



# PLACER COUNTY COMPREHENSIVE PREVENTION PLAN

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




2023–2027

PREPARED BY



# COMPREHENSIVE PREVENTION PLAN OF PLACER COUNTY

## TITLE IV-E AGENCY INFORMATION

Submitting Authority	Placer County Health & Human Services
Contact Name	Jennifer Cook, Assistant Director, Health and Human Services Children's System of Care
Contact Email	JCook@placer.ca.gov
Signature of CWS Representative	 <small>Twylla Abrahamson (Jul 25, 2023 17:20 PDT)</small> Twylla Abrahamson, Ph.D., Director, Health and Human Services Children's System of Care
Signature of Authorized Probation Representative	 <small>Marshall Hopper (Jul 26, 2023 07:23 PDT)</small> Marshall Hopper, Chief Probation Officer
Signature of Authorized Behavioral Health Representative	 <small>Twylla Abrahamson (Jul 25, 2023 17:20 PDT)</small> Twylla Abrahamson, Ph.D., Director, Health and Human Services Children's System of Care



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# INTRODUCTION

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## Placer County's Commitment to Prevention

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

Placer County Health and Human Services (HHS) is a nationally recognized, award-winning organization committed to building a healthier community. Placer County was one of the first California communities to create an integrated health and human services agency, aiming to provide more unified and holistic services to customers. The Children's System of Care (CSOC) Division offers a range of programs to meet the special needs of children and youth who may be at risk, and their families, including child welfare, probation, children's mental health, public health, substance abuse services, and alternative education. Placer County also maintains strong partnerships with community-based organizations and service providers including through the Systems of Management, Advocacy and Resource Team (SMART) and SMART Policy Executive Advisory Committee (SPEAC) collaboratives and the Campaign for Community Wellness (CCW) as well as the Placer Collaborative Network (PCN).

In order to establish this integrated health and

human services agency and this unique system of care, Placer County proposed legislative action to implement a pilot program as early as 1993. AB 1741 authorized this pilot program to address the uncoordinated, separately funded and narrowly targeted categorical programs to allow for blended funding streams, consolidated claiming, unified documentation, and the ability to request waivers of regulations and policies to support other integration efforts, such as the sharing of data. Placer engaged in legislative actions for several cycles with AB 1859 and AB 2547 until the legislative action finally established in 2015 a permanent revision to Welfare and Institutions Code Section 18986.60 to establish this integration and flexibility.

Placer County has a long history of developing and administering programs to prevent child maltreatment and the need for removing children into foster care. The County created the Placer County Child Abuse Prevention Council (CAPC) in 1989 to support prevention initiatives and raise public awareness about child maltreatment. Placer County also established the County Children's Trust Fund (CCTF) in 2006 to support prevention programming. Placer County was also one of the first wave of counties to implement Differential Response (DR) in order to respond in a more flexible manner to a referral of suspected child abuse or neglect including offering community-based services rather than formal system intervention.

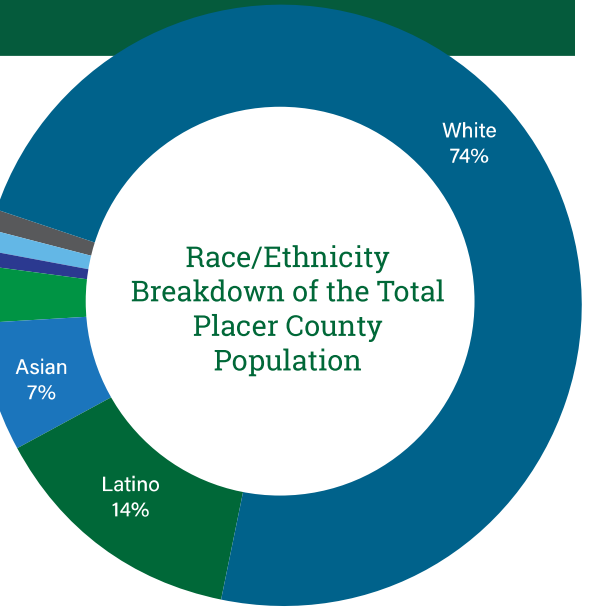
- ✓ In developing this Comprehensive Prevention Plan (CPP), Placer County affirms its commitment to keeping children and families together and preventing the need for foster care whenever possible and pursuing opportunities to leverage federal Title IV-E and state Family First Prevention Services Block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

# Placer County Data Profile

## Population<sup>1</sup>

Total Population	405,139
Children Ages 0-17	71,705

Native Hawaiian or Pacific Islander 1%  
 American Indian or Alaskan Native 1%  
 Black 1%  
 Multiracial 3%



## Child Welfare Rates (per 1,000)<sup>2</sup>

	Placer	CA
Allegations	51.9	49.5
Substantiations	2.9	5.8
Entries to Foster Care	1.3	2.3

## Unique Placer County Indicators

- » While only 7% of the total population in Placer County live below the federal poverty level, 12% of the Native Hawaiian or Pacific Islander and 11% of the Hispanic or Latino population live below the poverty level.<sup>3</sup>
- » Buprenorphine prescriptions are used to gauge the expansion of medications for opioid use disorder. The annual crude buprenorphine prescribing rate for 2021 was 39.42 per 1,000 residents compared to the state average of 18.66 per 1,000.<sup>4</sup>
- » The use of a 72-hour observation period, known as a 5150, for mentally distressed individuals in approved facilities has significantly increased over the past decade. Rates have risen 3.7 times for middle school students and 2.3 times for high school students.
- » 57.4% of children that entered foster care in 2022 were under the age of 5.<sup>5</sup>

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

2 University of California at Berkeley California Child Welfare Indicators Project. CCWIP Reports JAN2022-DEC2022. Retrieved <https://ccwip.berkeley.edu/childwelfare/reports/AllegationRates/MTSG/r/rts/s>

3 United States Census Bureau (2023). American Community Survey - S1701, 2021 ACS 5-Year Estimates. Retrieved from <https://data.census.gov/table?q=poverty+and+race&g=050XX00US06005&tid=ACST5Y2021.S1701>

4 California Overdose Surveillance Dashboard (June, 2023), Placer Opioid Overdose Snapshot: 2019-Q1 through 2022-Q1. Retrieved from <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>

5 Placer County CWS/CMS 2022 Quarter 4 Extract

# GOVERNANCE STRUCTURE

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In 2018, the State of California passed Assembly Bill 2083 (AB 2083) which required counties to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. Prior to this bill, in 1988 Placer County established the Systems of Management, Advocacy and Resource Team (SMART) via an Inter-Agency MOU defining the collaboratively shared design, delivery, and management of services to children, youth, and families. In 2021, the MOU between Placer County Department of Health & Human Services (HHS), Placer County Probation Department (Probation), Placer County Office of Education (PCOE), and Placer County Superior Court (Court), added Alta California Regional Center (ACRC).

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

As suggested by CDSS in ACL 22-23, Placer County intends to use this interagency collaborative as the basis for ongoing cross-sector collaboration envisioned in the CPP. To ensure broad community representation in the County’s cross-sector collaboration work, Placer County has also invited a number of additional stakeholders to participate in the CPP development process from the SMART Policy Executive Advisory Committee (SPEAC) and the Campaign for Community Wellness (CCW), including child and family direct service providers, Tribal representatives, and other community-based organizations and individuals with lived experience.

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

- ✓ The vision for the interagency MOU, which remains in effect through December 31, 2024, is:  
*“All children, adults and families in Placer County will be self-sufficient in keeping themselves, their children and their families SAFE, HEALTHY, AT HOME, IN SCHOOL OR EMPLOYED, OUT OF TROUBLE, ECONOMICALLY STABLE, AND CULTURALLY SUPPORTED.”*

# CROSS-SECTOR COLLABORATION & PARTNER ENGAGEMENT

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

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

The Campaign for Community Wellness (CCW) has also been heavily involved in developing CPP strategies and coordinating engagement across multiple agencies and stakeholders. The CCW, which meets monthly, was formed to provide stakeholder input on Mental Health Services Act (MHSA) planning activities beginning in 2004. It is comprised of over 100 interested community members, child serving agencies, and CSOC staff.

