	Partially in place within agencies and CBOs	Expand use of screenings to support family access to resources	Various <b>Leveraged Sources</b>
Navigation Support	Community Health Workers, Promotores, and other peer supports are some of the resources in place in Santa Cruz County	Support and connections to more children and families, including focal populations	Various; State and federal grants State Block Grant (referral infrastructure) <b>Leveraged Sources</b>
Housing Support	Multiple supports but can be difficult to access; housing shortages overall contribute to limited resources	Support and connection to more children and families, including focal populations	Various <b>Leveraged Sources</b>
Transportation Support	Multiple supports but can be difficult to access; public transportation infrastructure limited	Support and connection to more children and families, including focal populations	Various <b>Leveraged Sources</b>
Child Care Support	In place in the county	More child care slots for working caregivers	Various <b>Leveraged Sources</b>
Asset and Wealth Building -Guaranteed Income -College Savings Account	Guaranteed Income Pilot (Alas) and College Savings Account (Semillitas) programs in place through one organization; a strong network of supports provide economic justice, food and nutrition, and more	Support and connection to more children and families, including focal populations  (Semillitas, Alas)	<b>State Block Grant</b> <b>Leveraged Sources</b>
Afterschool and Summer Enrichment Programming	Projects at schools throughout the county, including extensive full day programming at	Support and connection to more children and families, including focal population	Multiple Leveraged Sources for specific projects and programs for focal

Primary Prevention Services	Current Status	Expansion through CPP	Funding Current and Envisioned
	PVUSD schools and Family Resource Centers		populations
Peer and Advocacy Support	Many strong organizations making a difference for children and families	Support and connection to more children and families, including focal populations	Multiple <b>State Block Grant (engaging people with lived expertise) Leveraged Sources</b>

The Comprehensive Planning Process provides opportunities to fill gaps through coordination and collaboration, strategic funding, and continuous improvement. This plan includes strategies and actions to address gaps through implementation.

People with lived experience have provided perspectives about the challenges and barriers that exist to access the prevention resources available and how these barriers further and deepen the severity of the situations faced. As an example, if children are not with their parents, the parents may be less likely to qualify for housing aid. Since stable housing is often part of a case or reunification plan, not being able to meet this goal can mean more separation due to housing instability rather than abuse and neglect.

Interventions and strategies were developed to include culturally appropriate and responsive services to meet the needs of local families who are disproportionately represented in the child welfare system. In Santa Cruz County, the analysis looked at both families involved with child welfare and juvenile probation. As a result of inequitable systems and structures, Latinx families, American Indian families, and Black families are over-represented. Families that are Indigenous from Mexico are often from the Oaxaca region and speak Mixteco or Triqui. While data is not fully complete to understand disproportionately among lesbian, gay, bisexual, transgender, queer/plus, children or youth in our county, FCS staff note representation of LGBTQ+ children and youth in systems.

Services and strategies selected from the plan are at different stages of being able to serve the county’s cultural and linguistic needs. Attention to community-based organizations that have reached into these communities - including people from the community and cultures on staff, processes to gather input from families, and staffing and programs that are linguistically relevant. The Cabinet also identified racism, including but not limited to anti-blackness, as important areas for awareness, education, and training.

