

COMPREHENSIVE PREVENTION PLAN

MARIN COUNTY

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EXECUTIVE SUMMARY

The promise of the Families First Prevention Services Act (FFPSA) is to ensure prevention of child abuse and neglect becomes a community priority. The federally sponsored policy changes that FFPSA offers create new pathways for families to access the help they need *before* issues escalate to levels requiring more intensive system involvement. These resources will help communities across Marin County deliver evidence-based prevention practices shown to strengthen families, address critical needs, and promote positive outcomes.

Prioritizing prevention could not have come at a better time, as the economic costs of child abuse and neglect is significant. In 2022, Marin County had 1,229 reported survivors of abuse and 65 verified survivors of abuse. Translation: one child with abuse reported every 7.1 hours.

In 2022, the estimated cumulative financial impact on Marin County for the 65 verified survivors is \$48,600,000. Over 65% of this cost comes from the lifetime loss of productivity for those who experience child abuse. Survivors of abuse are 200% more likely to be unemployed than their non-abused counterparts. About 16% of the cost is reflected in healthcare expenditures. Survivors of abuse have 21% higher healthcare costs and are 77% more likely to have emotional challenges. Finally, child welfare, criminal justice, and education systems bear nearly 20% of the costs of maltreatment through intervention, treatment, and inter-generational patterns of abuse. Although all these costs accrue over the course of the survivors' lives, the community will continue to incur the same cost each year until we are able to reduce and ultimately end child abuse. The above analysis is derived from the Safe & Sound cost calculation tool that helps explain the economics of abuse for California counties. <https://safeandsound.org/about-abuse/the-economics-of-abuse/your-county/>

The promising news is that child maltreatment is preventable. Over the last two years, Marin County has been engaged in a collective planning process to develop a Comprehensive Prevention Plan (CPP) that puts families first. Co-creation of the CPP has been hosted by a coalition of partners brought together by the Marin Child Abuse Prevention Council and Children & Family Services of Marin County. The process has been an inclusive one, including community listening sessions; examining community, system and family level data; and building partnerships between families, schools, public agencies, community-based organizations, Tribal governments, philanthropy and other local resources. This collective approach has set the stage for the prevention of child maltreatment to be the job of the whole community, rather than being the sole responsibility of one agency or a single system.

The Plan includes two strategies aimed at direct service and capacity building solutions for implementation in the near term and three strategies focused on advocacy efforts that will be advanced over the next five years:

MARIN PREVENTION STRATEGIES		
Implementation Agenda		
1. Expand Parents' Access to Support: Create a comprehensive, early intervention Parent Support Program using basic needs as the entry point for linking families to concrete supports, information, resources, parenting education and peer navigation.	2. Increase Access to Childhood Mental Health Services: Create a pathway to culturally informed and linguistically relevant mental health services for children and their families.	
Advocacy Agenda		
3. Improve Child Care: Improve affordability, ensure quality, increase accessibility.	4. Address Economic Hardships: Provide universal basic income to families.	5. Increase Affordable Housing: Provide housing support for families.

A governance structure will oversee the further design, implementation, and monitoring of the strategies throughout the five year planning horizon. Funding plans for each of the strategies will be developed as resources become available. Likewise, training and evaluation components will be built out as the details of the strategic direction unfold. Some of the strategies involve capacity building activities that are needed before direct service prevention activities can begin. The strategies represent a balance of offering prevention resources to families at the primary, secondary and tertiary levels. Other strategies involve application of Evidence Based Practices, such as Motivational Interviewing, Parents as Teachers and other approaches which strengthen family resilience, build parenting capacity and address basic needs. Throughout the process, the principles, behaviors, and practices of the Integrated Core Practice Model will be expressed in the activation of each strategy.

Marin County is ready to embrace the challenge and opportunity of this ground breaking transformation in human services that puts families first to reduce child abuse and neglect.

BACKGROUND

WHY THE TIME IS RIGHT FOR PREVENTION PLANNING

REDUCING CHILD ABUSE & NEGLECT

For Marin County, this is an ideal moment to set structures and actions in motion that prevent the conditions that often lead to child abuse and neglect. As the county emerges from pandemic restrictions and the impact of the last several years on Marin families becomes more evident, we are taking the opportunity to focus our efforts on prevention.

What do Marin families need, to be strong, resilient, and thriving? What services are available throughout the county to support families when challenges and setbacks occur? Who isn't getting the support they need and what is contributing to this happening? These are the nature of the inquiries a collaborative team set out to explore.

We engaged a wide variety of people whose perspectives could inform the development of our plan: parents and youth, community members and organizations, agency staff and leaders. We used our findings as the foundation for a community-wide set of commitments and actions promoting child, youth, family, and community well-being. Marin's Comprehensive Prevention Plan (CPP):

- Develops a cohesive set of actions that coordinate the community's efforts to prevent child abuse and neglect by strengthening our diverse families
- Responds to the prevention needs of the local community as discovered through community voices
- Ensures the plan addresses equity and disparity in prevention access, services, and outcomes
- Prioritizes prevention strategies that help strengthen families at various levels of safety/risk (Primary, Secondary, Tertiary)
- Identifies collaborative ways to access resources, blend funding and build capacity to support the plan

OUR PLANNING TEAM

A partnership between Marin County Child Welfare and the Marin Child Abuse Prevention Council, in collaboration with a broad array of prevention stakeholders, formed the planning team for development of the Marin CPP. CAPC hosted the prevention planning process in monthly meetings. While a multi-faceted group for the purpose of prevention planning, we'll refer to the planning team as simply "CAPC" in this document.

CAPC's role was to:

- Drive the vision and development of the community wide child abuse prevention plan
- Work with the community to ensure that community voice is integrated into the plan

- Determine prevention strategies for addressing child maltreatment at multiple levels of intervention (e.g., primary, secondary and tertiary)

This planning group drew on members from several family-serving sectors of Marin County. At various times throughout the planning timeframe, specific efforts were made to bring missing representation into the CAPC: sometimes to join the Council, other times to participate in a topic-specific workgroup.

Representation in CAPC meetings during the prevention planning process included:

- Canal Alliance
- Child Parent Institute
- First 5 Marin
- Help Me Grow Marin
- Kaiser Permanente
- Marin Behavioral Health & Recovery Services
- Marin CASA
- Marin Child Care Council
- Marin County Children & Family Services
- Marin County Health & Human Services
- Marin County Juvenile Services
- Marin County Maternal & Child Health
- Marin County Office of Education
- Multicultural Center of Marin
- North Marin Community Services
- Post Partum Support Center
- Safe & Sound
- Seneca Family of Agencies
- West Marin Health & Human Services

See the Appendix for a complete roster.

Oversight and leadership across the entire planning process was provided by the co-chairs of the CAPC: Bree Marchman (Child and Family Services Director), Katie Albright (Senior Advisor/former Executive Director Safe & Sound) and Robin Bowen (Executive Director, Child Parent Institute). Leslie Ann Hay (consultant) was brought onboard to provide facilitation, documentation, and project accountability.

ENGAGEMENT OF THE COMMUNITY IN PLANNING

Developing a comprehensive prevention plan centered around the involvement of the community in the process. A significant portion of the CAPC's efforts since spring 2022 has been geared toward eliciting input from a broad array of community voices, analyzing the results across multiple efforts, and drawing conclusions that prioritize needs, gaps, and current successes.

With the goal of incorporating the perspectives of a wide range of stakeholders—from people with lived experience to longtime service professionals to family-serving community members—the CAPC's efforts included a wide variety of approaches, venues, and techniques such as:

- Community data review
- Online surveys
- Online & in-person focus groups
- Asset mapping
- In-person community stakeholder gathering "Families First Forum"

The insights gathered from these efforts were pivotal in shaping the direction and priorities of the Prevention Plan. Findings from these perspective-gathering events and conclusions for their influence on the plan are detailed in the Context section.

CONSULTATION WITH TRIBES

As of 2022, the population of Native American and Alaskan Native individuals in Marin County was only 1%. While we have a very small native population, the closest tribe that works with Marin County is Graton Rancheria in Sonoma County.

The prevention consultant and Child Welfare Director met with several Tribal Representatives in March 2023 to get their perspective on prevention and how we can work together to support tribal families. The Tribal Representatives expressed their gratitude on how well Children and Family Services staff have worked with them over the past several years, and how they have appreciated the communication. We talked about the prevention lens and how we want to support families before they come to the attention of Child Welfare. We were able to discuss the kinds of services and supports Federated Indians of Graton Rancheria can provide to tribal families, and how we can help educate the Marin community about the availability of these services. We invited the Tribal Representatives to get more involved with our CAPC and gain the benefits of interfacing with many community providers.

SCOPE OF THE PLAN

Marin's Comprehensive Prevention Plan spans a five-year timeframe. While we know the work to strengthen our prevention efforts will continue long past then, our goal for this initial plan is to set a solid foundation and a clear direction for Marin. Getting the plan launched and implemented gives this first five year plan a particular flavor that subsequent plans will not share.

CONTEXT

WHAT LIFE IS LIKE FOR MARIN'S FAMILIES

AN OVERVIEW OF MARIN COUNTY

To paint a picture of Marin County, we'll start with a selection of demographic data.

Marin County is the 55th largest county in CA (out of 58). It consists of 84.5% rural areas (439 sq miles) and 15.5% urban areas (81 sq miles). It has the 46th lowest population density in the state, with 498.6 people per square mile.

In 2021, Marin County had a population of 260,000 people with a median age of 47.1 years. The median household income in 2021 was \$131,008. Between 2019 and 2020 the population of Marin County declined by 0.193% and its median household income grew by 5.58%.

The 5 largest ethnic groups in Marin County:

- White (Non-Hispanic) 70.6%
- Other (Hispanic) 7.27%
- White (Hispanic) 6.09%
- Asian (Non-Hispanic) 5.7%
- Two+ (Non-Hispanic) 4.43%.

A total of 7.8% of Marin County residents live in poverty.