Looking ahead, as Placer County advances from planning toward implementation of the CPP, cross-sector collaboration will remain a high priority. SPEAC intends to continue its regular meeting schedule to provide the County ongoing reporting, oversight, and guidance related to the CPP. This ongoing communication and coordination will enable cross-sector partners to collectively develop and incorporate strategies for continuous improvement of the prevention plan into their programs and services.

## Roster of Cross-Sector CPP Collaborative Participants

ORGANIZATION	NAME(S)
Health and Human Services (HHS)	Dr. Rob Oldham, Director, Public Health Officer Raul Martinez, Assistant Director
HHS Children’s System of Care	Twylla Abrahamson, Deputy Director Jennifer Cook, Assistant Program Director
Probation Department	Marshall Hopper, Chief Probation Officer Joseph Netemeyer, Assistant Chief Probation Officer Melanie Esque, Probation Manager
HHS Human Services	Greg Geisler, Deputy Director Lisa Soto, Assistant Program Director
Placer County Superior Court	Judge Nichols, Presiding Court Judge Judge Irby, Juvenile Court Judge
Placer County Office of Education	Phil Williams, Deputy Superintendent Lucas Anderson, Executive Director, Prevention Supports & Services
Sierra Native Alliance	Anno Nakai, Executive Director
Latino Leadership Council	Elisa Herrera, Executive Director
United Auburn Indian Community	Manny Frausto, Director of Community Services
Alta Regional Center	Mechelle Johnson, Director of Client Services Johnny Xiong, Associate Director
Youth Empowerment Support (YES)	Lindsay Alderette, Program Manager
CalVoices	Indira Infante, Program Manager

The cross-sector collaborative also overlaps with—and intends to align and coordinate its efforts with—the Placer County Child Abuse Prevention Council (CAPC). KidsFirst, Inc., an incorporated non-profit, is the designated CAPC for Placer County. KidsFirst was designated to carry out this function in 1989. KidsFirst partners to provide Differential Response (DR) services and organizes public outreach around all child abuse prevention efforts. KidsFirst organizes several major events every April to publicize child abuse prevention month.

The Tahoe Truckee Community Foundation (TTCF) is the CAPC for the North Tahoe region of Placer County. Meeting monthly, they utilize CAPC funds for a multitude of initiatives. They combine with Nevada County CAPC and count among their regularly participating members Sierra Community House, education representatives, and Placer and Nevada County Child Protective Services (CPS).



Other existing cross-sector collaboration relevant to this CPP includes:

### **COLLABORATION BETWEEN CWS AND PROBATION PLACEMENT AGENCIES**

The collaboration between CWS and Probation Placement Agencies occurs in several ways to deliver foster care services to children and families, especially because Juvenile Probation staff are fully embedded within CSOC.

Both CSOC and Probation have representatives on the Family Resource Community Collaborative (FRCC) which holds family team meetings, including children/youth over 10 years of age, who may need intensive mental health services such as Wraparound/Drug Court, Therapeutic Behavior Services (TBS), Functional Family Therapy (FFT), and STRTP/group home level care. CSOC Wraparound staff serve Probation and Child Welfare youth and families, in addition to youth and families who are not involved in either system, through MHSA Full Service Partnership (FSP) funding.

### **COLLABORATION BETWEEN TRIBES/ TRIBAL REPRESENTATIVES, AND/OR TRIBAL SERVICE PROVIDERS**

The collaboration between CSOC, United Auburn Indian Community (UAIC), and Sierra Native Alliance, the contracted native service provider, occurs on a case-by-case basis for applicable clients. UAIC and CSOC have also established a standing, weekly Collaborative Roundtable that provides a forum for discussion about coordinating preventative services to strengthen families at risk of system involvement as well as coordinating services for those formally involved with the child welfare system.

UAIC does not have its own Dependency Court, all dependency cases are handled through the Placer County Dependency Court. UAIC does have a full community services agency that provides mental health and substance abuse services, foster care, elder care, and more.

CSOC meets monthly with Sierra Native Alliance, a community-based agency serving the Native and Indigenous population, to discuss existing services, new or changed services, trainings, and special events/opportunities for Native American children, youth, and families to help improve outcomes for Native American children and youth. In addition, this partnership allows for policy discussions and staff-level coaching on collaboration with cultural brokers and providing culturally relevant services.

The Chapa de Indian Health Clinic is located in Auburn. Services include general medicine, dental, family services, substance abuse counseling, behavioral health, pharmacy, optometry, orthodontia, and women's health. CSOC has had longstanding collaborative partnerships with Chapa De due to shared client families and at one time even shared psychiatric services being offered.

### **COLLABORATION BETWEEN COUNTY AGENCIES**

By both necessity and desire, CSOC has a long history of successful collaborations with other county agencies, community partners, and organizations that serve children, youth, and families in Placer County. CSOC has remained integrated since the late 1980's by co-locating Child Welfare, Mental Health, Juvenile Probation staff, Public Health Nurses, Foster Care Eligibility, and PCOE FYS workers, and added Family Advocate and Youth Coordinator teams in 2006, much earlier than many other private organizations or county government systems. CSOC is small enough for many of these agencies to have familiar knowledge of the families they mutually serve, and large enough to have sufficient infrastructure to meet many of their needs. In addition, Probation has MOUs with CSOC, which allows them to share information and work together to mutually serve families.

CSOC believes their chances for successful family and youth outcomes improve significantly when county agencies are able to work together on their behalf. CSOC has a variety of key partnerships:

- » **Placer County Office of Education:** Placer County Office of Education (PCOE) provides a myriad of services for schools across the county. They run the Student Attendance Review Board (SARB) panel in collaboration with CSOC and other county partners. CSOC contracts with Kids First Family Resource Center to provide a full-time case manager for SARB to work with families that are struggling to connect to services and other supports. PCOE provides Foster Youth Services (FYS) workers on site at CSOC buildings to work with, and support, social workers overseeing child welfare cases. PCOE is a long-time member of the SMART Policy board and collaborative partner of CSOC. PCOE also administers the County's Independent Living Program (ILP).
- » **Public Health:** Public Health provides Public Health Nurses to assist social workers and supervisors with critical medical and dental necessities for child welfare-involved children and youth.
- » **Adult System of Care (ASOC):** ASOC collaborates with CSOC to provide the full range of behavioral health services throughout the county to all age groups, including parents and caregivers. ASOC is also a system of care with Adult Protective Services (APS), Public Guardian, In-Home Supportive Services (IHSS), and the Public Authority. As many of the CSOC families also utilize these services or supports, being part of an HHS Department assists to integrate care for the entire family when needed. The ASOC and CSOC also partner on services to the community including an integrated mobile crisis team. The Adult Mobile Crisis Team was initially established through SB 82 Crisis Triage Grants, and subsequently funded through Mental Health Services Act funds. The Family Mobile Team was established in the same manner a few years later to provide services to youth. This year the teams have become an Integrated Mobile Crisis Program with multiple teams of clinicians and family/peer advocates to respond to, and follow-up with, crises occurring in most county locations regardless of age group. This service is not currently 24/7 but will be expanded to be so by January 1, 2024.
- » **Child Abuse Prevention Council (CAPC):** KidsFirst serves as the CAPC for the Western Slope of the county. They collaborate extensively with other local providers on child abuse prevention efforts with a mission "for every child in Placer County to have a safe place to live and grow." Tahoe Truckee Community Foundation serves as the CAPC for the North Tahoe area and collaborates with local providers and Tahoe/ Truckee area community organizations.
- » **Law Enforcement:** CSOC works closely with the local law enforcement agencies, as needed, regarding joint investigations, or when CSOC needs law enforcement assistance. CSOC has also partnered with the Placer County Sheriff's Office (PCSO) and community partners on a Justice Assistance Grant (JAG) for services to Latino and Native families experiencing a crisis.
- » **Human Services:** CSOC's child welfare teams collaborate with the Human Services Division to jointly respond to appropriate referrals and to collectively pursue supports, services, and interventions to assist families with their child welfare related struggles as well as their CalWORKs benefits. Human Services also manages the County's Bringing Families Home housing program for families involved with the child welfare system, as well as the Family Unification Program (FUP) and Foster Youth to Independence (FYI) vouchers for families and transition-age youth.
- » **Data Sharing:** CSOC has data sharing agreements with PCOE and school districts to share information for all foster children, which allows for real-time updates and data access for social workers and schools. CSOC also shares data with ASOC, and, as a fully integrated system of care, shares data and funding mechanisms between child welfare and mental health.