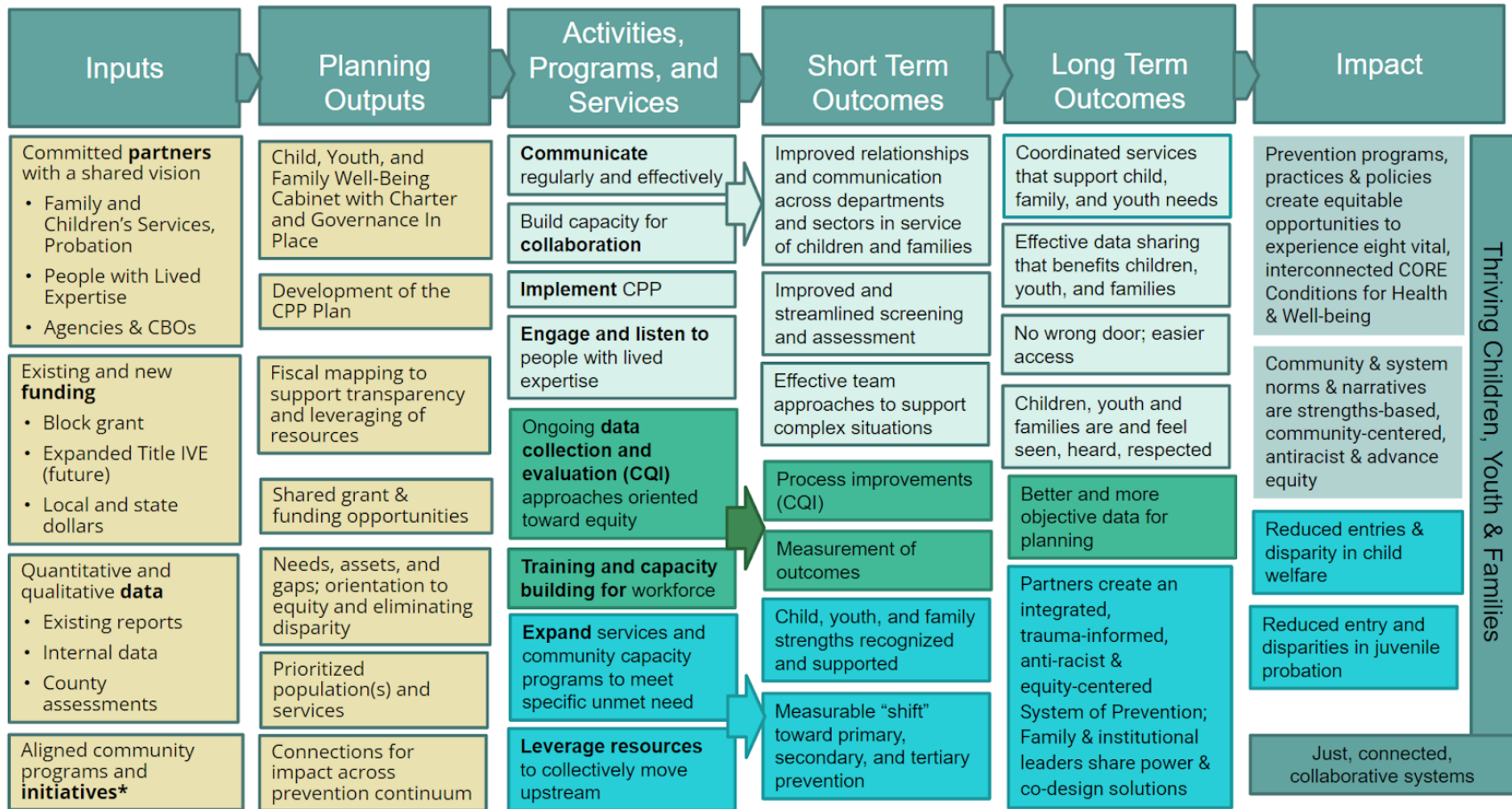
## THEORY OF CHANGE AND LOGIC MODEL

To inform the Comprehensive Prevention Plan, Santa Cruz County has built on the Pair of ACEs framework developed by the Center for Community Resilience at George Washington University as an evidence-informed explanation of how community and interpersonal risk factors can exacerbate harm. Systemic racism, poverty, generational trauma, and unmitigated adverse childhood experiences contribute to both the incidence and impact of child abuse. More proximal causes, including substance use, untreated mental illness, lack of access to health care, child care, and other basic needs, are areas where collaborative planning and focused resources can initiate meaningful change.

The CPP theory of change for Santa Cruz County (page) resembles the resilience tree, recognizing that the well-being of children and youth at risk of child abuse is actually grounded in healthy and supportive environments. The theory of action (page) describes the role of individual and collective leadership in shaping change. Converse to the risk factors, building protective factors within communities, programs, families, and individuals provides the multi-level approach to move collectively from “mandated reporting to the community supporting” and from “surviving to thriving.”