As of 2022, a total of 18.9% of the Marin County population is 18 years old or younger. Specific data about age groups of children and youth are reflected in the following table:



Marin County	Number		
	Female	Male	Total
Ages 0-2	2,336	2,587	4,923
Ages 3-5	3,280	3,219	6,499
Ages 6-10	6,369	6,576	12,945
Ages 11-13	4,349	4,661	9,010
Ages 14-17	6,672	6,937	13,609
Total for Ages 0-17	23,006	23,980	46,986

Sources for this section:

- <https://www.kidsdata.org/region/217/marin-county/summary#6/demographics>
- <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/california/county/marin-county/>
- <https://www.census.gov/quickfacts/fact/table/marincountycalifornia/AGE135222#AGE135222>

Across the country, communities have protective factors—characteristics linked to lower rates of child abuse and neglect. These factors come from community conditions that nurture strong families and thus protect children. At the same time, a different set of factors place children and families at greater risk for maltreatment. The CAPC considered both these protective factors and risks when developing the CPP.

Community Protective Factors

- Equitable access to essential needs
- Social support & connection
- Social contract
- Racial & social justice
- Support for building individual protective factors

Community Risk Factors

- Disproportionate impact of race & ethnicity
- Socioeconomic inequality & poverty
- Lack of adequate & affordable housing
- High unemployment rates
- Homelessness
- Community violence
- Substance use
- Social isolation & marginalization

The experience of individual families in Marin County is influenced by the combination of these factors, often co-existing alongside each other. While many community members experience access to essential needs and support for building individual protective factors, local data shows marked difference for community members based on income and race/ethnicity.

The CAPC reviewed a wide array of data indicators in the following domains:

- General population demographics
- Economic health, poverty, housing/homelessness and food security
- Health, including physical and emotional/behavioral health
- Education
- Child maltreatment (including child welfare referral data)
- Intimate partner violence

Marin often scores very highly on indicators of community health relative to other counties overall, but large economic and racial/ethnic disparities are evident alongside the high performance.

ECONOMIC CHALLENGES FOR FAMILIES LIVING IN MARIN COUNTY

Perhaps most striking in Marin's data are extreme differences based on economic status. Household median income, for example, shows extreme income disparity. While nearly 30 percent of Marin households have annual incomes above \$200,000, significant portions of the population get by on incomes that would make surviving in Marin's very high-cost housing

market extremely challenging. Over a fifth of Marin's households make less than \$50,000 per year, and 10% make less than \$25,000. While this income level may afford families a reasonable lifestyle in a lower cost area, Marin's housing costs are extreme: in order to afford an average 2-bedroom apartment, Marin residents earning minimum wage would have to work over 195 hours per week. Overall measures of income inequality in Marin are also extreme and worsening over time, with the top quintile of households earning 5.77 times the income of the lowest quintile of households, substantially higher than the national average.

RACIAL/ETHNIC DISPARITIES

Latinx and Black youth and families in Marin consistently face greater challenges in terms of poverty, opportunity, and education relative to White and Asian families. Latinx and Black households earn just 54% and 39% of the income of White households, respectively.ⁱ Coupled with high housing costs, this drives inequality in terms of homelessness, with nearly 10% of Latinx school children reported homeless at some point during the 2019-20 school year.ⁱⁱ School achievement scores for Latinx, Black and Native American students also lag White and Asian students: 30.9% of Latinx students, 34.4% of Black students, and 41.1% of Native American students meet or exceed national standards in Language Arts, compared to 76.6% of Asian students and 74.2% of White students.ⁱⁱⁱ These disparities are reflected in young adults' achievements later in life, particularly for Latinx students: 68% of Latinx 25-year-olds in Marin have a GED or High School diploma (compared to 97% for non-Latinx groups), and just 24% have a bachelor's degree (vs. 65% for non-Latinx groups).^{iv} While some of this difference might be accounted for by immigration of young adults into Marin, the differences are striking.

Similar racial/ethnic differences are found in child health data, with high overall performance for Marin and markedly lower performance for Black and Latinx children. In 2018-2020, Marin had the lowest age-specific birth rate (an indicator of the frequency of live births to people aged 15-19) amongst all counties in California, with a rate of 4.2 per 1,000. Marin had 98 total live births to mothers age 15-19 during 2018-2020, with an average of 32.7 per year.^v

Previous data from the National Center for Health Statistics for 2010-2016 showed an adolescent pregnancy rate of 8 per 1,000 overall, which indicates an improvement in this measure. The 2010-16 data showed substantial differences by race/ethnicity. The rate for White teens was only 1 per 1,000 births, while the rate for Black teens was 16 per 1,000 and Hispanic/Latinx was 33 per 1,000.^{vi}

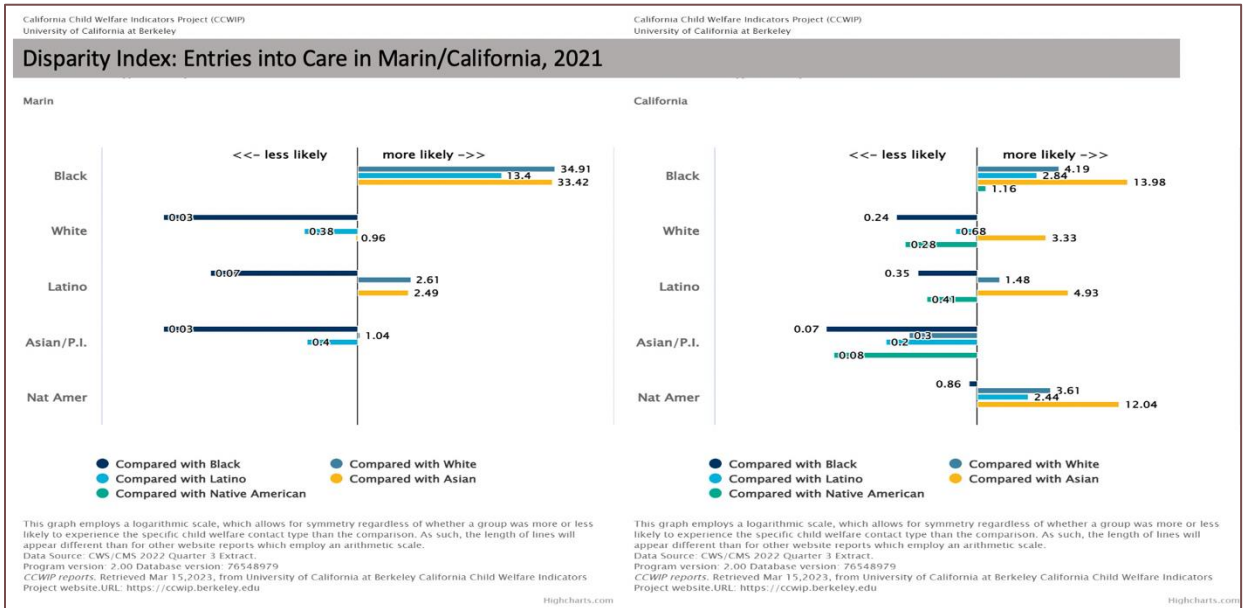
Marin also ranks very highly compared to other counties in the area of low birthweight infants, with the 3rd lowest percent of infants born with a low birthweight (5.2 percent). Black infants are over twice as likely (11.4%) to be born with a low birthweight, however.^{vii}

References can be found on the last page

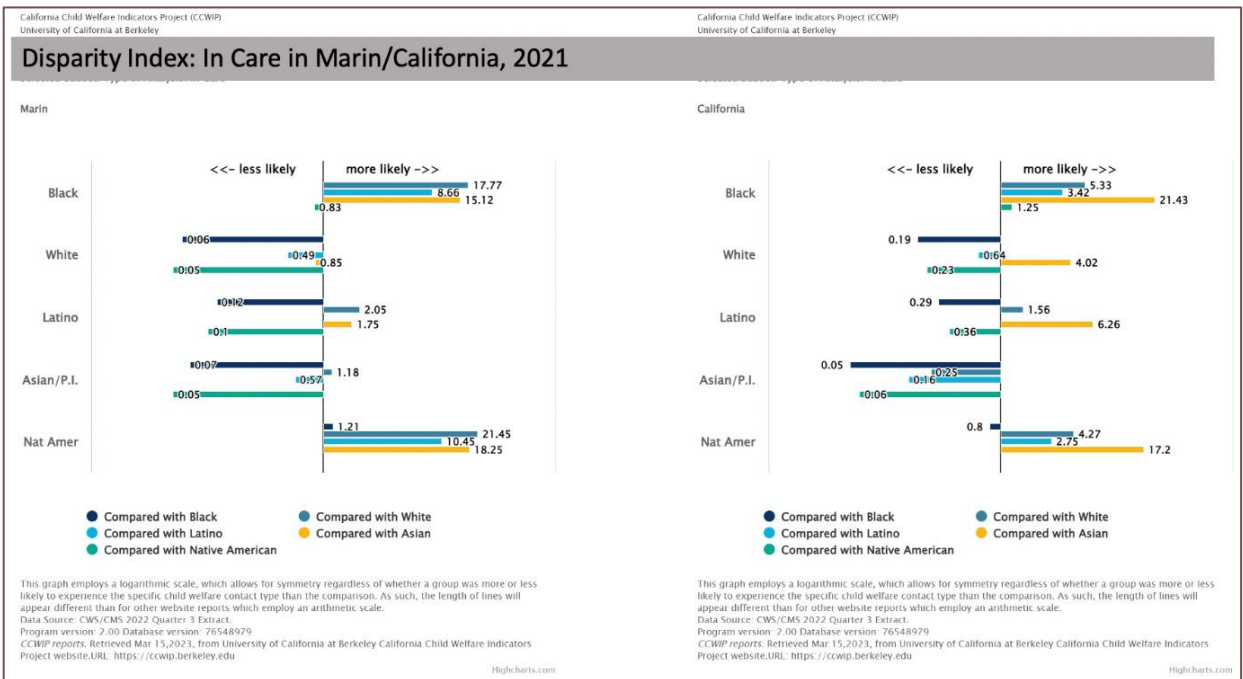
CHILD WELFARE DISPROPORTIONALITY AND DISPARITIES

Marin's child welfare data also reflects disproportionate representation of children based on race/ethnicity. Latinx, Native American and Black youth are overrepresented in the child welfare system throughout the entire pathway of youth through the case life cycle, from reports of maltreatment through permanency.