## **COLLABORATION WITH COMMUNITY-BASED ORGANIZATIONS**

### **Family Resource Centers and Service Providers**

#### **Family Resource Centers (FRCS)**

CSOC partners with three separate non-profit FRCs located in four strategic locations throughout the county. All three FRCs participate in the Differential Response Program. Many clients of these FRCs are potentially at risk of child abuse and/or neglect of their children. These FRCs provide prevention and intervention services including counseling, parenting education, and healthy activities for children, youth, and families. The following is a listing of the three non-profit FRCs and the services they provide:

- » **KidsFirst Family Resource Centers:** Services provided include training and education through the Child Abuse Prevention Council for Placer County, Differential Response, and primary and secondary prevention services including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT – evidence-based therapy for children, youth and their families); Parent Child Interaction Therapy (PCIT) offered to families with children ages 2-7 who are experiencing behavioral issues; Perinatal Mood Disorder Treatment postpartum therapy, resources, and support for parents of children prenatal through age 5; Parents as Teachers (home visitation program with coaching and practice interacting, and child development education for children up to age 5); Incredible Years including Dinosaur School and parenting classes; family support referrals; and educational referrals.
- » **Lighthouse Counseling and Family Resource Center:** Services provided include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Cognitive Behavioral Therapy (CBT); Attachment-Based Family Therapy (ABFT); Solution-Focused Brief Therapy (SFBT); Gottman Method for Couples; Trust-Based Relational Intervention (TBRI); Eye Movement Desensitization and Reprocessing (EMDR); Cue-Centered Therapy (CCT); Coping Cat; Internal Family Systems (IFS);

Differential Response; Love and Logic Parenting Classes (English and Spanish); and other mental health groups and forums. They also support families in meeting basic needs and connecting to services through the family resource center.

- » **Sierra Community House—Tahoe Region:** Services provided include Differential Response and a range of Family Support/Parenting Classes. These Family Support/Parenting Classes help strengthen protective factors in local families by providing play groups, support groups, and classes aimed at decreasing family isolation, fostering development of peer networks, and building skills and confidence in parents. These classes provide a first point of contact to the broader continuum of care. Class facilitators provide referrals and information to assist families with accessing healthcare enrollment, mental health services, childcare resources, and assist with navigating other systems. Classes may include Parent Café, Family Room, and/or other programs, depending on the needs of the community.

### **Domestic Violence, Substance Abuse, and Mental Health Service Providers**

#### **Domestic Violence**

StandUp Placer offers a wide array of free services for Placer County victims of sexual assault, domestic violence, and human trafficking in the Western Slope of the county. Their mission is: "Saving lives by empowering survivors and educating communities to stand up to domestic violence, sexual assault, and human trafficking." Funding sources include state, federal, county, and private dollars.

Sierra Community House offers the same continuum of services for residents of the Tahoe-Truckee Basin, including residents in the state of Nevada. Their mission is: "Safe. Secure. Supportive. 24/7 Help for you and your loved ones."

#### **Substance Use Disorder (SUD) Services**

Placer County Children's System of Care collaborates with the Adult System of Care (ASOC) and substance

use service providers to utilize the American Society of Addiction Medicine (ASAM) substance use disorder criteria for assessing both adults and youth. CSOC and ASOC hold joint contracts with several local providers, including Progress House, Granite Wellness Center, Aegis Treatment Centers, Recover Medical Group P.C., and WellSpace Health. These contracts cover outpatient and residential services, Medication Assisted Treatment (MAT), and recovery supports. Other local providers offer a range of SUD-related services as well.

### **Mental Health Service Providers**

CSOC provides a full range of inpatient and outpatient treatment and intervention services in the office, home, and community which are made available to all children and adolescents who suffer from severe emotional or behavioral problems. Those calling in for services, or referred by others, are screened by a licensed mental health professional to determine the severity of their condition. If the condition is mild to moderate, they will be directly linked with their managed health care Medi-Cal provider for services without having to go through another screening process. If a child is screened by their managed health care plan and determined to meet more severe criteria, they are directly referred to CSOC for specialty mental health services. Under CalAIM, regardless of which system a child or youth appears in to ask for services, while screening is occurring needed services can start for stabilization before a full assessment and treatment plan is created.

In addition to services for Medi-Cal beneficiaries, CSOC mental health staff provide mental health screenings for all children/youth with an open CSOC child welfare or probation case at the initiation of the case and at least annually thereafter. Services such as Wraparound and Functional Family Therapy, as well as mobile crisis response, are offered internally to children and youth, regardless of insurance status in some instances. In addition, through CSOC's Wraparound program, they provide Intensive Care Coordination (ICC) and Intensive Home-Based

Services (IHBS) services for children/youth who are Katie A. subclass members and are at home with a parent or are in a relative or non-related extended family member placement, foster care, or a state licensed STRTP or group home. Behavioral health staff are also responsible for completing service authorizations for children/youth to obtain services from network (private), or organizational mental health providers.

CSOC has created and maintains a close working relationship with a number of contracted community partners and network (mental health) organizational providers, for children, youth, and their families. These include Turning Point Community Programs, Stanford Sierra Youth and Families, Victor Community Support Services, Sierra Mental Wellness Group, Unity Care, WellSpace Health, Wayfinder Family Services, Children's Receiving Home of Sacramento, and others. CSOC, as part of the larger Health and Human Services Department, maintains close ties with the Adult System of Care to ensure services are provided to parents, caregivers, and other important adults who also need behavioral health services. However, across all systems of care, including organizational, network, internal county, and local private insurance-based providers, there continues to be a challenge with not having enough network providers (including bilingual and culturally diversified) to meet the mental health needs of children, youth, and young adults under age 25 throughout Placer County. CSOC has secured new contracts with a couple of additional contracted providers to deliver additional community-based mental health services including crisis intervention and stabilization, hospitalization, medication management, individual and family therapy, individual and group rehabilitation services, ICC, and IHBS.

## **Regional Centers**

Placer County works closely with the Alta Regional Centers to provide services to children who are developmentally delayed and/or autistic.

## **Court Appointed Special Advocates**

Child Advocates of Placer County provides Court Appointed Special Advocate (CASA) services to dependency youth, as well as mentoring many Probation youth and providing parent support and mentoring to parents with young children.

## **First 5 Commission**

The First 5 Placer Children and Families Commission is comprised of nine members charged with allocation of Proposition 10 tax dollars to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal state to five years of age. First 5 Placer has been a key partner in the prevention of child abuse, which is a focus area of its Strategic Plan. It has a seat on and financially supports the Child Abuse Prevention Council. It also provides foundation and programmatic support to the family resource centers, Sierra Native Alliance, Latino Leadership Council, and other agencies that promote protective factors through culturally relevant, evidence-based, and family-centered practices. An HHS director sits on the Commission; two other members include a specialist in behavioral health and prevention or early intervention for families at risk of abuse or neglect.

## **Former Parent Consumers**

Placer County CSOC contracts with Cal Voices Family Advocate Program to provide Parent Mentors. Family Advocates provide a number of peer services and navigation supports for families being served across all systems including but not limited to: Specialty Behavioral Health Services in Roseville, Auburn, and North Tahoe; Child Welfare; Probation; and the Roseville Police Department. Family Advocates serve on multidisciplinary teams

where there is a shared decision-making model, identifying the express needs of children and their families while working together to create a plan that meets these needs. Family Advocates work alongside County clinical teams, child welfare case managers, probation officers, law enforcement, and others, providing the family voice and ensuring the behavioral health needs of families and their children living in Placer County are met with appropriate supports and services from public-serving agencies.