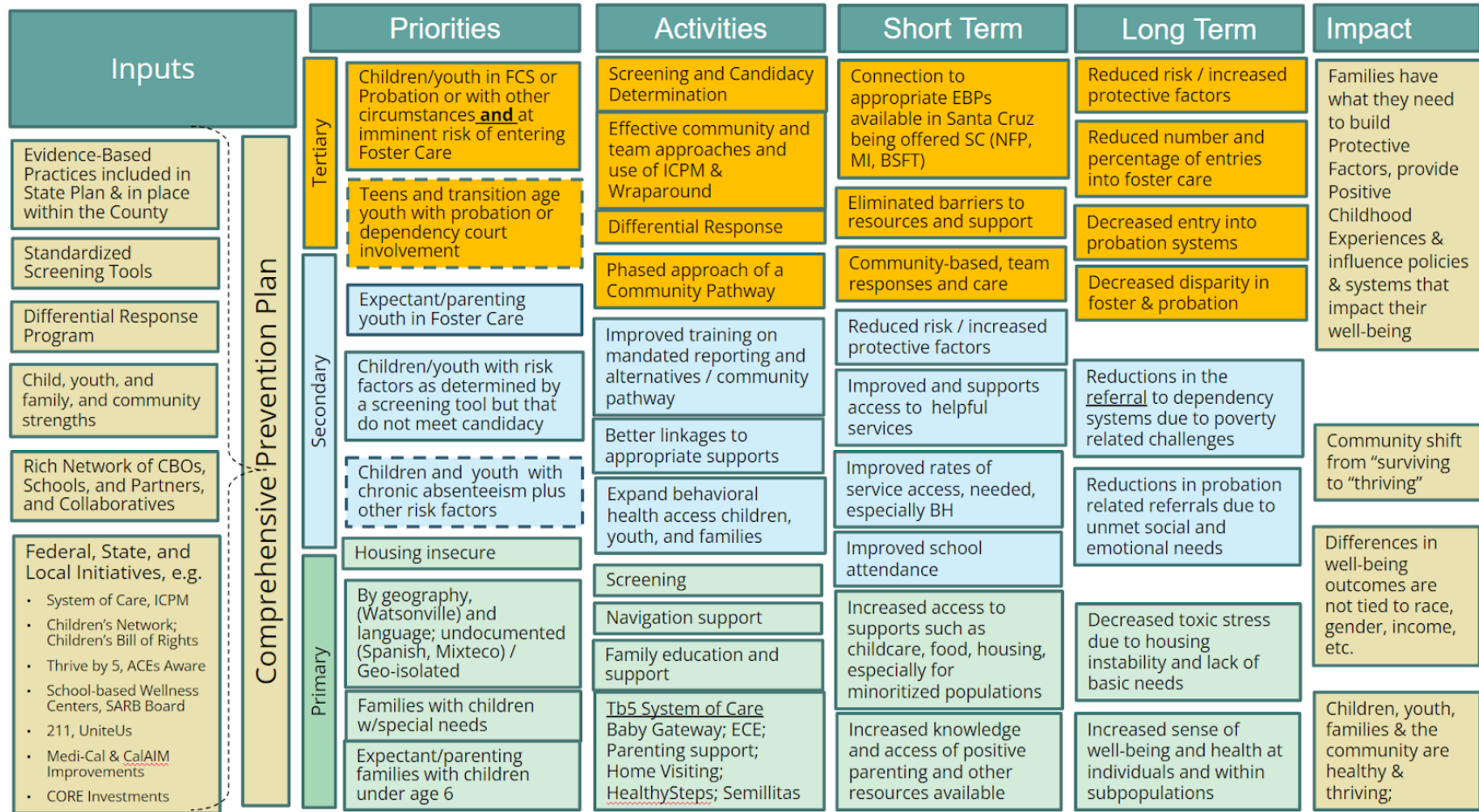
Logic models show more concretely the linkages between planned activities and desired outcomes. The logic model is shown at two levels - one looking at “roots, soil, and trunk,” or the contextual and system levers for change; the second logic model is at the level of “leaves and branches” - identifying programs and services for specific populations, and how these programs and services contribute to desired change.

# “Roots, Soil, & Trunk” – Working Draft



Thriving Children, Youth & Families

# "Branches & Leaves"



## CRITERIA for SELECTING PLAN STRATEGIES

- Demonstrated need through quantitative and qualitative data
- Addresses equity (through attention to inequity or disparity)
- Identified or supported by people with lived experience
- Culturally and linguistically relevant
- Potential for impact and positive change
- Oriented to build on individual, family, neighborhood, and cultural strengths
- Existing capacity to build from and alignment with existing initiatives
- Aligned to Cabinet priorities around the prevention continuum ("primordial to postvention")
- Viable or likely sustainability pathway
- Has champions to advance the program, service, or initiative

# Criteria for Prioritizing Plan Strategies

## SPENDING & SUSTAINABILITY PLAN

Santa Cruz County is committed to a transformative shift that improves the lives of children and families. To do this will take sustained efforts, a results focus, and a strategic spending strategy.

**Strategy 1. Advance no-cost / low-cost solutions.** Many of the changes that can be made to shift systems can come from greater collaboration, policy changes, and other shifts that do not cost money. High-impact and low-cost strategies are one component of the spending approach.

**Strategy 2. Use State Program Block Grant to develop capacity and infrastructure** for the Comprehensive Prevention Plan implementation. These costs outlined for the block grant are largely short-term, provided the timeline for spending.

**Strategy 3. Leverage existing funding and aligned projects.** The third strategy is the sustainability of results through leveraging funding streams, blending, and braiding sources to use resources efficiently and effectively, including claims from CBOs through existing sources.

- State Family First Prevention Services Block Grant (available through 6/30/24) [All Levels of Prevention (Can also be local match for Title IV-E, 50%)
- ARPA Community Based Child Abuse Prevention Planning (CBCAP) (must be spent by 9/30/2025) [Primary & Secondary]
- Family First Transitional Act (FFTA) - available through 9/30/25) [All Levels of Prevention]
- Title IV-E FFPSA Part 1 - (Open-ended reimbursement but requires an approved state plan) [Secondary & Tertiary]
- Community Based Child Abuse Prevention Planning (CPBCAP) (annual allocation) [Primary & Secondary]
- Promoting Safe and Stable Families - (annual allocation) [All Levels of Prevention]

**Strategy 4. Identify new funding opportunities** such as grants to continue the efforts of Comprehensive Prevention Planning and initiatives Child, Youth, and Family Well-Being Cabinet.