This chart shows disparities by race/ethnicity for children and youth entering care in 2021:



And this chart documents disparities of children and youth in care:



REGIONAL CHILD WELFARE DATA

The CAPC Prevention Team also looked at regional child welfare data to determine whether there were substantial regional differences in referral and investigation rates in Marin's four regions: West Marin and San Geronimo Valley, Southern Marin, San Rafael & Central Marin, and Northern Marin. In comparing the proportion of referrals that were reported, evaluated out, and investigated, there were no substantial regional differences. Similarly, evaluation out rates were very similar by region. Also of note was the regional difference in the number of referrals. A plurality of referrals (48%) come from San Rafael/Central Marin, followed by 27% from Northern Marin, 18% from Southern Marin, and just 3% from West Marin. It is important to mention that these referral numbers may be more of a reflection of population density than prevalence of need.

FAMILIES WITH MULTIPLE REFERRALS

The CAPC Prevention Team also looked at the subset of families that received more than one referral, and compared this with all referrals to determine if there were substantial differences between the two groups. No substantial differences were found related to race/ethnicity, region or allegation type.

REFERRALS BY ALLEGATION TYPE

Allegation types were examined for all referrals. Marin appears to have a relatively large percentage of referrals for Emotional Abuse (27% of all referrals). Marin CFS reports that a large proportion of these involve Intimate Partner Violence (IPV) allegations. In fact, IPV has historically been one of those prevalent violent crimes in Marin County. This indicates one area where prevention services might be enhanced to improve access to services.

IMPLICATIONS OF DATA FOR PREVENTION PLANNING

Marin's extreme income inequality and high housing costs, coupled with disparate outcomes for Latinx, Black and Native American groups have several implications for selecting target populations as well as key strategies for prevention planning. In terms of selection of the target population, Marin can promote more equitable outcomes as well as make a significant impact by focusing on communities of color. Given their large proportion of the population in Marin, and their over-representation in the system, investing in services and supports focused on the Latinx community may have the most substantial impact. Given the small population of Native American and Black families, more targeted approaches may be beneficial for them.

Concrete supports for families may also have a significant impact in terms of strategies for primary and secondary prevention, given the income inequality and high costs of living.

NEEDS ASSESSMENT FINDINGS

Our goal in designing the needs assessment was to hear from as broad a range of Marin families and service providers as possible. We reached out to partners across the county to

have them engage with the communities they know to invite people into our events. We gathered a significant amount of information about needs families currently face, the options they are aware of for addressing their needs, and the barriers that interfere with accessing those services.

Who We Heard From:

250 stakeholders from across the county

- 111 parents/caregivers
- 99 service providers
- 28 youth
- 12 educators

"Affordable after school programs are key to kids succeeding & parents being able to work full shifts."

Parent from the Families First Forum

How We Heard From Them:

Online Surveys

- Circulated widely throughout the county
- 196 total participants including parents, youth, service providers and educators
- 80% responded in English, 20% in Spanish

Focus Groups

- 4 conducted
- 30 parents and 6 youth participated
- 75% conducted in Spanish; 25% in English

"It would help to have activities that get teens to be more active outside or with career path options."

Youth from the Families First Forum

Families First Forum

- Virtual gathering of 60+ community members designed as "a community conversation about better ways to support parents and the well-being of kids."

Collectively, what we learned from stakeholder input pointed to several specific themes about needs, challenges, barriers, service strengths, and service areas for improvement.

THE MOST COMMON CHALLENGES MARIN FAMILIES FACE:

- Economic hardship
- Parenting challenges
- Emotional/trauma needs
- Child care availability/access
- Social isolation
- Substance use issues
- Domestic violence
- Racism/discrimination

"More effective communication & universal referral system among the current community organizations is much needed."

Provider – Survey Respondent

PARENTS GET THEIR SUPPORT MOST FREQUENTLY FROM:

- Spouse/Partner
- Friends/Neighbors
- Other Family Members

OBSTACLES TO GETTING HELP FAMILIES EXPERIENCE MOST FREQUENTLY:

- Lack of family-friendly services
- Wait lists
- Services needed not offered
- Hard to find/navigate services
- Transportation limitation
- Lack of child care
- Cultural/language barriers
- Cost of service too high

“Services NEED to be made available 7 days a week 24 hours per day to reach all at risk families.”

Educator – Survey Respondent

OTHER NOTABLE FINDINGS

The one service parents used almost twice as much as any other: **Child Care**

For Latinx families, the top barriers to getting help were **wait lists, lack of child care & inconvenient service hours**

West Marin respondents had difficulty finding **affordable, accessible child care**

Some of Marin's most vulnerable families have the **least amount of services & support** available to them.

The most important services to family in the future are **child care and housing assistance**.

STRENGTHS AND OPPORTUNITIES

In terms of services Marin County offers to its families, we found an array of both strengths and opportunities for improvement. To give a few examples:

- Across the county, there is a rich array of services; however, these services could be re-distributed around the county, so regions of high need have ample access
- Services are available for various levels of need experienced by families; however, filling gaps in behavioral and mental health providers would help meet pressing needs for family well-being
- Staff at many agencies share the cultural background of the people they serve; yet an improvement would be having more staff, and have them stay in their jobs longer

We presented these findings to the attendees of the Family First Forum for their validation and comment. Their input, taken together with the specific findings of the Needs Assessment and Asset Map, formed the foundation of the strategy development process.

IMPLICATIONS FOR PREVENTION PLANNING

This rich array of input gathered from our community implies several key areas for action:

- Address Basic Needs – What if families could easily access assistance for food, transportation, housing and other basic needs?
- Build Parenting Skills – What if families had access to a parenting coach to observe parent-child interactions in natural settings and reinforce new parenting skills & techniques?
- Better Access to Services – What if services were offered in rural areas, closer to families in need, and peer navigators helped parents find & get the right services at the right time?

ASSET MAP FINDINGS

To understand what services and supports are available to families in Marin County as well as what gaps exist, CAPC launched a comprehensive set of interviews with what had been designated “key” agencies from around the county. These ranged from community-based service or health care providers to public sector entities and agencies focused on a specific geographic or cultural population. Altogether, 17 were interviewed.

AGENCIES INTERVIEWED FOR ASSET MAP

Canal Alliance	North Marin Community Services	Center for Domestic Peace
Coastal Health Alliance	Marin County Behavioral Health & Recovery Service	Huckleberry Youth Programs
Community Action Marin	San Geronimo Valley Community Center	Children and Family Services
Kaiser Permanente	West Marin Community Services	Juvenile Probation
Spahr Center	Marin City Health & Wellness	Women Helping All People
Marin Community Clinics	Multicultural Center of Marin Spahr Center	Post-Partum Support Center
Ritter Center		

The overall findings of the Asset Mapping effort covered various topics including the service array addressing family needs, alignment of evidence based practices across the service sector, cultural relevancy of available services, nature of the workforce serving children and families, and degree of collaboration among service partners throughout Marin .

SERVICE ARRAY

Marin has a rich array of services across the social determinants of health. These services could be more equitably distributed to address locals with unmet needs (e.g., Canal District and West Marin). All levels of prevention services are available: primary, secondary and tertiary. Non-profit, community-based organizations have deep ties to communities of need and can link families to necessary services and/or provide the services. Finally, Behavioral Health altogether is feeling the squeeze of high demand for intensive services with workforce shortages.

The need for services is generally very high—especially for behavioral health (BH)/mental health (MH) services, and for intensive BH services for youth. There is also a high demand for concrete supports, particularly for newcomer families and Latinx populations. Several significant barriers contribute to agencies not being able to meet current demand:

- The human services workforce crisis especially for BH providers; difficult to recruit locally and retain staff
- Housing costs and high cost of living create great need for concrete supports for specific communities (Canal District, West Marin)
- Transportation to services is a major barrier, especially in West Marin
- Lack of funding, and limited longer-term funding to allow for more collaboration and coordination
- Lack of coordination of services and referrals, which limits access
- Lack of available and affordable child care

Challenges in service capacity show as service delays, particularly in Behavioral Health Services and child care, due to staffing shortages. Youth with the need for intensive MH/Substance Use Disorder (SUD) services also experience these service capacity issues.

SERVICE ALIGNMENT & EVIDENCE BASED PRACTICES (EBPs)

Agencies are generally knowledgeable about the Strengthening Families framework—this is something that can be built on for FFPSA-funded services. A few agencies have more advanced knowledge, including logic models and highly trained staff.

- 12 of 15 (80%) Agencies indicated that they had experience providing or had capacity to provide an evidence-based practice (EBP)
- 12 of 15 (80%) Agencies were very Interested in providing or expanding EBPs
- Concern about cultural relevance and adaptation of EBPs for Latinx families

Many agencies discussed barriers to EBP implementation such as staffing stability, the need for additional guidance, or the need for culturally relevant adaptations. They also provided ideas for assistance and support, including centralized training, funding to increase staffing oversight, and coordination among participating agencies.

CULTURALLY RELEVANT SERVICES

The client population in Marin County is largely Latinx (51-100%), with clients identifying as white the next most-served group (11-40%). Ten of 15 agencies (67%) reported currently meeting the needs of their Spanish-speaking clients. Behavioral Health agencies in particular stated the need for more bilingual/bicultural staff to reduce wait lists and better meet family needs.

AGENCY WORKFORCE

Staff composition broadly mirrors the client demographic makeup, with large proportions of Latinx and Caucasian staff. Six of 13 agencies (nearly half) have a majority of staff who are bilingual. Many agencies reported workforce recruitment or retention issues. Behavioral Health clinicians were the most difficult to recruit and retain. Bilingual/bicultural staff, nursing/medical/primary care staff and child care staff were also mentioned as struggling with workforce shortages.