Family Advocates work in close partnership with CSOC staff in developing, expanding, and improving the CSOC collaborative partnerships with families and their children. Family Advocates act as liaisons between the County and a bridge to community-based resources while assisting with navigation of the CSOC. Family Advocates work within a collaborative decision-making framework with professionals and family members (members of the public who are eligible for the family advocacy program) as partners in the design and implementation of a family service plan. Family Advocates work as co-equals with other system partners to elevate the voice of the families and ensure their unique needs are being met. Family Advocates ensure that families' strengths are considered when planning services and supports, while also addressing any specific cultural, religious, or language needs.

## **Former Youth Consumers**

Placer County CSOC contracts with Whole Person Learning (WPL) to provide youth peer support through the Youth Empowerment Support (YES) Program. YES is designed to provide the necessary support, mentoring, and advocacy to youth/TAY at risk of entering, those currently in, those emancipating from, and those returning to services of the Systems of Care (Mental Health, Child Welfare Services, and/or Probation). Likewise, this program and its team members provide important feedback to the system on youth/TAY perceptions, needs, and concerns. Youth Support Coordinators provide unconditional support working within

the team ensuring youth voice and choice, and strength-based unconditional positive regard for families by all team members. It is intended that these insights and observations be utilized not only to pursue continuous quality improvement, but to assist the County in empowering residents and the communities it serves to more independently cope with the stressors which may bring them into contact with the system.

### **Caregivers (Foster, Adoptive, Kin)**

Placer CSOC collaborates and maintains different contracts with several Foster Family Agencies (FFA) to provide ongoing caregiver and kin support for relatives and non-related extended family members caring for children who have been separated from their parent(s) or guardian(s). Programs currently in place include Kinship Support Services through Wayfinder Family Services, Foster Parent Liaison through Stanford Sierra Youth, and Families and Kinship Allies through Child Advocates. Additionally, CSOC coordinates and facilitates a quarterly meeting that includes all regional FFAs located in Placer County and surrounding counties. The primary focus of these collaborative meetings is to network and share information about resources and services available to support caregivers and resource (foster) children served by those in attendance.

### **Short-Term Residential Therapeutic Programs (STRTPs)**

Placer has contracts with several STRTPs and collaborates in providing comprehensive mental health services to youth in these placements. One unique community home funded jointly through Placer County Probation and CSOC is the Crisis Resolution Center, operated by Koinonia Family Services. This is a community-based group home specifically designed for non-system involved youth to have a place to stay for up to 30 days while working on coping skills, behaviors, and family dynamics. This six-bed home has been operating for the past 25 years and has shown very good outcomes usually diverting up to 98% of referrals from formal systems.

### **Resource Family Approval**

The Resource Family Approval (RFA) Program in Placer County was implemented under state directives to establish a unified, family-friendly, and child-centered Resource Family Approval process to replace previous multiple processes for licensing foster family homes and approving relatives and nonrelative extended family members as foster care providers, and approving families for legal guardianship or adoption.

### **Foster Family Agencies**

Placer County CSOC has relationships with multiple FFAs in the area including but not limited to Children's Hope, Koinonia Family Services, El Shaddai, and Stanford Sierra Family Services. Placer County closed its shelter in late 2016 and contracted with Koinonia Family Services to recruit and provide emergency foster care housing for children of all ages, and this relationship continues and has expanded. In 2023, Koinonia joined with CSOC in planning to close a STRTP and convert the home to an enhanced ISFC home staffed 24/7 with additional supports. This was in response to AB 403 and FFPSA emphasis on continuing to build the capacity of the community to have children placed in non-congregate care facilities and more home-like environments. In addition, Koinonia continues to have emergency foster homes, ISFC, and a 24/7 staffed emergency foster home.

### **Multi-Disciplinary Investigation Center (MDIC)**

CSOC participates in this interagency multi-disciplinary team, which is a collaboration of law enforcement, District Attorneys' office, CSOC, family resource centers, Victim Witness Services, and medical professionals. Placer County has had a formal Child Advocacy Center for many years through which the MDIC operates.

## PROBATION

Collaboration between CSOC and Probation provides for one full-time mental health clinician to be located within the secure JDF to assist with mental health needs of youth and to provide crisis intervention for detained youth. The CSOC clinician, who is co-located in the JDF, also provides individual mental health and behavioral modification services, anger management, substance use assessments and education, health education, and conflict resolution and violence prevention. The clinician also co-teaches the Forward Thinking classes with Probation as needed. They also provide trauma informed care programming for appropriate youth.

Like CSOC, Probation utilizes extensive collaboration with many agencies. Due to limited fiscal resources, local agencies cannot afford to duplicate services and are willing to work together to provide services. As a result, the Probation Department utilizes many of the same services that CSOC families and youth are referred to.

Some of these efforts are formalized through MOUs, such as those with CSOC and CASA, while others remain informal. Probation Officers confer and collaborate with integrated Child Welfare and Public Health teams, and there have been many opportunities for further collaboration through the statewide CSEC initiatives. Agreements to support human trafficking operations with the Roseville Police Department and Placer County Special Investigations Unit are also underway.

Probation has the following of key partnerships, in addition to the agencies that Probation and CSOC collaborate with:

- » **Medical and Mental Health Providers:** Probation contracts its medical and mental health administration within the JDF through Wellpath. The Probation Department has a close working relationship with many mental health service providers for youth. The Placer County mental health authority, via CSOC, provides oversight and quality assurance of their subcontractors to ensure assessments and treatment plans meet all Medi-Cal requirements.
- » **Law Enforcement:** Probation works closely with the local law enforcement agencies, as needed, regarding joint investigations and assistance including assistance with the Placer County Special Investigation Unit (SIU) Drug Task Force. The Probation Department is also involved with the local, Roseville Crime Suppression Unit (CSU), and the Placer County Sheriff's and Roseville Activities Leagues (PSAL and RPAL).
- » **Firefighters Burn Institute Youth Fire-Setter Program:** The Firefighters Burn Institute Youth Fire-setter Program (FFBI YFP), is comprised of the Fire Department, Probation, and healthcare professionals who provide a coordinated effort in helping child fire-setters and families receive the assistance they need through assessments, psychological referrals, and education. FFBI YFP provides a two-session academy course offered at various locations throughout the year.
- » **Placer County Office of Education (PCOE):** ICARE Pathways results from a collaborative effort between Probation and Placer County Office of Education (PCOE). ICARE Pathways, located in Rocklin, is an intensive supervision, school-based program and is one of the alternative schools for students who have been expelled from school districts in Placer County. It is also a court ordered school. ICARE provides behavioral, social, and emotional support, as well as academics. PCOE and probation also provide funding for a social worker to support at risk students on site. The

social worker coordinates the transition of students back to their comprehensive school sites, refer students/families to community service providers, and coordinate opportunities for community service. In addition to ICARE Pathways, PCOE also collaborates with Probation to deliver the educational and transitional services to youth in the JDF.

### Sources of Referrals

Referrals come to probation for review from different law enforcement agencies. Probation has discretion to handle each referral based on the type of case, victims, and prior criminal history informally through probation services unless it is a mandatory referral to the District Attorney's office for review. If probation keeps the referral, a Citation or Traffic hearing will be scheduled to allow for the youth and family to meet with probation. The result of the hearings can vary including community service, educational classes, counseling and/or informal probation. If the referral goes to court through the District Attorney's office, the court has the option to recommend different types of levels of supervision from probation based on the youth and family needs along with their referral history. Probation will utilize many resources in the community to ensure the youth and families have the appropriate resources for their success. This includes partnering with the PREP Center, Placer County Office of Education and Children System's of Care and many local non-profits in our community. Once the youth completes their requirements they received under informal probation, the referring agency is notified, and the youth's record is dismissed. If the offender does not complete their requirements, their case is usually elevated to a higher level of supervision.