The table below describes broad intentions for spending and leveraging based on known information and discussion of the Cabinet. Additional discussion will be needed to refine and operationalize spending of the Block Grant funding in the timeframe required.



Prevention Service	Existing Resources	Existing Funding	New State Block Grant Funding Source	Total Investment (Including Leveraged Funds)
<p><b>Training:</b> Strengthen fidelity to existing and support expansion for EBPs named in plan</p> <p>Provide training to support cultural humility and linguistic competency</p>	<ul style="list-style-type: none"> <li>● State Resources</li> <li>● Local Training</li> <li>● EBP Providers</li> <li>● Cultural Experts and Liaisons</li> </ul>	<p><b>FFTA:</b> \$100,000</p>	<p>\$100,000</p>	<p>\$200,000</p>
<p><b>Closed-Loop Referrals*:</b> Connecting more partners to electronic referral system; supporting effective coordination of resources</p>	<ul style="list-style-type: none"> <li>● UniteUs, SCHIO</li> </ul>	<p>County Funding Other Public Partners</p>	<p>\$50,000</p>	<p>(TBD)</p>
<p><b>Expanding Access to Existing EBP*:</b> Leveraging existing providers to expand prevention services, including more service after hours or on weekends; ability to serve a larger population; ability to better serve Spanish and Indigenous languages</p>	<ul style="list-style-type: none"> <li>● CBOs</li> <li>● Public Agencies (e.g., Public Health, HSD, HSA, Schools, First 5)</li> </ul>	<p>Seeking <b>new and leveraged funding</b> to expand the resources available (Medi-Cal, Title IV-E, CalAIM reforms; CYBHI, new block or competitive grants; long term savings through prevention)</p>	<p>\$400,000</p>	<p>\$400,000 Intention to work toward increased, sustainable funding; <b>however not yet identified</b></p>
<p><b>Data &amp; Evaluation Infrastructure:</b> Plan and resources to support reporting requirements; broader capacity to support evaluation of prevention</p>	<ul style="list-style-type: none"> <li>● State Resources</li> <li>● County Resources</li> </ul>	<p><i>Potential for FFTA:</i> <i>\$100,000</i></p>		<p>\$100,000</p>

Prevention Service	Existing Resources	Existing Funding	New State Block Grant Funding Source	Total Investment (Including Leveraged Funds)
activities within the county (for specific items that need evaluative approach)				
<b>Engagement, Voice and Agency:</b> Build infrastructure to better and more consistently learn from and incorporate lived expertise of youth and adults (e.g. stipends and supports to remove barriers to access)	<ul style="list-style-type: none"> <li>● CBOs</li> <li>● Cabinet</li> </ul>		\$50,000	\$50,000
<b>Primary Prevention Resources*</b> Resources to directly address social determinants of health / CORE conditions (for example, child care, housing, etc.) for candidate and focal populations	<ul style="list-style-type: none"> <li>● CBOs</li> <li>● CalWORKS</li> <li>● Flex Funds</li> <li>● Guaranteed Income Pilot</li> </ul>	ARPA Community Based Child Abuse Prevention (ARPA CBCAP)	\$250,000	\$250,000
<b>Support for Culturally Specific and Inclusive Trauma-Informed Approaches*</b>  -Wellness Circle for American Indian Families in Santa Cruz County -Circles through or by National Compadres Network -Programming specifically for LGBTQ+ individuals and families -Programming specifically for Black Families	<ul style="list-style-type: none"> <li>● Amah Mutsun Tribal Council</li> <li>● National Compadres Network</li> <li>● Diversity Center / PVPSA Partnership</li> </ul>		\$40,000	\$40,000

Prevention Service	Existing Resources	Existing Funding	New State Block Grant Funding Source	Total Investment (Including Leveraged Funds)
<p><b>Planning for the Community Pathway &amp; CPP Plan Development, Consultation, and Implementation</b></p> <p>Research and resourcing the candidacy tool and planning for navigation and support</p> <p><b>Support*</b> Backbone or convening support for the Cabinet and its working groups</p>	<ul style="list-style-type: none"> <li>● Evident Change</li> <li>● CBOs</li> <li>● FRCs</li> <li>● School Wellness Centers</li> <li>● CCPC</li> <li>● FCS &amp; Probation Staff</li> <li>● Consulting Support</li> </ul>	<p>(FFTA) - Look at lifting this up ARPA CBCAP</p> <p>Existing, funded positions</p>	<p>\$175,000</p>	<p>\$175,000</p>
<p><b>Subtotal</b></p> <p>*Potential Juvenile Probation share (1/3)</p>			<p>Subtotal \$1,060,000 Amount Available \$1,066,136</p>	<p>Subtotal \$1,215,000 (Includes leveraged sources)</p>

## ASSURANCES

Please note the Assurances Template later in the Plan.