COLLABORATION

Interviewed staff expressed mixed views about collaboration, with a tilt toward its benefits. Ideas for fostering more collaboration were forthcoming, including:

- Streamlining/coordinating referral systems and sharing of information related to specific clients
- Dedicating funding and staff time specifically to collaboration and coordination
- Develop a consortium in West Marin to hire a grant writer and obtain more funding
- Clarifying the roles and services provided by various agencies so that they know what each other do and can collaborate together
- Connect the issue of collaboration to the individual missions of the agencies
- Address racism to promote more collaboration

ASSET MAP CONCLUSIONS

- There's a high level of collaboration between agencies (public and private)
- An increased focus on community-based agencies is the most effective way to enhance prevention efforts aimed at vulnerable families
- Seek buy-in from the communities we serve
- Engage in collective impact advocacy to advance prevention services
- Leverage our highly resourced and educated county to promote change
- Agencies have caring, dedicated and skilled staff

PRIORITIZING CANDIDATE GROUPS TO MATCH MARIN'S NEEDS

California's Prevention Plan approved by the Children's Bureau of the U.S. Department of Health and Human Services (DHHS) includes 12 categories of potential eligibility for children and their families to receive assistance using the Title IV-E prevention service funds. The FFPSA defines a candidate for foster care as a child who is at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement if eligible prevention services are provided. The 12 potential candidate populations for prevention service funded by Title VI-E are:

- Children/youth in voluntary or court-ordered Family Maintenance (FM) services
- Probation minors with 602 petitions at imminent risk of foster care
- Children/youth whose guardianship or adoption arrangement is at risk of disruption
- Children/youth with substantiated or inconclusive disposition of a child abuse allegation, but no case opened
- Children/youth with siblings in foster care
- Homeless or runaway youth
- LGBTQ children/youth
- Substance-exposed newborns
- Children/youth who are victims of trafficking (Commercially Sexually Exploited Youth)
- Children/youth exposed to domestic violence
- Children/youth whose caretakers experience a substance use disorder
- Expectant and parenting foster youth

As part of the Needs Assessment, Marin County CFS reviewed data from 2018 – 2022 to determine which candidate populations were most prevalent. As shown in Table A below, Marin has a relatively small child welfare population with only 441 open child welfare cases and 4,483 CFS referrals during the 5 year historic time period examined. Likewise, Marin had only 65 youth involved with Juvenile Probation during the same years. Table B below shows candidate populations where there was sufficient data (including the ability to collect and analyze the data efficiently) indicating these families may benefit from preventive services and interventions. This analysis reflects 6 of the 12 populations listed in California's State Prevention Plan as potential candidates for prevention services funded by Title IV-E.

Table A

Referral & Case Counts for Marin County	Count
Total CFS Cases 2018-2022	441
Total CFS Referrals 2018-2022	4483
Probation Cases 2018-2022	65

Table B

Candidate Population Counts	Count
Inconclusive or Substantiated Referrals, but No Case Opened <ul style="list-style-type: none"> • <i>Data Source:</i> # of referrals received between 2018 – 2022 with an “inconclusive” or “substantiated” disposition to an abuse or neglect allegation and no case was opened. 	1474
Children exposed to Domestic Violence* <ul style="list-style-type: none"> • <i>Data Source:</i> # of families referred by CFS to the Center for Domestic Peace (C4DP) from 2018 – 2022. C4DP is the sole provider of DV services in Marin County. 	336
Children in Family Maintenance Cases <ul style="list-style-type: none"> • <i>Data Source:</i> # of families with a service component of Family Maintenance (voluntary or court-ordered) at some point during 2018 – 2022. 	205
Youth at risk/victims of Commercial Sexual Exploitation** <ul style="list-style-type: none"> • <i>Data Source:</i> # of children determined to be at risk of or victims of CSE in 2022. 	53
Youth with Siblings in Care*** <ul style="list-style-type: none"> • <i>Data Source:</i> # of children with a sibling in care on Jan 1, 2022. On this date, a total of 87 kids were in care, so this subset of placed siblings represents over a third of that group. 	32
Homeless or Runaway Youth <ul style="list-style-type: none"> • <i>Data Source:</i> # of children determined to be AWOL or unsheltered from 2018 – 2022.. 	22
* Based on C4DP Annual Reporting Data, includes referral families	
**Most Accurate Annual Data Available (2022)	
*** Point in Time Data (January 1, 2022)	

Based on the prevalence in Marin of the candidate groups listed above, the following four stand out as potential target populations for IV-E funded prevention services when the resources become available: (1) inconclusive/substantiated referrals, but no case opened, (2) families experiencing Domestic Violence, (3) Family Maintenance cases, and (4) youth who

are at risk for or victims of commercial sexual exploitation. This set of candidate groups offers an array of primary, secondary and tertiary populations, while also focusing on families that are sufficient in number around which community based organizations could build a viable program.

GAP ANALYSIS: CONCLUSIONS FROM UNDERSTANDING THE LANDSCAPE

Taken together, the Needs Assessment and Asset Map findings identified six areas of potential action conveyed by the Marin community. These domains represent the most pressing circumstances that contribute to child abuse and neglect. This analysis steers Marin's Prevention Plan in a direction that responds to urgent needs while leveraging the current capacity of the family serving community. These areas are:

- Address Basic Needs – attend to economic hardships, affordable housing, and child care
- Focus on Equity & Social Justice – strengthen culturally responsive interventions, address implicit bias, and raise awareness of inequities impacting children & families
- Grow Mental Health & Substance Use Disorder Services – increase provider pool, expand service delivery capacity, improve access, and promote trauma-informed approaches
- Support Parenting Skill Building – enhance parent education opportunities, expand both peer-to-peer and professionally-guided parent support
- Promote Positive Child Development – attend to sibling support, expand capacity for youth supports
- Increase Access to Prevention Services – broaden access to services, raise community awareness about available services

FOUNDATION:

THE COMMITMENTS UNDERLYING THE PREVENTION PLAN

Marin County's CPP is built on a bedrock of foundational elements that guide our decisions as we use prevention to contribute to the elimination of child abuse and neglect.

MARIN'S VISION FOR PREVENTION

Marin CAPC will foster community partnerships to prevent child abuse through promoting equity and sharing resources to strengthen our diverse families.

MARIN'S PREVENTION MISSION

Marin CAPC will foster community partnerships to prevent child abuse through promoting equity. Marin CAPC envisions a community where all of Marin's county's children grow up safe, protected and loved.

MARIN'S THEORY OF CHANGE

IF Marin County Child Abuse Prevention Council fosters community partnerships that promote equity and strengthen our diverse families;

THEN Marin's prevention partners, organizations, neighborhoods, and natural support networks can help families of all ethnicities and cultural backgrounds:

- Receive support from an essential safety net focused on strengthening the protective capacity of families,
- Access an integrated array of resources that prevent disparities in child safety and family well-being among Marin's diverse population, and
- Cultivate trust in the family-serving organizations and programs available within neighborhoods and communities;

SO THAT community organizations are equipped to enhance the strengths in families and build their resilience to also support the next generation of healthy, thriving children, youth and families;

THEREBY preventing the cycle of child abuse and neglect.

STRENGTHENING FAMILIES FRAMEWORK

The Strengthening Families Framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.

Children are more likely to thrive when their families have the support they need. By focusing on the five universal family strengths identified in the Strengthening Families Protective Factors Framework, community leaders and service providers can better engage, support, and partner with parents in order to achieve the best outcomes for kids.

Parental resilience: Managing stress and functioning well when faced with challenges, adversity and trauma

Social connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support

Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development

Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships

STRATEGIES:

PRIORITY STEPS FOR PREVENTION

STRATEGY DEVELOPMENT PROCESS

With data collected and reviewed, services mapped, and needs identified, the CAPC developed a responsive and targeted set of strategies for the Prevention Plan. First, we drew from our own ranks: CAPC members consulted with clients, colleagues, and communities to gather ideas for strategies most relevant for their area of interest and expertise. These were housed in a Strategy Inventory along with specific suggestions culled from asset map interviews, needs assessment surveys, and focus groups.

In order to gather ideas directly from the community, the more than 60 participants at the Families First Forum were presented with an Infographic (see Appendix) clearly displaying findings from the Asset Map and Needs Assessment. Attendees were given the opportunity in small groups to generate strategies in an area of significant need. In addition, participants were asked, "If you had \$1 million, how would you spend it to prevent child abuse and neglect?" Another community stakeholder event, conducted as part of the Marin County Self-Assessment process, also produced specific strategy suggestions.

Altogether, strategies from these multiple sources clustered into six priority areas of concern in the growing Marin Strategy Inventory:

BASIC NEEDS: Many families are struggling to make ends meet. It's hard to find stable shelter, keep food on the table, secure a living wage, have reliable transportation and access quality, affordable child care.

EQUITY & SOCIAL JUSTICE: Families of color as well as families representing different languages, cultures, abilities or identities, often find the service system inflexible to meet their unique needs. This not only contributes to disparities in safety and well-being, but also feeds mistrust and discourages families from getting the help they need.

MENTAL HEALTH & SUD SERVICES: Parents who have experienced trauma themselves can struggle with addiction, mental health challenges, or family violence. Left untreated, these circumstances often lead to safety issues for children. Access to treatment, counseling or other services are blocked by long waiting lists, high costs and not enough providers to go around.