### Career Services

Probation youth are often referred to various career options that either the court system or local non-profits have to offer:

- » **Northern California Construction Training:** Pre-apprenticeship programs
- » **PRIDE Industries Foster Youth Employment Project:** Probation youth in foster care also qualify for the PRIDE Industries Foster Youth Employment Project consisting of pre-vocational training and job placement with PRIDE Industries, or the PCOE Foster Youth Services Kaleidoscope of Employment for Youth Success (K.E.Y.S) program.

Youth may also learn about various career opportunities through the community service they perform.



# TRIBAL CONSULTATION & COLLABORATION

Placer County values its historical partnership with its one federally recognized Tribe, the United Auburn Indian Community (UAIC), and is excited by the recent collaborative expansion to support Native families. The Children's System of Care (CSOC) also maintains a strong contracted relationship with the Sierra Native Alliance (SNA) to support other Native/Indigenous people residing in the county. The collaboration between CSOC, UAIC, and Sierra Native Alliance occurs on a case-by-case basis.

Native American children in Placer County are disproportionately involved with the child welfare system, and the County is currently working with the local federal tribe and SNA to understand the risk factors to Native children including the challenges with substance use, domestic violence, and mental health in the Native American community compounded by historical trauma.

In 2022, UAIC and CSOC established a standing weekly Collaborative Roundtable that provides a forum for coordinating preventative services to strengthen families at risk of system involvement as well as coordinating services for those formally involved with the child welfare system. In addition, UAIC joined the executive committee of the County's AB 2083 multi-agency collaborative (SPEAC) that is assigned to oversee this CPP

CSOC meets regularly with Sierra Native Alliance to continue to strategize how to correctly identify those with Native heritage and refer to culturally appropriate services to address the complex needs of many of these families. CSOC and SNA discuss existing services, new or changed services, trainings, and special events/opportunities for Native American children, youth, and families to help improve outcomes for Native American children and youth.

CSOC has an established Indian Child Welfare Act (ICWA) or "spirit of" protocol, which identifies a step-by-step process for social workers and support staff to follow regarding the gathering of information

needed for ICWA notices, when notices must be sent, and who must be notified. Parents, youth, and extended family members are repeatedly asked about tribal affiliation or Native heritage during the investigation phase and throughout the life of the case. If any member indicates possible Native heritage, they are provided the ICWA-20 form to complete and return to the court.

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

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

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

# INTEGRATED CORE PRACTICE MODEL

The Placer County Children's System of Care continually works to embed the vision, values, and principles of California's Integrated Core Practice Model (ICPM) into its work with children and families. Placer County has established a dedicated workgroup that oversees the ongoing integration of ICPM into County programs and practices.

## PLACER COUNTY ICPM WORKGROUP MISSION STATEMENT:

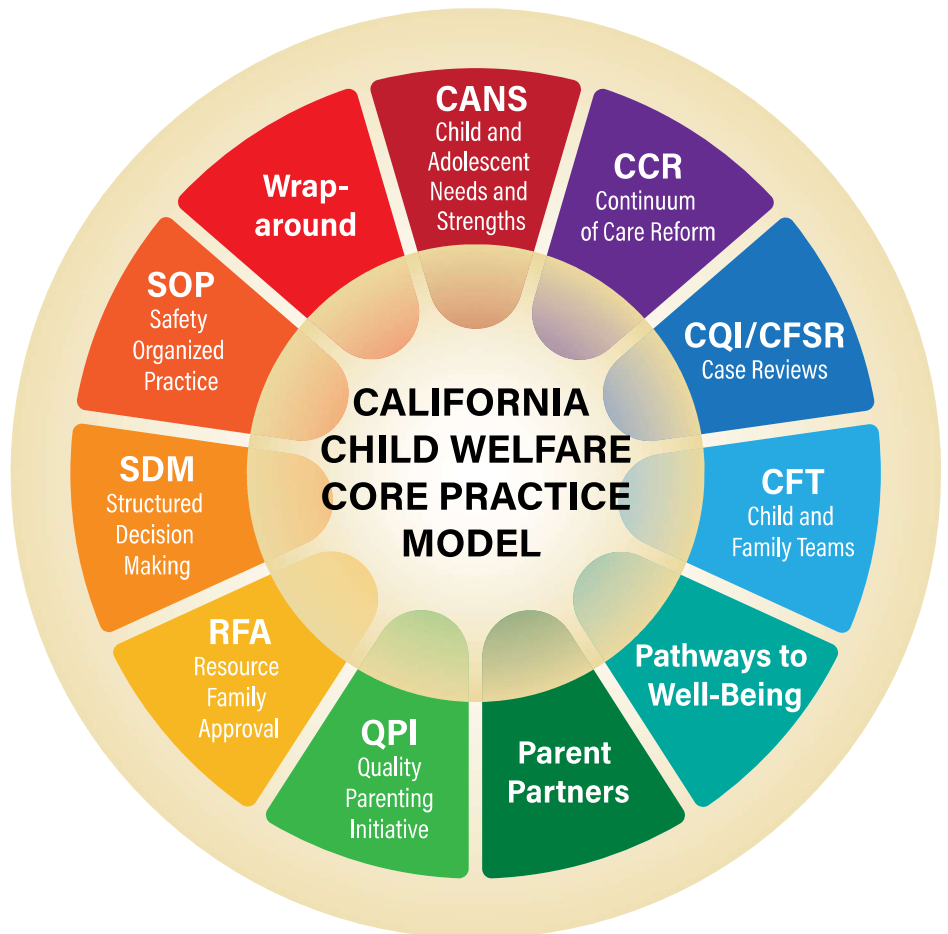
As a team, Children's System of Care is committed to encouraging, practicing, and developing the ICPM practice behaviors into our everyday interactions with the families we work with and with one another as professionals. We strive to learn from one another, listen to families and each other and promote voice and choice, transparency, and respect for better teaming and best possible outcomes.

Integrated Core Practice Model is a commitment to work ethically with one another as professionals and with the families we serve. It's a demonstration of behaviors that include valuing families' and coworkers' voice and choice, transparency, and respect for better teaming and best possible outcomes.

ICPM is a way of operating within a team of people who can best work toward positive outcomes for children and families. It's a best practice model of engaging families in a team setting to address family needs and improve family outcomes for safety, permanency and well-being.

Integrated Core Practice Model seeks to promote healthy and effective working relationships with each other and our families. It is a set of well-intended behaviors that benefit our workplace and our community in order to encourage safety, permanency, and teaming.

Looking ahead, Placer County remains committed to continuing to incorporate ICPM into all of the prevention programs and services envisioned in this CPP.








# TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

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## Local Assets & Needs Assessment

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

-  **Placer County 2018–2022 Child & Family Services Review County Self-Assessment (CSA)**
-  **Placer County 2018–2023 Child & Family Services Review System Improvement Plan (SIP)**
-  **Placer County 2018–2019, 2019–2020, 2020–2021 Annual SIP Progress Report**
-  **Placer County 2023–2026 Mental Health Services Act Three Year Plan**
-  **2016–2024 First 5 Placer Strategic Plan**

The findings of these assessments were supplemented through the CPP development process with focus groups and individual meetings with County staff, direct service providers, First 5 Placer County, Placer County Child Abuse Prevention Council, Tribes, and other community stakeholders; primary and secondary data collection and review; utilization of the Capacity Assessment tool provided by CDSS; and facilitated conversation during monthly CPP cross-sector collaborative meetings. Data and feedback used in this CPP were also collected during the concurrent development of Placer County’s updated CSA and SIP as well as the County’s California CalWORKs Outcomes and Accountability Review (Cal-OAR).

## Summary of Community Needs

Located in Northern California, Placer County encompasses approximately 1,400 square miles, and the majority of the population, resources, and services are congregated in the Western Slope. There are fewer resources in the Tahoe Basin which creates unique challenges for those who live and work there. In 2023, the racial composition of the population in Placer County is 74% white, 14% Hispanic or Latino, 7% Asian, 1% Black, 3% Multi-racial, and less than 1% Native Hawaiian or Pacific Islander and American Indian or Alaska Native. Approximately 5.7% of the population are children under the age of 5 and 17.7% are individuals under age 18.