### Coordination with the Local Mental Health Plan

Family and Children's Services is within the Human Services Department. Juvenile Probation is within the County Probation Department. Mental Health is within the Health Services Agency (HSA). Through the Comprehensive Plan, resources may be blended and braided to support sustainability and to help ensure that children and families don't encounter a "wrong door" to services. However, each of these Departments has different protocols and fiscal staff to ensure all protocols are met. This includes ensuring that Title IV-E is the payer of last resort.

Steps include education to staff about federal requirements; an ongoing sustainability workgroup (consisting of fiscal staff from all departments) will meet as needed as the Comprehensive Plan Implementation begins. They will review and discuss requirements and ensure that guidelines are met.

Finally, as an additional layer of accountability, the CPP is governed by the interagency leadership team that includes Department Heads or their designees. Rules and regulations will be shared and updated with this leadership body as an additional step to ensure accountability.

### Meeting the workforce and training requirements

Santa Cruz County will ensure that all EBPs, whether delivered via a contracted entity or by local Title IV-E agency staff, will adhere to model fidelity protocols.

Fidelity protocols vary by program. In phase 1 of the CPP, Nurse Family Partnership, Motivational Interviewing, and Brief Strategic Family Therapy are named. State Block grant funding will be used to support and stand up education and training. Data protocols for fidelity, including ongoing training, checklists, and monitoring, will be considered in selecting partners with the qualifications and capacity to deliver services as designed. As part of contracting with external partners, agreements about fidelity, including data collection, will be established prior to contracting and part of ongoing contract monitoring.

### Safety monitoring and periodic risk assessments

The local Title IV-E agency (HSD) that contracts with community-based organizations for services will lead safety monitoring and periodic risk assessments. The Title IV-E agency holds responsibility for safety monitoring and risk assessments unless explicit other arrangements are

made. All contracts will include language that describes this process to ensure that roles and responsibilities are clear.

## Requirements under the state Title IV-E Prevention Program Plan

County agencies - HSD, Probation Department, and HSA will work together to ensure that all requirements approved by the federal Administration for Children and Families (ACF) are met. They will use guidance from the California Department of Social Services and TA providers to answer and clarify any questions related to requirements.

## Appendices

### Working Groups for Implementation of the CPP

Workgroup	Description	Initial list; additions and changes will be made as needed
<b>Sustainability &amp; Fiscal Leveraging:</b>	Working for sustainable outcomes; identify existing resources and new resources to sustain programming and results	Gloria Carroll - HSD Jose Flores - Juv. Probation Ted Morton - HSD Fiscal Rick Harron - HSD Fiscal Justin Nunes - Probation Dept. Melissa Allen - Probation Dept.
<b>Data:</b>	Defining and operationalizing CQI, evaluation, and reporting	Christine Berge - Probation Dept. Stephanie Barron-Lu / Positive Discipline Casey Coneway - HSD/FCS Keisha Browder - United Way
<b>Lived Expertise:</b>	Ensuring meaningful and respectful co-design in planning and enhancing the integration of peer support	Sabina Isles - Encompass Martine Watkins - COE Sarah Emmert- United Way Youth Action Network Lynn Petrovic - CASA Nicole Irigoyen - CASA
<b>Strengthening Referrals:</b>	Exploring and designing opportunities to improve the referral network. Includes navigation support	Jose Flores - Probation Keisha Browder - United Way Sabina Isles - Encompass Andrea Willy/Chrissy Mclean - PVUSD Maria Barranco - Monarch Martine Watkins - COE Crystal Gates - A Better Way Juanita Pena - A Better Way Emma Ledvina -Parents Center
<b>Community Pathway:</b>	Exploring and designing the approach	Bridget Semlek - HSD/FCS Sabina Isles - Encompass David Brody - First 5 Michael Nobles - A Better Way Meredith Flores - Watsonville PD Maria Barranco - Monarch Jasmine Najera - PVPSA
<b>EBPs, Training, and Workforce</b>	Supporting implementation of EBPs through training and infrastructure; in future phases of the plan, supporting review and selection of additional EBPS	Laura McClain - HSD /FCS Prima Hernandez - Public Health Jasmine Najera - PVPSA Stephanie Barron-Lu / Positive Discipline - Deutron Kebekew - MENtors Gloria Carroll - HSD/FCS

## Workforce and Training Plan

(Preference for train the training models to build community capacity)

*(In progress - this section will be completed as more information is available)*