PARENTING SKILLS: Developing the skills, knowledge & confidence to be a good parent is

POSITIVE CHILD DEVELOPMENT: There's a lack of affordable, positive enrichment

SERVICE ACCESS: When families have a need, it can be hard to know what services or resources are

not automatic. Parents and caregivers need information, resources, practice and guidance all along the way. Each stage of child development also has its own rewards and challenges. Parents who have children with special needs need extra support.	activities and opportunities for children and youth. Parents are challenged to find safe, quality programs that operate year-round and are close to their neighborhoods and schools.	available, where they are and how to connect to them. Once families find what they need, the service may not fit with their work schedule, offer child care or be nearby. When parents are overwhelmed, isolated or in crisis it's common to go into survival mode, rather than taking a risk to reach out for help.
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Our next step was to consider the range of strategies we gathered in each of these areas and identify priority actions to commit to in the first five years of our CPP. We considered the following questions:

1. Is this strategy area in the CAPC's area of influence?
2. Would addressing this strategy area reduce child abuse & neglect?
3. Would this strategy area reduce disproportionality & disparity outcomes?
4. Does the CAPC have (or can it develop) the capacity to address this strategy area?

These questions translated into the following three criteria that were applied by the CAPC to gauge which strategy ideas would support effective and realistic implementation:

IMPACT

How well does this strategy move the needle on reducing child abuse & neglect?

- How well does this strategy align with our prevention values?
- Is this a strategy that can address multiple prevention objectives?
- How well does this strategy address the pressing needs of families in our community?

EQUITY

How well does this strategy address racial disparity in child and family outcomes?

- How well does this strategy build on or fortify existing momentum?
- Can underserved or marginalized populations be the focus of this strategy?

CAPACITY

Is there sufficient community capacity or can it easily be developed to carry out this strategy?

- Would completing this strategy set the foundation for other strategies to take hold?
- Are there sufficient resources available to implement this strategy in a meaningful way?
- To what degree is there political will from a broad segment of the community to implement this strategy?

We created five specific prevention strategies to address the priority areas of need and advance prevention in Marin County. These strategies will be activated through two different agendas: implementation and advocacy. Details for each are presented below.

IMPLEMENTATION AGENDA

Marin's Plan includes two specific strategies that the CAPC will champion as the backbone of our prevention efforts.

1. Expand Parents' Access to Support:

Create a comprehensive, early intervention Parent Support Program using basic needs as the entry point for linking families to concrete supports, information, resources, parenting education and peer navigation.

2. Increase Access to Childhood Mental Health Services:

Create a pathway to culturally informed and linguistically relevant mental health services for children and their families.

To bring each strategy to life, we present a table for each with details about what they are geared to accomplish, who they ultimately serve, how they contribute to our overall goal, and the like. Each table is designed to be used as the foundation for partnership engagement, readiness building, and implementation planning; together they form a roadmap for building coalitions and executing the prevention plan. Each strategy table includes:

- **How it Works:** Description of what the strategy will involve.
- **Strategy Rationale:** Explanation of how this strategy serves its specific objective and Marin's overall goal.
- **Possible Partners:** The collaborative entities that need to come together to make this strategy happen.
- **Who is Served:** The target population that benefits from this strategy, either immediately or as a result of something the strategy puts in place.
- **EPBs Utilized:** The approved Evidence Based Practice(s) employed by this strategy, if relevant. (Note: some strategies focus on capacity building or infrastructure—setting the stage for later prevention service delivery.)
- **Protective Factors Addressed:** The specific protective factors from the Strengthening Families Framework that will be advanced by this strategy.
- **ICPM Alignment:** How this strategy demonstrates ICPM practice principles, values and behaviors.
- **Potential Funding:** Known sources of funding to initiate or sustain the strategy, or potential sources to explore.
- **Timeline:** When in the five-year planning horizon this strategy will be designed, developed, and implemented.

1. Expand Parents' Access to Support: Create a comprehensive, early intervention Parent Support Program using basic needs as the entry point for linking families to concrete supports, information, resources, parenting education and peer navigation.

<p>How It Works</p>	<p>With so many families in Marin County struggling with basic needs, this strategy expands the network of community resource banks providing concrete supports such as diapers, clothing, transportation vouchers, food/nutrition and other resources in an environment of peer-led parenting support, information and education. Families are drawn in through their unmet basic needs and matched with a “Peer Support Navigator” to help assess additional strengths and needs the family may have. Their neighborhood based, trained Navigator assists the family in accessing parenting education, benefits, job skill development, child care resources and other supports as needed.</p> <p>Assuming funding is secured, once the program has shown efficacy on a small scale, additional “hubs” will be brought to scale in targeted locations across the County where vulnerable families are currently disconnected from resources and supports. Families can be referred to geographically based “hubs” throughout Marin County for connection to resources, supports and linked with a Peer Support Navigator.</p> <p>Specific approaches to parenting education include:</p> <ul style="list-style-type: none"> • Increasing parents’ knowledge and skills around healing from their own trauma • Preventing the cycle of intergenerational traumatization • Learning healthy coping techniques and behavioral management strategies • Gaining knowledge of child development • Practicing alternative discipline approaches to replace physical punishment <p>Specific cultural and linguistically supportive aspects of the program include:</p> <ul style="list-style-type: none"> • Bi-lingual, bi-cultural Peer Navigators recruited and supported to guide families • Parenting education curriculum available in multiple languages with delivery by bilingual, bicultural instructors • Informational materials, application forms, and parenting tips available in multiple languages to match diversity of populations being serviced
<p>Strategy Rationale</p>	<p>By helping families stabilize their most basic needs, and by connecting them to a peer they can relate to, there’s a greater likelihood families will engage in opportunities that further strengthen their parenting capacity. This interrupts the potential for issues that can escalate into child maltreatment.</p>
<p>Possible Partners</p>	<p>CFS, Probation, family-serving community-based organizations, schools, child care facilities, Family Resource Centers, health clinics, faith-based organizations</p>

1. Expand Parents' Access to Support: Create a comprehensive, early intervention Parent Support Program using basic needs as the entry point for linking families to concrete supports, information, resources, parenting education and peer navigation.

Who is Served	Families throughout the county with concrete needs; potentially starting with zip codes showing high hotline referral rates. Focus areas include Canal Area, Marin City, Novato, San Rafael, and West Marin as these communities have enduring racial disparities, and rank below 70 on the Healthy Places Index .
EBPs Utilized	This strategy can utilize all the FFPSA identified EBPs, especially Motivational Interviewing and Parents as Teachers, due to the wide range of needs families present including mental health concerns, recovery support, and need for in home parenting support.
Protective Factors Addressed	Establishing a comprehensive parent support program will enhance all protective factors: building parental resilience, providing concrete supports, increasing knowledge of parenting in child development, enhancing social connections and attending to the social-emotional competence of children.
ICPM Alignment	Inquiry & Exploration, Teaming, Engagement, Communication & Feedback, Accountability, Monitoring & Adapting, Partnership, Strength-Based, Trauma-Informed, Family Voice & Choice.
Potential Funding	Application for initial funding pending approval in 2023 from Marin County Participatory Budgeting process. Sustainability funding may blend CalAIM, Marin Community Foundation, and other local funding sources with FFPS funds (depending on timing of FFPS resources being available by 2025).
Timeline	Design and launch pilot program in year 1-2, followed by evaluation and expansion in years 3-5.

2. Increase Access to Childhood Mental Health Services: Create a pathway to culturally informed and linguistically relevant mental health services for children and their families.

<p>How It Works</p>	<p>Marin County will build a coalition of public and private partners to design and implement recruitment, retention and incentive structures to build mental health service delivery capacity in County agencies and CBOs throughout Marin. Funding and capacity building aimed at CBOs serving BIPOC communities and activities already happening in the community will be leveraged.</p> <p>Specific approaches for broadening the definition of mental health services to be more inclusive of non-traditional resources including:</p> <ul style="list-style-type: none"> • Develop peer-led community health navigation services. • Partner with community and peer representatives to expand what is considered mental health intervention (tribal rituals, art & cultural events, farm-worker clinics, peer/student mentors, convivencias, and the like). <p>Specific incentives to encourage practitioners or paraprofessionals to enter the mental health field and serve children, youth and families in Marin County including:</p> <ul style="list-style-type: none"> • Adapt UCSF model of early childhood mental health consultation to co-locate mental health professionals in daycare centers, preschools and other family settings. Align with the efforts of Community Action Marin in their support of Head Start programs across the county. • Increase contractor rates to expand provider pool and offer premiums for bilingual and bicultural mental health providers. • Create targeted educational benefits within county departments and CBOs to support and incentivize education (e.g., tuition support, flex time for attending classes) to encourage staff to specialize in the field of childhood mental health. • Establish an educational collaborative to increase pathways for training, licensure and supervisory guidance for new or existing mental health professionals. Communicate opportunities for available career paths as people identify their educational and employment goals. • Leverage shared capacity with schools, CBOs, and county partners to create internships and opportunities for career exploration in the mental health field. Offer internship rotations to increase exposure and cross-training opportunities.
<p>Strategy Rationale</p>	<p>Developing more culturally focused provider capacity for children's mental health will increase access for all families, particularly BIPOC, non-English speaking & recent immigrant families. Receiving mental health services that address parenting and child/youth safety challenges or other destabilizing conditions helps to minimize the risk of harm children & youth experience.</p>
<p>Possible Partners</p>	<p>Community Schools; Marin Promise Partnership; higher education partners offering mental health certification, training & curricula; First 5 Marin; Bay</p>

2. Increase Access to Childhood Mental Health Services: Create a pathway to culturally informed and linguistically relevant mental health services for children and their families.	
	Area Community Resources; North Marin Community Services; Help Me Grow; Golden Gate Regional Center; Seneca Family of Agencies
Who is Served	Builds capacity to better children & youth (ages pre-natal to age 18) and their parents experiencing mental health needs, especially BIPOC and underserved areas of the community. This potentially aligns with all 12 of the candidacy group populations once funding becomes available.
EBPs Utilized	This is a capacity building strategy, so there are no EBPs directly utilized. However, upon capacity being developed, Marin's CAPC will explore the potential use of FFPSA identified mental health focused EBPs.
Protective Factors Addressed	An increase in the MH provider pool and delivery of MH services to families (especially BIPOC, non-English speaking & recent immigrants) will result in initially building parental resilience and social-emotional competence of children, with later focus on social connection and knowledge of parenting in child development.
ICPM Alignment	Readiness Building, Partnership, Advocacy, Teaming & Accountability
Potential Funding	PEI funding within Marin's Mental Health Services Act Plan. In collaboration with community public and private partners, explore specific funding sources to support the capacity building activities listed above.
Timeline	5 years, including a 3-year design and development phase and 2-year implementation phase.