Based on the review of previous community assessments and the collection of supplemental information gathered during the process of developing this CPP, the four main pillars of challenge related to child maltreatment and child welfare system involvement in Placer County are:

1. Racial Disproportionality and Disparities in Poverty and Child Welfare System Involvement
2. Availability and Accessibility of Mental Health and Substance Use Disorder Services
3. Increasing Stress on Families and Rising Acuity in Child and Family Behavioral Health Challenges
4. Elevated Risk for Maltreatment for Children Ages 0-5

## Placer County's Four Main Pillars of Challenge



### RACIAL DISPROPORTIONALITY AND DISPARITIES IN POVERTY AND CHILD WELFARE SYSTEM INVOLVEMENT

1

Poverty and resource inequality is a major issue in Placer County, and it is disproportionately impacting families of color in the community. Placer County residents identifying as American Indian or Alaska Native and/or Hispanic or Latino are almost twice as likely as those identifying as White to be experiencing poverty.

Race/Ethnicity	Total County Population	Percent in Poverty
Asian	7%	6%
Black	1%	7%
Hispanic or Latino	14%	11%
Native Hawaiian or Pacific Islander	<1%	5%
American Indian or Alaska Native	<1%	12%
Multi-racial	3%	7%
White	74%	7%

Native American and Black children experience significantly higher rates of maltreatment referrals compared to other racial groups. Native American children experience a rate of maltreatment referrals approximately 2 times the Placer County average and Black children experience 4 times the average.

Black children also experience the highest rates of substantiated allegations, entries into foster care, and prevalence in out-of-home care compared to other racial groups. Black children experience a rate of substantiated allegations nearly 5 times the average and a rate of first entries into foster care almost 7 times the average. Their prevalence in out-of-home care is roughly 8.5 times that of White and Hispanic children.



## **AVAILABILITY AND ACCESSIBILITY OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES**

The Community Needs Assessment included in the 2023–2026 MHSA Three-Year Plan surveyed residents to understand gaps in community services in Placer County, noting ongoing challenges related to timely access to services, navigation and coordination of services, availability of services, and critical community infrastructure needs. Almost half of the survey respondents noted they had a personal or family experience with mental health services within Placer County, highlighting the degree to which these challenges permeate the community. The MHSA plan’s needs assessment also cited Placer County’s high rates of suicide, which are increasing for youth and young adults.

The 2018–2023 CSA also notes a continued increase in those receiving substance use treatment from county services. Buprenorphine prescriptions are used to gauge the expansion of medications for opioid use disorder. The annual crude buprenorphine prescribing rate for 2021 was 39.42 per 1,000 residents, which is double the prescribing rate compared to the state average of 18.66 per 1,000. In 2020, 23% of adults in Placer County self-reported binge or heavy drinking behaviors while 30% of driving deaths were determined to be alcohol-related. The 2023 Cal-OAR notes that “the county as a whole has limited access to substance abuse treatment programs and emergency mental health facilities.”



## **INCREASING STRESS ON FAMILIES AND RISING ACUITY IN CHILD AND FAMILY BEHAVIORAL HEALTH CHALLENGES**

When individuals are considered to be in crisis and presenting a danger to themselves or others, California law allows for them to be held for up to 72 hours at a treatment center for evaluation and stabilization (this process is known as “5150”). Data collected by CSOC indicates that since Fiscal Year 2008/2009 there have been significant increases in the number of children and youth receiving these 5150 evaluations across all age groups. Adolescents in middle (3.7x) and high school (2.3x) have experienced the largest increases over this time period.

Over the past several years Placer County has also seen an increase in the utilization of adult inpatient hospitalization rates both in psychiatric health facilities and in freestanding psychiatric hospitals.



## **ELEVATED RISK FOR MALTREATMENT FOR CHILDREN AGES 0-5**

Due to a range of factors—including their size and level of dependence, parental stress, insufficient family support, and the limited exposure of young children to mandated reporters of child abuse and neglect—children ages 0-5 are the most vulnerable to child maltreatment. Nationally, children younger than 3 years old account for more than 70% of child abuse and neglect fatalities.

These elevated risks for maltreatment exist in Placer County as well. In 2022, children ages 0-5 represented just 23.9% of child maltreatment allegations referred to the County yet they accounted for 41.7% of substantiated cases of child maltreatment. They also collectively accounted for 57.4% of the first entries into foster care in Placer County.

## Candidate Groups & Data Estimates

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

Data extracted in 2020 from the Structured Decision-Making (SDM) system and provided to Placer County by the California Department of Social Services indicates that **573** children received a risk assessment score of "high" or "very high" while **465** children had at least one identified safety threat. Placer County's own SDM data identified **347** children in 2021 and **326** children in 2022 who received a "high" or "very high" risk score, while **242** children in 2021 and **183** children in 2022 had at least one identified safety threat. These numbers provide a reasonable approximation of how many children in Placer County may meet the "imminent risk" standard for eligibility for federal reimbursement for prevention services.

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

Candidate Group/Target Population with Description and State Data	CY 2021 Estimate	CY 2022 Estimate	County Estimate
<p><b>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services</b></p> <p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services who are also determined to be at imminent risk for foster care will be eligible to receive services under the Title IV-E Prevention Program. These services are the traditional pathway to prevent entry into foster care and may also be provided after reunification to prevent reentry. During SFY 2019-20, there were 12,064 Voluntary Family Maintenance (VFM) cases in California, of whom 991 (8%) were removed within 12 months and placed in foster care. In that same year, there were 37,769 court-ordered Family Maintenance (FM) cases in California, of whom 3,878 (10%) were removed within 12 months and placed in foster care. FFPSA provides an opportunity to expand service capacity to this population.</p>	191	140	<p>Of the 191 youth who were in FM at any point during CY 2021, 12 later entered foster care. And 14 others were involved in &gt;1 referral received by the Agency within six months of entering FM. (CY 2021: 26 youth in FM were in imminent danger of entering foster care.)</p> <p>Of the 140 youth who were in FM at any point during CY 2022, six later entered foster care. And 12 others were involved in &gt;1 referral received by the Agency within six months of entering FM. (CY 2022: 18 youth in FM were in imminent danger of entering to foster care.)</p>

Candidate Group/Target Population with Description and State Data	CY 2021 Estimate	CY 2022 Estimate	County Estimate
<p><b>Probation Youth</b></p> <p>Probation youth subject to a petition under section 602 of the Welfare and Institutions Code (WIC), and for whom the probation department determined to be at imminent risk for foster care per a state-approved assessment tool, will be eligible to receive services under the Title IV-E Prevention Program. Per CDSS data, in any given month, approximately 3,900 probation youth per month in California have been determined to be at "imminent risk" of foster care.</p>	28	17	<p>There were 28 probation youth in out-of-home placements in CY 2021 and 17 in CY 2022.</p> <p><i>*These numbers include non-minor dependents (NMDs)</i></p>
<p><b>Guardianship/Adoption at Risk of Disruption</b></p> <p>Children whose guardianship or adoption arrangement is at-risk of disruption and who are also determined to be at imminent risk of foster care will be able to receive Title IV-E prevention services. These are non-reunified children and youth who have exited foster care to some form of permanency and are at risk of re-entry due to disruption of that permanency arrangement according to an approved assessment tool.</p> <p>In SFY 19-20, 1,092 children, or four percent of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.</p>	13	15	<p>In CY 2021, there were 57 NDLG youth, of which six (10.5%) were at risk of disruption and/or imminent risk of foster care. Also, there were 31 adoptive youth, of which seven (22.6%) were at risk of disruption a/o imminent risk of foster care.</p> <p>In CY 2022, there were 51 NDLG youth, of which seven (13.7%) were at risk of disruption a/o imminent risk of foster care. Also, there were 29 adoptive youth, of which eight (27.6%) were at risk of disruption a/o imminent risk of foster care.</p>
<p><b>Children with Substantiated/Inconclusive Allegation</b></p> <p>Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for Title IV-E Prevention Services if the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (11.3%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the substantiated dispositions, 16,292 (11.3%) were closed after investigation, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.</p>	769	800	<p>In CY 2021, 769 youth with inconclusive or substantiated allegations did not have a CWS case opened within six months of the date the referral was received. Of these, 149 (19.4%) remained at imminent risk of foster care. (There were 3,764 total non-secondary referrals in CY 2021.)</p> <p>In CY 2022, 800 youth with inconclusive or substantiated allegations did not have a CWS case opened within six months of the date the referral was received. Of these, 150 (18.8%) remained at imminent risk of foster care. (There were 4,088 non-secondary referrals in CY 2022.)</p>