<b>EBP</b>	<b>Providers</b>	<b>Training needed</b>	<b>Title IV-E Billing Potential</b>
NFP	Santa Cruz Public Health	<i>Minimal/ none</i> (Staff trained and fidelity maintained through Santa Cruz Public Health)	Yes, for candidates
BSFT	County Behavioral Health, PVPSA, Encompass, Other Providers that have licensed Masters level clinicians	Full training; train the trainer model  Estimated cost is \$65,000-\$85,000 for one agency implementing BSFT to certify a team of 4 to 6 clinicians is approximately between \$65,000 - \$80,000	Yes, for candidates
MI	Santa Cruz Agencies Community Based Organizations	MINT Training Costs vary depending on provider (e.g. \$100 per participant)	Yes, for candidates

<b>EBP</b>	<b>Providers</b>	<b>Model Training</b>	<b>Title IV-E Billing Potential</b>
Positive Discipline	TBD	Increase the number of providers through training	No
Triple P	TBD	Increase the number of providers through training	No
Supporting Father Involvement (SFI)	TBD	Increase the number of providers through training	No

<b>Practice</b>	<b>Providers</b>	<b>Model Training</b>	<b>Title IV-E Billing Potential</b>
Community Pathway	TBD	Leverage state training and TA activities (Regional Training Academies, Strategies, CalTrin)	No
Cultural humility / responsiveness	TBD	Working with Tribes	No
Mandatory Reporting (Updated)	TBD	Increase the number of providers through training	No



## Relationship of EBPs to Candidacy

The first step we took was to identify the size of the candidate population based on available data. In some cases, these estimates or counts were complete and considered reliable; for other candidate populations, it was acknowledged that our county does not (yet) have good data or estimates of the size of the population. Next, the planning team used available data to identify the expected needs of the candidacy populations.

Using estimates and potential needs of candidate populations, the Cabinet discussed the selection of candidacy populations and considered prioritization. They agreed - largely from the moral perspective - that it was important to be working to serve all candidates. From a practical perspective, the relatively small size of Santa Cruz County helped the group feel that serving all candidates is possible and worth reaching for.

To serve all candidates, Santa Cruz County expects to determine candidacy for Title IV-E Prevention services using a validated screening and assessment tool (to be further developed through CPP implementation before the ability to draw down Title IV-E funds).

The intention to serve all will be dependent on funding and capacity to realize the vision of the plan.

Importantly, the team assessed the ability to serve the candidates through existing and potential evidence-based programming and supports. The candidate's potential connection to EBPs was cross-walked with descriptions of EBPs, both new and existing. Candidacy groups alongside potential EBPs and supportive services are summarized in the table below.

Table 1. Candidacy, Example Needs, EBPs, and Service

<b>Candidacy Group</b>	<b>Example Needs</b>	<b>Selected EBPs</b>	<b>Examples of Additional Services and Supports to Meet Needs of Candidates</b>
<b>Children in court-ordered Family Maintenance services cases</b>	Individual or family therapy  Support in identifying and reaching goals  Emotional support  Material needs	Brief Strategic Family Therapy (BSFT)  Motivational Interviewing (MI)	Evidence-based therapeutic approaches  Informal networks of support  Afterschool, summer, and academic support  High-quality childcare
<b>Probation minors (youth) subject to a</b>	Individual or family therapy	Brief Strategic Family Therapy (BSFT)	Evidence-based therapeutic approaches

Candidacy Group	Example Needs	Selected EBPs	Examples of Additional Services and Supports to Meet Needs of Candidates
<b>petition under section 602 of the Welfare and Institutions Code (WIC)</b>	Support in identifying and reaching goals Emotional support Material needs	Motivational Interviewing (MI)	Informal networks of support Afterschool, summer, and academic support
<b>Children whose guardianship or adoption arrangement is at-risk of disruption will be able to receive Title IV-E prevention services.</b>	Individual or family therapy Support in identifying and reaching goals Emotional support Material needs	Brief Strategic Family Therapy (BSFT) Motivational Interviewing (MI)	Evidence-based therapeutic approaches Informal networks of support Afterschool, summer, and academic support
<b>Children with a “substantiated” or “inconclusive” disposition of a child abuse or neglect allegation, without a case being opened</b>	Individual or family therapy Support in identifying and reaching goals Emotional support Material needs	Brief Strategic Family Therapy (BSFT) Motivational Interviewing (MI)	Evidence-based therapeutic approaches Informal networks of support Afterschool, summer, and academic support
<b>Children who have siblings in foster care are eligible to receive Title IV-E prevention services.</b>	Individual or family therapy Support in identifying and reaching goals Emotional support Material needs	Brief Strategic Family Therapy (BSFT) Motivational Interviewing (MI)	Evidence-based therapeutic approaches Informal networks of support Afterschool, summer, and academic support
<b>Children experiencing homelessness and with other risk factors.</b>	Individual or family therapy Support in identifying and reaching goals Emotional support	Brief Strategic Family Therapy (BSFT) Motivational Interviewing (MI)	Evidence-based therapeutic approaches Informal networks of support Afterschool, summer, and academic support