ADVOCACY AGENDA

Our advocacy efforts address areas of considerable need or potential outcome that are beyond the scope of the CAPC to change. However, we can use the collective expertise of the CAPC as well as our community connections to influence and support efforts already underway in the county to address these areas of concern. We will highlight three areas:

3. Improve Child Care: Improve affordability, ensure quality, increase accessibility.	4. Address Economic Hardships: Provide universal basic income to families.	5. Increase Affordable Housing: Provide housing support for families.
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Our approach will be the same for all three topics: we will formally create alliances between the CAPC and entities already doing the work to address these areas of priority need. We can add to their momentum by contributing the data we've gathered, the community voices we've engaged, and the CAPC's commitment to prevention. The CAPC can also support peer to peer exchanges that keep practitioners informed of new resources, initiatives and opportunities related to these topics to better meet the needs of children, youth and families across Marin.

Improve Child Care: The CAPC would like to create an advocacy alliance with the County of Marin **Child Care Commission**. Their stated purpose and specific strategic framework directly align with ours around improving child care:

- *Access to Early Learning Opportunities and Child Care:* All families in Marin have access (defined by availability and affordability) to quality early learning opportunities and child care that meets their individual needs and preference.
- *Quality of Early Learning and Child Care:* All child care arrangements (licensed and license exempt) provide children with high quality early learning experiences that support the development of the whole child.
- *Early Learning and Child Care Workforce:* All early learning and child care programs are staffed by a high-quality workforce (including licensed and licensed exempt providers).

Addressing Economic Hardships: The Marin CAPC would like to advocate around increasing economic supports for the low- income families in our community. One way we can do this is by supporting the work of Guaranteed Income projects in Marin County. Currently there are two projects:

- The **MOMentum** program began in 2018, providing 125 low-income Marin moms of color with \$1,000 per month over a two-year period. There are no requirements as to how the participants spend this money, but anticipated outcomes include increased financial independence and emotional well-being.
- The **Ex Foster youth Housing Stipend Program** is being administered by Children and Family Services and is providing \$1000 per month to 11 youth to help support their housing costs and allow them to stay within Marin County. Anticipated outcomes also include employment, education and housing stability.

Marin CAPC would like to review outcome data of these programs and look at possibilities of future collaboration on additional guaranteed income programs. More of these initiatives are happening all over the Bay Area, offering more opportunities for regional cooperation and the gathering of data on their impacts.

Increase Affordable Housing: The Marin CAPC would like to partner with the Affordable Housing Program and Marin Housing First to help advocate for more affordable housing and homelessness services for our clients.

- The mission of the **Marin County Affordable Housing Program** is to preserve and expand the range and supply of adequate, accessible, and affordable housing through housing policies, regulations, and programs.
- **Marin Housing First** is a collaborative of agencies that help support homeless services in the county and is a leader in transforming the homeless system of care. They work across County departments, with the cities, and with our community partners to create a unified system to help house people and keep them housed.

IMPLEMENTATION

PREPARING FOR ACTION & SUSTAINABILITY

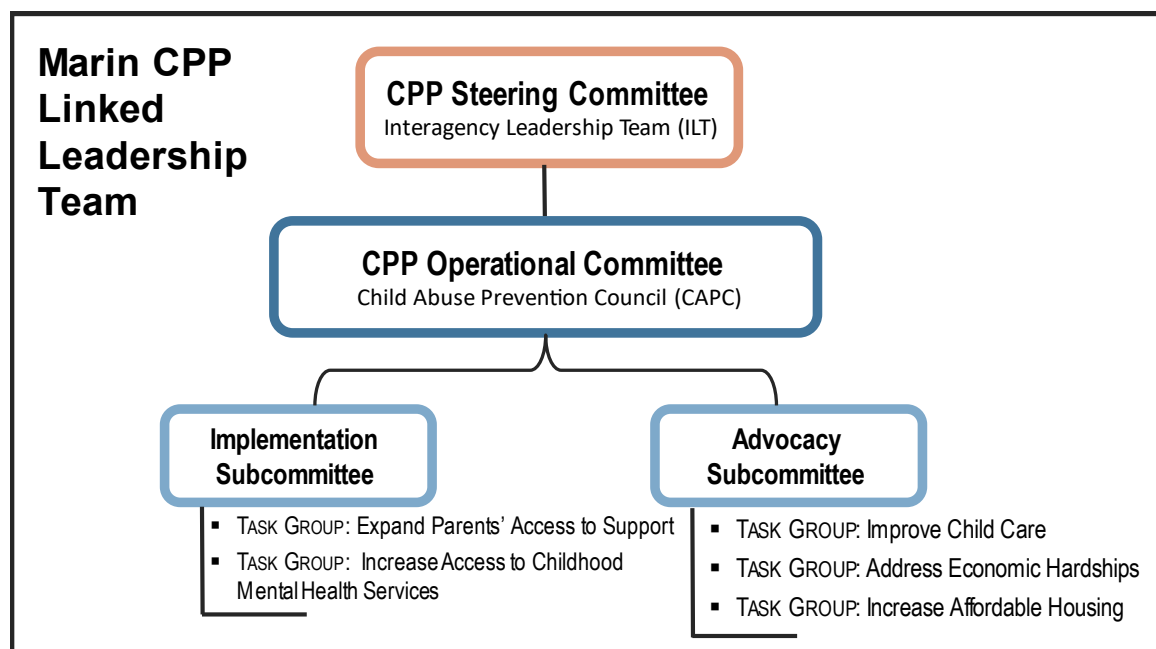
CONSIDERATIONS TO LAUNCH THE PREVENTION PLAN

The success of Marin's Prevention Plan hinges on attending to key implementation activities related to design, development, communication and sustainability of the strategies. Well-planned governance, monitoring, oversight, evaluation, and ongoing funding are among the factors that will launch these strategies. The following sections bring forward several elements that will be the focus of advancing the Plan.

GOVERNANCE, IMPLEMENTATION, AND MONITORING

Oversight of Marin's Comprehensive Prevention Plan (CPP) will be managed by linking together two existing governance bodies. Marin's AB (Assembly Bill) 2083 Interagency Leadership Team (ILT) will act as a cross-system CPP Steering Committee and the Marin Child Abuse Prevention Council (CAPC) will serve as the CPP Operational Committee. Continuity will be provided by the CAPC which has been closely involved in the CPP planning phase, while the ILT connects Marin's prevention efforts to the system of care work in Marin. By creating this Linked Leadership Team to oversee implementation of Marin's CPP, the prevention strategies can move forward with strong visibility, guidance and sponsorship.

FIGURE 1: MARIN CPP LINKED LEADERSHIP TEAM



The Marin Child Abuse Prevention Council (CAPC) helps prevent child abuse through community education, training and promotion of policies and services that help support families and children. The mission of the CAPC is:

“To foster community partnerships to prevent child abuse through promoting equity and sharing resources to strengthen our diverse families.”

The CAPC, in collaboration with CFS, has been the central leadership body guiding development of Marin's CPP. The CAPC has been an essential planning partner, as its mission complements the vision for Marin's CPP. The visibility of the CAPC within the community has helped create a more transparent and accessible planning process through co-sponsoring the Families First Forum, posting notes and recordings of the planning meetings on the CAPC website, and hosting other data collection activities that have shaped the Plan. This role is fundamental to engage and collaborate with community stakeholders, fostering an alliance that can work together to reduce child abuse and neglect throughout Marin County.

To support CPP implementation, membership of the CAPC will be adjusted to engage additional partners who can move Marin's five CPP strategies forward. Two sub-committees will be formed—one to guide the two implementation strategies and another to coordinate the three advocacy strategies—with task groups established for each strategy. The CAPC will continue to meet monthly. Partners who are not involved with sub-committee work or cannot commit to that level of involvement will be invited to attend every other month to provide feedback or share resources. Co-chairs of the CAPC (Child & Family Services, Safe & Sound and Child Parent Institute) will continue to lead Marin's CPP throughout the implementation and sustainability phases.

Another cross-sector entity aligned with the CPP vision is Marin's AB 2083 System of Care Interagency Leadership Team (ILT). The goal of this body is to come together across child-serving agencies to break down barriers that interfere with achieving positive safety, permanency and well-being outcomes for children, youth and families in Marin County. Although AB 2083 focuses on children and youth in foster care who have experienced severe trauma, it reflects a priority to build a locally governed interagency model on behalf of all children and youth who have similar needs and are served by multiple agencies across the county. The membership of Marin's ILT includes leadership level representation from Children and Family Services, Juvenile Probation, Golden Gate Regional Center, Behavioral Health & Recovery Services, Department of Rehabilitation Services, Court Appointed Special Advocates (CASA), County Office of Education, and Seneca Family of Agencies.

The implementation and ongoing monitoring of the CPP will be an evolutionary process, based on feedback from the Linked Leadership Team and the community.

Marin's CPP Linked Leadership Team will oversee the further design, implementation, and monitoring of Marin's strategies over the next five years. Funding plans for each of the implementation strategies will be developed as resources become available. Likewise, training and evaluation components will be built out as the details of the Plan unfold. Some of the strategies involve capacity building activities that are needed before direct service prevention activities can begin. The strategies represent a balance of offering prevention resources to

families at the primary, secondary and tertiary levels. Other strategies involve application of Evidence Based Practices, such as Motivational Interviewing, Home Visiting and others which strengthen family resilience, build parenting capacity and address basic needs. Throughout the process, principles, behaviors, and practices of the Integrated Core Practice Model will manifest in the activation of each strategy.