Candidate Group/Target Population with Description and State Data	CY 2021 Estimate	CY 2022 Estimate	County Estimate
<p><b>Children w/Siblings in Foster Care</b></p> <p>Children who have siblings in foster care, and who are determined at imminent risk of foster care will be eligible to receive Title IV-E prevention services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents). In SFY 2019-2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.</p>	245	413	<p>There were 522 cases open at any time in CY 2021. Associated with these cases were 245 siblings under age 18 who did not have an open case in the reporting period. Of these siblings, two were born after the client's case start date but did not have an associated case in the reporting timeframe.</p> <p>There were 444 cases open at any time in CY 2022. Associated with these cases were 413 siblings under age 18 who did not have an open case in the reporting period. Of these siblings, 26 were born after the client's case start date but did not have an associated case in the reporting timeframe.</p>
<p><b>Homeless/Runaway Youth</b></p> <p>Homeless or runaway youth who are determined to be at imminent risk of foster care can receive Title IV-E prevention services. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.</p>	105	TBD	<p>Point-in-Time estimates of homeless population ages 18 and under in January 2020: 82</p> <p>PCOE: 2020-21 school year (July 1-June 30), districts identified 64 unaccompanied youth (due to COVID, stats are low)</p> <p>2021-22 school year, 105 unaccompanied youth (more in line with previous years)</p> <p>2022-23 school year, TBD</p>
<p><b>LGBTQ Youth</b></p> <p>The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.</p>	25	17	<p>CY 2021: Out of 241 children/youth between ages 5 and &lt;18 with at least one mobile crisis encounter, 25 (10.4%) indicated a sexual orientation other than heterosexual/straight.</p> <p>CY 2022: Out of 102 children/youth between ages 5 and &lt;18 with at least one mobile crisis encounter, 17 (16.7%) indicated a sexual orientation other than heterosexual/straight.</p>



Candidate Group/Target Population with Description and State Data	CY 2021 Estimate	CY 2022 Estimate	County Estimate
<p><b>Substance-Exposed Infants</b></p> <p>Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.</p>	27	31	<p>There were 27 children in CY 2021 and 31 children in CY 2022 referred to CWS who were indicated as having a prenatal drug exposure.</p> <p><i>*This information provides an incomplete picture of the full range of children born exposed to substances.</i></p>
<p><b>Trafficked Children and Youth</b></p> <p>Trafficked children and youth who are determined to be at imminent risk of entering foster care will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019-20, there was an average of 1,081 youth identified as victims of CSE by child welfare and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care due to being trafficked, based upon the use of an approved assessment tool for this specialized population.</p>	<p>46 (hotline referrals) 115 (CSE-IT youth)</p>	<p>28 (hotline referrals) 118 (CSE-IT youth)</p>	<p>CY 2021: There were 46 youth referred through the hotline as being at high risk of sexual exploitation, and out of 740 open child welfare cases (including guardianships), 115 children/youth (15.5%) were screened for sexual exploitation (SCE-IT special project code).</p> <p>CY 2022: There were 28 youth referred through the hotline as being at high risk of sexual exploitation, and out of 882 open child welfare cases (including guardianships), 118 children/youth (13.4%) were screened for sexual exploitation (SCE-IT special project code).</p>
<p><b>Children Exposed to Domestic Violence</b></p> <p>Children exposed to domestic violence who are determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E services. Between February and September of 2020, a total of 34,433 "Emotional Abuse" referrals were screened in for investigation. Of those, 23,409 (67.98%) had the "Exposure to Domestic Violence" indicator selected. Title IV-E funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child's entry into foster care.</p>	589	687	<p>There were 589 children/youth in CY 2021 and 657 in CY 2022 involved with hotline referrals involving domestic/intimate partner violence.</p>

Candidate Group/Target Population with Description and State Data	CY 2021 Estimate	CY 2022 Estimate	County Estimate
<p><b>Children w/Caretaker Experiencing Substance Use Disorder</b></p> <p>Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E prevention services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare involvement compared to other children. The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, or chaotic environments. Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.</p>	318	368	<p>CY 2021: There were 318 children/youth associated with caregiver physical abuse. There were also eight children with caregivers involved in criminal activity and 32 children allegedly using alcohol or drugs in the home.</p> <p>CY 2022: There were 368 children/youth associated with caregiver physical abuse. There were also 13 children with caregivers involved in criminal activity and 27 children allegedly using alcohol or drugs in the home.</p> <p><i>*According to national data, 1 in 8 children in the U.S. live with a caretaker who experienced an SUD in a given year. Extrapolating from that data would mean 8,963 children under age 18 in Placer County are living with a caretaker experiencing an SUD.</i></p>
<p><b>Other Serious Risk Factors</b></p> <p>Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV- E prevention program when services identified in the state’s prevention plan may provide interventions that mitigate risk of entry into foster care. Examples include: Current or recent (within 6 months) family involvement with social services agency.</p> <ul style="list-style-type: none"> <li>▪ A change in family relationships characterized by frequent conflict or violence;</li> <li>▪ Recent increase in substance use that impacts daily functioning and ability to care for the child or youth;</li> <li>▪ Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth;</li> <li>▪ Incarceration of the caregiver;</li> <li>▪ Child or youth participated in criminal activity; and</li> <li>▪ Other recent or current circumstance that may cause family instability or a threat to the child/ youth’s safety or well-being.</li> </ul>	5,464	5,922	<p>CY 2021: There were 4,360 child welfare referrals through the hotline—3,764 were non-secondary (unique)—representing 5,464 children/youth.</p> <p>CY 2022: There were 4,707 child welfare referrals through the hotline—4,088 were non-secondary (unique)—representing 5,922 children/youth.</p>

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

Candidate Group/Target Population with Description and State Data	CY 2021 Estimate	CY 2022 Estimate	County Estimate
<p><b>Expectant and/or parenting youth in foster care</b>                      Youth in foster care who are expectant, pregnant and/or parenting</p>	7	2	<p>CY 2021: There were no pregnant youth, but there were seven youth receiving <b>Infant Supplement</b> to support young parents in foster care (some were carried over due to COVID-19 timeline extensions).</p> <p>CY 2022: There was one pregnant youth and two youth receiving <b>Infant Supplement</b> to support young parents in foster care.</p>