Candidacy Group	Example Needs	Selected EBPs	Examples of Additional Services and Supports to Meet Needs of Candidates
	Material needs - Especially housing		Housing, food, clothing
<b>Lesbian, Gay, Bisexual, Transgender and Queer/questioning (LGBTQ) children are eligible to receive Title IV-E Prevention Services.</b>	Individual or family therapy  Support in identifying and reaching goals Emotional support & Community connections  Material needs	Brief Strategic Family Therapy (BSFT) Motivational Interviewing (MI)	Evidence-based therapeutic approaches  Informal networks of support  Afterschool, summer, and academic support
<b>Substance-exposed newborns are eligible to receive Title IV-E prevention services.</b>	Care to support maternal and child health and well-being  Material needs  Parenting/family education and support	Motivational Interviewing (MI)  Brief Strategic Family Therapy (BSFT)	Home visiting services  Clinical care / medical support  Parenting/family education and support
<b>Trafficked children are eligible to receive Title IV-E prevention services.</b>	Individual therapy  Support in identifying and reaching goals  Emotional support & community connections  Material needs	Motivational Interviewing (MI)	Evidence-based therapeutic approaches  Informal networks of support  Afterschool, summer, and academic support  Food, clothing, housing, etc.
<b>Children exposed to domestic violence are eligible to receive Title IV-E prevention services.</b>	Birthing parent and child health and well-being  Material Support  Parenting/family support	Nurse-Family Partnership (NFP) whenever eligible	Evidence-based therapeutic approaches  Informal networks of support  Afterschool, summer, and academic support  Parenting/Family Support

Candidacy Group	Example Needs	Selected EBPs	Examples of Additional Services and Supports to Meet Needs of Candidates
<p><b>Children whose caretakers experience a substance use disorder are eligible to receive Title IV-E prevention services.</b></p>	<p>Treatment and recovery services for family members Support in identifying and reaching goals</p>	<p>Motivational Interviewing (MI)  Brief Strategic Family Therapy (BSFT)</p>	<p>Evidence-based therapeutic approaches  Informal networks of support  Afterschool, summer, and academic support  Parenting/Family Support</p>
<p><b>Children or youth experiencing other risk factors that, when combined with family instability or safety threats would be assessed to be at imminent risk of foster care.</b></p>	<p>Health care to support well-being  Individual therapy  Support in identifying and reaching goals  Emotional support &amp; community connections  Material needs</p>	<p>Motivational Interviewing (MI)  Brief Strategic Family Therapy (BSFT)</p>	<p>Evidence-based therapeutic approaches  Informal networks of support  Afterschool, summer, and academic support  Parenting/Family Support</p>
<p><b>Pregnant and parenting foster youth are eligible for receiving Title IV-E funded prevention services included in the state’s five-year prevention plan.</b></p>	<p>Birthing parent and child health and well-being  Material needs  Parenting and family support</p>	<p>Nurse-Family Partnership (NFP) whenever eligible  Motivational Interviewing (MI)</p>	<p>Evidence-based therapeutic approaches  Additional home visiting  Informal networks of support  Afterschool, summer, and academic support  Parenting/Family Support</p>

## Continuous Quality Improvement and Evaluation Plan

This section provides a broad overview of the evaluation approach. Through early implementation phases, FCS staff with a working group will develop the CQI Plan.

The CPP includes a working group to understand CQI and evaluation needs and strengthen and improve the plan to collect and report data for the purpose of improvement as well as outcome monitoring.

The approach for CQI will include fidelity monitoring for EBPs and PDSA cycles for any innovative approaches. Responsibility for CQI varies depending on the plan but is likely to include HSD staff, contracted organizations (when applicable), and an external data partner.

Tools for evaluation will include process measures and outcome measures. Data collection tools, including demographic information, service types and duration, expenditures and placement, expenditures, child permanency status, and other key metrics, are recorded and maintained in a secure database, enabling reporting when needed.

The CWS-CARES database is expected to be available and used for federally required data. Evaluation and data partners will learn how to use this database as it becomes available.