PRIORITIZATION OF INTEGRATED CORE PRACTICE MODEL

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

ICPM is evident in the agreement between CFS and its partners within the AB 2083 collaborative. There is cross-system commitment to improve outcomes and services for children, youth, and families receiving care from government supported systems through improved coordination and data informed decision-making at all levels—policy, program, and practice. Another priority of the partnership is to ensure access to individualized child and family-centered planning that:

- Respects and demonstrates cultural and linguistic competence
- Attends to the social determinants of health, including the impact of poverty
- Recognizes exposure to violence and trauma, including the effects of historical and secondary trauma
- Promotes the power of hope, resilience, and recovery

Marin has worked to interweave ICPM in cross-system collaborations over the last several years. The principles and values of ICPM are also evident throughout staff training, meeting facilitation and engagement of members of Child and Family Teams. Strengthening ICPM values, principles and behaviors across practitioners and partners requires adaptation of administrative policies and procedures, integration into day-to-day tasks and assignments, and alignment with supervisory and coaching practices.

Marin is committed to incorporating ICPM into all aspects of its Prevention Plan implementation. From using ICPM as a common framework among prevention partners to ensuring all prevention strategies adhere to the model, the ICPM will be foundational to the Plan's success. Marin's prevention work will continue to assure fidelity to the values, principles, standards, and activities of the ICPM, thus increasing the likelihood of reducing child abuse and neglect across the county.

TRAINING

Marin County currently contracts with Bay Area Academy (BAA) as our Regional Training Academy. BAA is contracted to provide Common Core training to social workers, supervisors and

managers as outlined in the State Prevention Plan. CFS offers frequent and ongoing training within the framework of the Integrated Core Practice Model (ICPM). Marin has utilized the State's Training Plan, as outlined in Tier 1. As the State's Training plan for Tier 2 and 3 unfolds Marin County will provide the necessary training for the required positions.

The values and principles embedded in the ICPM related to Workforce Development will be emphasized in training the cross-sector workforce who will implement Marin's prevention strategies. The aim is to build confidence and skills of staff at all levels— those delivering the innovations and the supervisors, managers, and other leadership who support them. Ongoing professional development plans and practices will include assessing diverse staffing needs, supporting and coaching supervisors, and strengthening staff retention. Specific topics related to reinforcing ICPM include:

- Promote clarity and understanding of the ICPM and what it will take to infuse this approach across system partners, service providers and community based organizations who are working together to implement Marin's prevention strategies.
- Understand the ICPM values, behaviors, and principles as they apply to direct service staff and leadership roles in Marin's prevention work.
- Understand how to utilize practice profiles and other fidelity tools to assess and encourage use of ICPM behaviors when delivering specific prevention practices.

EVALUATION

The implementation and ongoing monitoring of the CPP by the Linked Leadership Team described above will include plan development to ensure sustainability. This may involve leveraging funding sources and utilizing existing services in the community to support the goals of the Plan.

Using the feedback provided through the oversight process, identified barriers will be addressed and an action plan created that utilizes both existing and new resources. Any actions implemented will be studied for effectiveness in reducing child abuse and neglect. The primary measure of efficacy will be seeing a reduction of substantiated referrals to the CFS hotline over the five-year period. Another key metric is tracking improvement in disparity and disproportionality in outcomes for BIPOC children, youth and families. Quarterly review of data disaggregated by race, age and gender will track reductions in substantiated referrals, decreased entries into care, shorter timelines to permanency, and fewer re-entries into care.

To evaluate impact of the concrete supports and navigation services delivered by the “Expand Parents’ Access to Support” strategy, the Linked Leadership Team will work with families to co-create evaluation methods that track family level experience. Tools such as client satisfaction surveys or exit interviews, pre/post assessments, and client testimonials will be explored.

The Linked Leadership Team will also focus on monitoring fidelity and measuring effectiveness of the EBPs utilized to deliver prevention and early intervention strategies in Marin's Plan. CBO partners using EBPs will be encouraged to share challenges and successes with one another and CAPC will explore opportunities for sharing resources among CBOs that support ongoing training, promote fidelity, enhance quality supervision tactics, and exchange ideas about other

prevention innovations. Marin is in active conversations with Sonoma, Napa and other Bay Area counties to share training resources for EBPs.

Taken together, these evaluation efforts will help the Linked Leadership Team share and document best practices to inform future efforts for better engagement of families, greater accessibility to needed support, and creation of a more navigable prevention system across Marin County.

SUSTAINING PREVENTION EFFORTS

Marin County's CAPC and local providers are in conversation about how to sustain prevention efforts both fiscally and programmatically. Given Marin's small size, there are challenges that need to be addressed. These include having only a handful of providers who have capacity to implement significant new programs, especially Evidence Based Practices (EBPs). Funding support will be needed for these community-based organizations to implement any new EBP given the sizeable financial investment needed for the FFPS-approved EBPs, including training and fidelity monitoring. Marin will be looking to see what additional training and implementation support will be provided by CDSS to offset some of these challenges.

Another avenue that Marin County has been actively exploring to address this challenge is establishing regional collaboratives with adjacent counties to share the costs of activities like training, fidelity monitoring and support. Additionally, this could increase capacity for developing local trainers that could assist with keeping the cost of training low given the high turnover currently being experienced by many CBOs.

A critical challenge for sustaining the plan is the availability of adequate funding. Even with the hope of a 50% federal match for FFPS-approved EBPs, there are many unknowns about how issues such as payor of last resort may impact our ability to draw down these funds. The Marin CAPC and local providers have been exploring other funding options such as grants, and the CAPC has developed some materials to assist in quickly responding to grant opportunities. There is also a strong sense of collaboration in the CAPC with multiple providers willing to share in both the work it takes to obtain and maintain a grant, but also to share in the funding and client services established. Marin CAPC has also been working toward additional engagement with the local Marin Community Foundation (MCF) for potential opportunities to partner in prevention work and family support. MCF has already invested in many local CBOs' efforts to support families and may be a good resource for supporting services in the future.

As Marin County begins the implementation of the Comprehensive Prevention Plan, there will be a keen eye toward how these services and strategies are impacting prevention as part of Marin County CFS' larger CQI efforts. Data will be analyzed, particularly around hotline calls, referral counts, referral substantiations, and entries into care to establish whether prevention efforts are making a true impact on child abuse and neglect in the County. We will continue to look at any differences in the types of families being served by prevention efforts and whether there are ongoing gaps in service or discrepancies in outcomes for particular racial groups or regional areas within the County.

ASSURANCES

EBP FIDELITY OVERSIGHT

Marin County will embed appropriate measures within its contract expectations to ensure fidelity to the practice model. CFS will meet with the contracted entity quarterly to review fidelity measurements, equitable access, acknowledge successes and discuss barriers. In addition, most of the EBP's identified in the State plan require a purveyor that trains, certifies, and oversees fidelity measurements for a period of time, ensuring fidelity.

Assurance: Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC Sections 16587(d)(10) and 16587(d)(11)(A), Marin County Children & Family Services assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, data collection, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

ONGOING SAFETY AND RISK ASSESSMENT

CFS will continue to utilize the structured decision-making tool to assess for safety and risk. As part of our community pathway, CFS will require that child safety and risk assessments be completed at designated times for families that will be referred to services under FFPSA. These will be completed by contracted providers, and will be outlined in the contract. Currently we are awaiting guidance from the state as to what tools can be used by community pathways to determine candidacy and monitor safety and risk.

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

ADDITIONAL ASSURANCES

TITLE IV-E PREVENTION PROGRAM REPORTING

In accordance with section 471(e)(5)(b)(x) of the federal Social Security Act and California WIC section 16587(d)(9), Marin County Children & Family Services is providing this assurance, consistent with the local CPP and the California Title IV-e prevention services state plan, to collect and report to the CDSS information and data required for the FFPS program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

CHILD SAFETY MONITORING

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

WORKFORCE DEVELOPMENT AND TRAINING

In accordance with section 471(e)(5)(b)(viii) of the federal Social Security Act, Marin County Children & Family Services assures it will adhere to the FFPS training plan as outlined in the California Title IV-E prevention services state plan, and ensure caseworkers within both the All County Letter No. 23-23 page eight community and Title IV-E agency pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families they serve, accessing and delivering the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all other foundational requirements, including but not limited to, understanding how the requirements of the federal Indian child welfare act (ICWA) and implementing state laws intersect with prevention services provided through the community based and title iv-e agency pathways.

TRAUMA-INFORMED SERVICE DELIVERY

Marin County Children & Family Services assures that in accordance with section 471(e)(4)(b) of the federal social security act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child will be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with

recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

MODEL FIDELITY FOR EVIDENCE-BASED PROGRAMS AND CONTINUOUS QUALITY IMPROVEMENT

In accordance with section 471(e)(5)(b)(iii)(ii) of the federal social security act and California WIC sections 16587(d)(10) and 16587(d)(11)(a), Marin County Children & Family Services assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, data collection, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

EQUITABLE AND CULTURALLY RESPONSIVE SERVICES AND SUPPORTS

In accordance with the governor's executive order n-16-22, and consistent with California five year Prevention Services State Plan, Marin County Children & Family Services assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, and queer children and youth.

COORDINATION WITH LOCAL MENTAL HEALTH

In accordance with section 471(e)(10)(c) of the federal social security act and California WIC section 16588(f)(3), Marin County Children & Family Services assures the agency will establish a joint written protocol, based on the model developed by the CDSS and department of health care services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

CONCLUSION

WORKING TOGETHER TO PUT FAMILIES FIRST IN MARIN

Overall, the process of creating the Comprehensive Prevention Plan has helped bring together the County and Community agencies serving families in Marin County and further strengthened the relationships and collaboration between them. These entities have shown a renewed enthusiasm for prevention work and the possibilities of what may be accomplished, with the CPP as the roadmap for our ongoing work together. The process of asset mapping and interviewing providers has increased everyone's knowledge of what resources are available to families and will inevitably support cross-provider referrals to make sure families are getting to the services they need. The process has also engaged providers in the work of the Child Abuse Prevention Council and raised their awareness of the vital role this collaborative plays in advocating to reduce child maltreatment now and in the future.

APPENDIX:

CAPC ROSTER

First	Last	Organization	Email Address
Katie	Albright	Safe & Sound	katie.albright@safeandsound.org
Jose-Luis	Arana	Marin Advocates Network Coordinator	joseluisaranag@gmail.com
Carol	Barton	Marin Schools	cbarton@marinschools.org
Robin	Bowen	California Parent Institute	robinb@calparents.org
Alaina	Cantor	North Marin Community Services	acantor@northmarincs.org
Amy	Cararrera	Marin Schools	acararrera@marinschools.org
Matt	Carter	Marin County	mcarter@marincounty.org
Leah	Catching	Marin Schools	lcatching@marinschools.org,
Michelle	Condit	Canal Alliance	MichelleC@canalalliance.org
Chloe	Cook	West Marin HHS	CCook@marincounty.org
Lola	Cornish	Strategies 2.0	lcornish@thecapcenter.org
Lauren	Crutsinger	Seneca Family of Agencies	lauren_crutsinger@senecacenter.org
Samuel	Cruz	Alternative Family Services	scruz@afs4kids.org
Freny	Dessai	OCAP	Freny.dessai@dss.ca.gov,
Pegah	Faed	First 5 Marin	pegah@first5marin.org
Balandra	Fregoso	Parent Services Project	bfregoso@parentservices.org
Saul	Godinez	Marin Schools	sgodinez@marinschools.org
Gladys	Hernandez	Multicultural Center of Marin	ghernandez@multiculturalmarin.org
Ivana	Jagodic Meholick	Postpartum Support Center	ivana@postpartumsc.org
Susanne	Kreuzer	Help Me Grow Marin	susanne@helpmegrowmarin.org
Cesar	Lagleva	Multicultural Center of Marin	clagleva@multiculturalmarin.org
Lael	Lambert	HHS Family Health	llambert@marincounty.org
Marsha	Lewis	Alternative Family Services	mlewis@afs4kids.org>
Bree	Marchman	Marin County	BMarchman@marincounty.org
Jessica	Marker	Canal Alliance	jessicam@canalalliance.org
Maegan	Mattock	Marin CASA	maegan@marincasa.org
Gloria	McCallister	Multicultural Center of Marin	gmccallister@multiculturalmarin.org,
Felice	McClenon	Marin County	FMcClenon@marincounty.org
Haley	Mears	Marin County	HMears@marincounty.org

First	Last	Organization	Email Address
Troy	Nichols	Strategies 2.0	TNichols@thecapcenter.org
Eric	Olson	Marin County	EOlson@marincounty.org
Lupe	Pulido	Marin Health and Human Services	gpulido@marincounty.org
Christina	Reilly	Canal Alliance	christinar@canalalliance.org
Isaura	Resendiz	North Marin Community Services	iresendiz@northmarincs.org
Django	Reyes	Multicultural Center of Marin	dreyes@multiculturalmarin.org
Jeana	Reynolds	County of Marin, Juvenile Services	jereynolds@marincounty.org
Sandra	Rosenblum	Maternal & Child Health Programs	SRosenblum@marincounty.org
Larkin	Sealy	Seneca Family of Agencies	larkin_sealy@senecacenter.org
Laura	Trahan	Marin Schools	Ltrahan@marinschools.org
Silvia	Valde	Marin Child Care Council	silvia@mc3.org

Families First Forum

Marin County 2023

A community conversation about
better ways to support parents
& the well-being of kids



Virtual Meeting Information

We'll be referring to
this document at the Forum.

Be thinking about creative strategies
Marin can put in place to strengthen
the families in our community.

Zoom link provided with registration

**Tues.
April 25**

**5:00 -
7:00pm**

An Opportunity to Support Families

Why Prevention?



What if families could easily access a community network of supports before reaching a crisis?

What if the pathways to help were wide open & in every neighborhood?

Answering these questions is what prevention planning is all about. **Prevention** helps families build on their strengths during challenging times, reducing the chance that issues turn into more critical problems.

Who Are “We”?

Marin Child Abuse Prevention Council, in partnership with Children & Family Services, has joined with the community to co-create a 5-year prevention plan that will make improvements across Marin to:

- Strengthen families
- Promote child & youth well-being
- Ensure equitable access to culturally responsive services & supports for families

Putting Families FIRST

All families need support. Now's the time to come together to reimagine better ways for families to get the help they need, when they need it. New solutions rely on the voices of those with lived experience and expertise from across the community.



WE ASKED: What are families experiencing?

Who We Asked

We heard from **250** stakeholders through surveys, interviews, & focus groups.

- 111** parents/caregivers
- 99** service providers
- 28** youth
- 12** educators

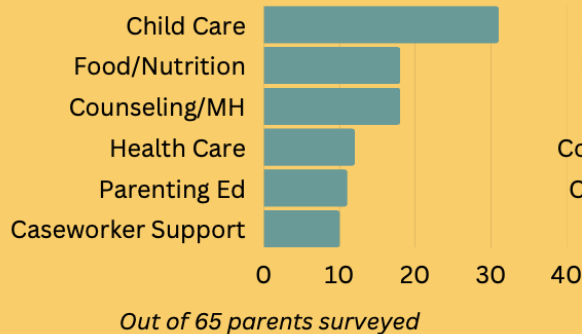


The most common challenges Marin families face:

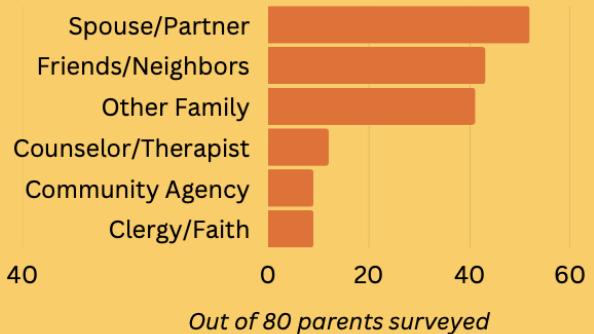
- Economic hardship
- Parenting challenges
- Emotional/trauma needs
- Child care availability/access
- Social isolation
- Substance use issues
- Domestic violence
- Racism/discrimination

Combined from interviews, focus groups & surveys

Last year, the service parents most frequently used was Child Care.



Parents get their support most often from friends & family



WE ASKED: What gets in the way of getting help?

Obstacles to Getting Help

The location of services for families across Marin County makes it challenging for many to get the help they need. Urban areas have most services, while often other regions have higher need for them. Unfortunately, the demographics of these underserved communities reflect the majority of who is represented in child welfare & probation.

- Lack of family-friendly services
- Wait lists
- Services needed not offered
- Hard to find/navigate services
- Transportation limitation
- Lack of childcare
- Cultural/language barriers
- Cost of service too high

Combined from interviews, focus groups & surveys

What Else We Learned



For Latinx families, the top barriers to getting help were wait lists, lack of child care & inconvenient service hours

West Marin respondents had difficulty finding affordable, accessible child care

Some of Marin's most vulnerable families have the least amount of services & support available to them.

The most important services to family in the future are child care and housing assistance.

WE ASKED: What help is available?

Who We Asked

We interviewed **17** provider agencies

- Community based service providers
- Public sector entities
- Health care providers
- Agencies linked to specific populations

Marin County has many service strengths	There are also opportunities for improvement
Across the county, there is a rich array of services	Re-distribute services around the county so regions of high need have ample access
Services are available for various levels of need experienced by families	Fill the gap of behavioral & mental health providers to meet the needs of families
Grassroots organizations have deep ties to many communities	Use partnerships to reach families in need & deliver culturally appropriate services
Many providers offer services in Spanish	Accessibility to additional languages would support more families
Staff at many agencies share the cultural background of the people they serve	It would be better if there were more staff, & if they stayed in their jobs longer

Building Partnerships Across the County

Deepening collaboration across service providers to better meet the needs of families was seen as a priority & a desired value among interviewed agencies

WE ASKED: What changes are needed?

Mental Health/ Substance Use Services:

What if behavioral and mental health services had ample staff & resources?

Equity/Social

Justice: What if families felt certain they would receive support in culturally appropriate ways?

Service Access: What if services were offered in rural areas & closer to families in need?

WHAT IF?

...Marin County filled gaps in service and directly supported families in a way that prevents issues from taking root?

What would that look like?

What would you like to see?

Positive Child

Development: What if youth had accessible options for after school activities everywhere in the county?

Parenting Skills:

What if transportation was provided to evening/weekend parenting classes?

Basic Needs: What if families could easily access assistance for food, transportation, housing, & other basic needs?

"Affordable after school programs are key to kids succeeding and parents being able to work full shifts."

Parent

"My mom never got help, she just worked harder."

Youth

"Services NEED to be made available 7 days a week 24 hours per day to reach all at risk families."

Educator

"More effective communication and universal referral system among the current community organizations is much needed."

Provider

"It would help to have activities that get teens to be more active outside or with career path options."

Youth



JOIN US: In shaping the path ahead

At the Forum, we'd like your input

Share your ideas! What strategic actions do you suggest we could take to support families?

Contribute your wisdom! Which ideas do you find most compelling that would help us reach our Prevention vision?



See you at the Forum!

- i Marin open Data Profile <https://data.marincounty.org/> (Based on ACS data.)
- ii Race Counts Marin <https://www.racecounts.org/county/marin/>
- iii **As cited on kidsdata.org**, California Dept. of Education, Test Results for California's Assessments (Feb. 2022).
- iv As cited on **Casey Community Opportunity Map**, U.S. Department of Education. SY 2018-2019 District-Level Graduation Rates. US Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS) 5-year dataset, 2015-2019.
- v California Department of Public Health County Health Status Profiles 2022 <https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>
- vi County Health Rankings and Roadmaps <https://www.countyhealthrankings.org/app/california/2018/rankings/marin/county/outcomes/overall/snapshot>
- vii Race Counts Marin <https://www.racecounts.org/county/marin/>