In addition to monitoring EBPs, the evaluation will answer broader questions about the CPP:

- **Are we doing what we said we would do?**
- **Are we doing it how we said that we would?**
- **To what extent is cross-sector collaboration in place and effective?**

	<b>Process Measures</b>	<b>Outcome Measures</b>
<b>Cross-sector Collaboration</b>	Meetings Occurrences Composition Attendance Satisfaction	Data sharing agreements in place New MOUs in place Evidence of collaboration benefitting children, youth and families
<b>Child/Family Level Data</b>	System for Demographic Information Services Used/Duration Permanency Status	Demographic information (Reach) Services used/duration (Reach) Related outcomes (Program Defined) Permanency Status
<b>Examining and Implementing EBP fidelity</b>	Training Checklists for fidelity Satisfaction with skills Peer to peer (program reviews)	Evidence of outcomes tied to EBPs
<b>Community Defined Initiative Advancing</b>	Cabinet and workgroups advancing one or more changes aimed at system improvement	Policy or system change accomplished, with data to support outcomes

	<b>Process Measures</b>	<b>Outcome Measures</b>
<b>System Compliance</b>	<p>Training and TA tools and measures conform to state and Title IV-E requirements</p> <p>Training and TA CWS automated responses and engagement system to collect report data for Title IVE</p>	<p>Tools and measures conform to state and Title IV-E requirements</p> <p>CWS automated responses and engagement system to collect report data for Title IVE</p>

## Readiness Assessment - Summary

### Strengths

- Leadership Buy-In rate: Leadership states change is needed and beneficial
- Stakeholder Buy-In Rate: Stakeholder state change is needed and beneficial
- Established meeting frequency: Meetings (in-person, virtual, telephonic) are regularly coordinated
- Community partners have opportunities for involvement in discussions and decisions
- Title IV-E agencies and other public organizations and community partners have shared awareness and are committed to the vision and mission
- History of Cross-Sector Partnerships Rate the following item: History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners.
- Expertise in Data Analysis and Accessibility Rate the following item: 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.
- Relationship with Local Governance Rate the following item: Leaders of the Title IV-EA agencies, other public organizations, and community partners have a positive working relationship with local (city/county) governance bodies (i.e., Board of Supervisors, City Council, etc.).

### Areas for Improvement and Potential Action Steps

Information Sharing and Exchange Rate: Best practices for sharing information are established.

Review AB2083 MOU and consider expanding the MOU to apply to children and youth, not in foster care.

Communication Strategy Rate: Title IV-E agencies, other public agencies, and community partners have effective processes in place for communication about change and new initiatives.

Establish a governance structure, who's responsible for decisions, what is the feedback loop, and what is the communication strategy.

Communication with Cross-Sector Partners: Leaders practice reflective, supportive communication

Governance- what are the ground rules on how the team will communicate?

Organizational Stability Rate the following item:  
There is stability among agency leadership within Title IV-E agencies, public organizations, and community partners, including directors, administrators, and program managers.

This will require addressing onboarding techniques and communication.

Organizational culture is inclusive and diverse

Community Engagement Toolkit (Junious W.)  
Focus not on each agency structure but on diversity and inclusion within the team developing the CPP

Title IV-E agencies public organizations and community partners support innovation and foster a learning organization.

Question for group facilitation: What types of challenges does the organization face to support innovation and foster learning organization? (i.e., too many initiatives presented at once, lack of dedicated time for training, insufficient time to find new effective processes and methods, etc.)? Any solutions?

Cross-Sector Partner Investment Rate the following item: Title IV-E agencies, other public organizations, and community partners have committed adequate time and resources to implement a comprehensive prevention plan.

Prioritize poll questions to address collective commitment to change: staffing concerns, knowledge of upstream work, funding, lack of shared agenda or other (how would you deal with retention)

Community Engagement Strategy Rate the following item: 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.

How does the CPP team fit into a larger governance structure?

Community Involvement Rate the following item: Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.

A process on how to invite partners and how are we evaluating our own collective structure stipends for participation, anonymous surveys

Needs Assessment Rate the following item: A needs assessment has identified the gaps in services and evidence-based practices (EBPs) in the service array to be included in the comprehensive prevention plan (counties may leverage existing assessments or analyses on service array).

Community opportunity map, air table, implementation guide (guide has plug and plays)

Implementation Support for CQI Rate the following item: Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.

What CQI is lacking: polling questions- getting providers to evaluate programs effectively, funding, understanding and knowledge of CQI, and staffing issues? For CQI to be effective, it needs to develop a logic model (end goal).

Data Collection Rate the following item: 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.

CQI: define the data collection and analysis process and who is responsible.

Infrastructure Rate the following item: Title IV-E agencies, other public organizations, and community partners have appropriate resources (e.g., staff, facilities, materials, and technology) to develop a comprehensive prevention plan and begin implementation.

Prioritize poll questions to address collective commitment to change: - staffing concerns, knowledge of upstream work, funding, lack of shared agenda, or other (How would you deal with retention?)

Data Sharing Agreements Rate the following item: There are data linkage and information sharing agreements among Title IV-E agencies, other public organizations and community partners.

Review AB2083 MOU and update. Training on what is AB2083

Alignment with Current Initiatives Rate the following item: The comprehensive child and family well-being prevention plan supports existing programs and initiatives and aligns with existing county practices.

After drafting a logic model, do the outcomes align with existing initiatives, county practices, and goals?