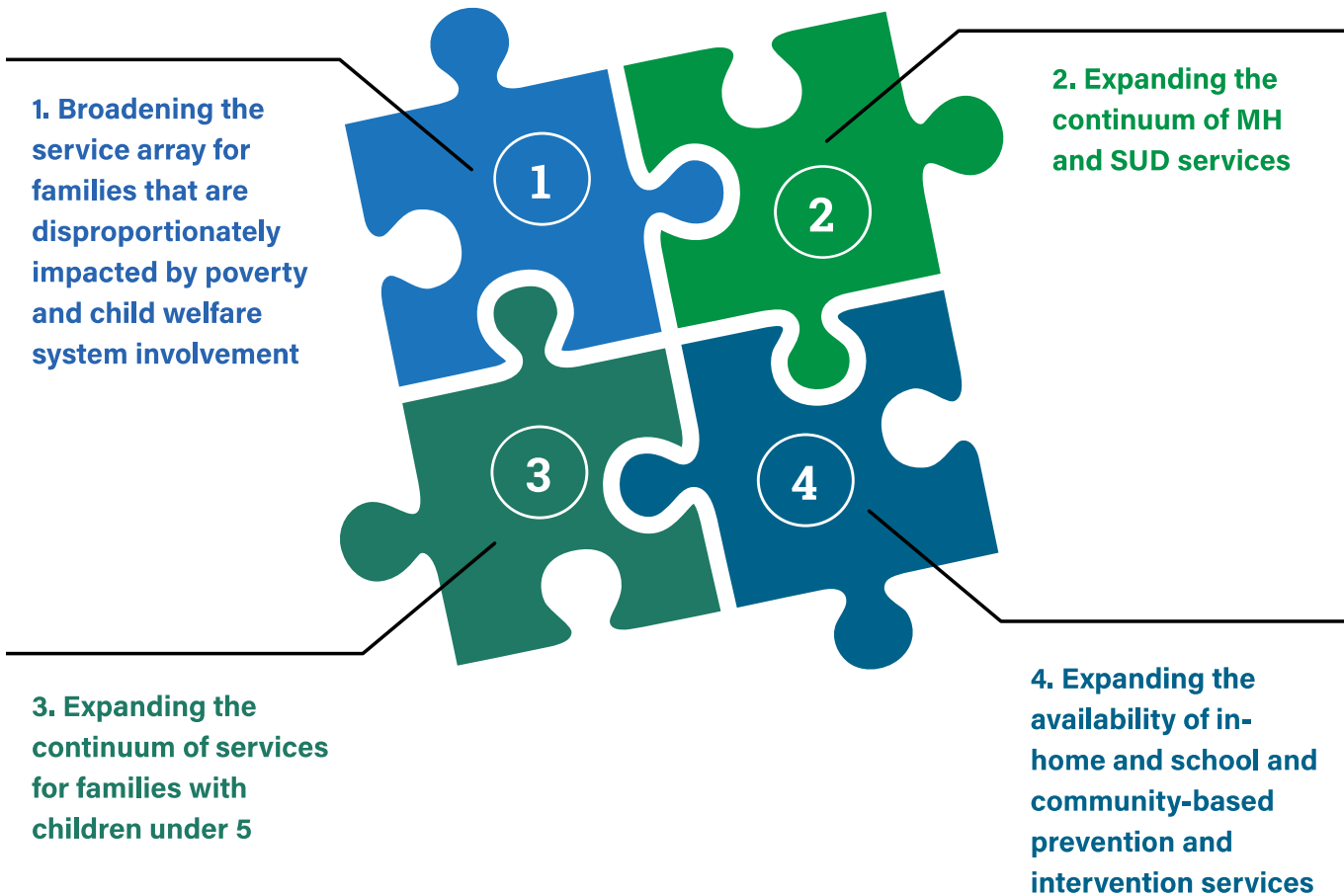


# Target Populations–Phase 1

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

Accordingly, Placer County intends to focus on the four following service priorities during Phase 1 of the implementation of this CPP. These service priorities respond to the identified community needs, apply within and across the state-identified candidate groups, and will guide decision-making around program development and investment.

## PHASE 1–TARGET POPULATIONS/SERVICE OBJECTIVES



## COMMUNITY PATHWAY MODEL

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

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

Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in

the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges, while improving child and family outcomes and advancing equity.

Placer County is very interested in further exploration of the Community Pathway model during the implementation phase of this CPP and believes the concept holds great promise. However, to operationalize the model, Placer County needs further detail and assurances from the State on a range of questions, including but not limited to:

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

## COMMUNITY PATHWAY: THROUGH THE LENS OF AN INTEGRATED PRACTICE MODEL



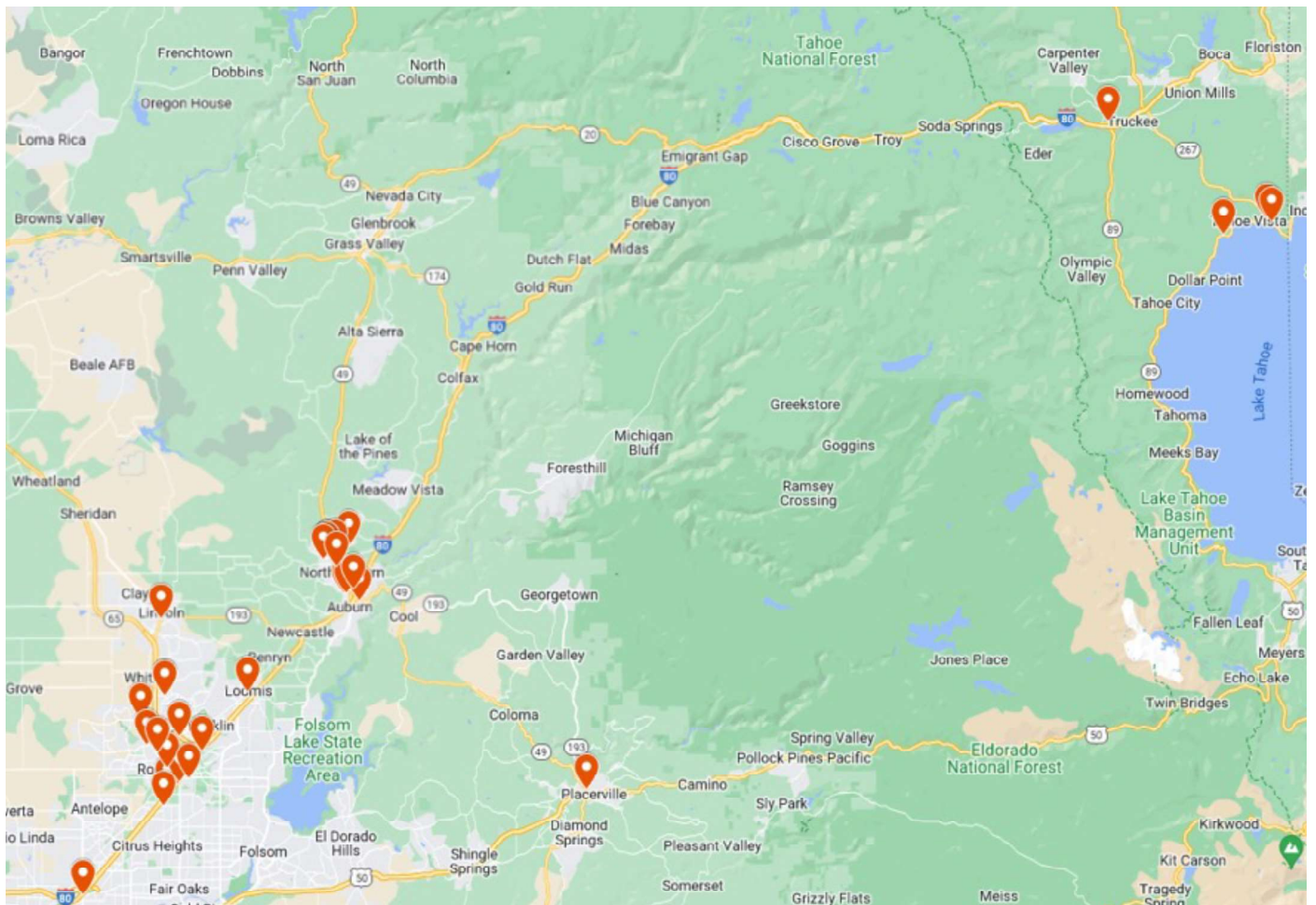
# SERVICES/ASSET MAPPING

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

## Asset Map

[Asset Map \(Live Version\)](#): An asset map was created using the results from the EBP survey to develop an inventory of children maltreatment and foster care prevention programs that are currently being delivered in Placer County. Identifying a current inventory will help determine any program deserts, gaps in services, provider capacity, and how services

are meeting the needs of all children and families at risk of foster care entry. The mapped results will help develop appropriate strategies to leverage federal resources and determine how the county will expand programming over the next several years.



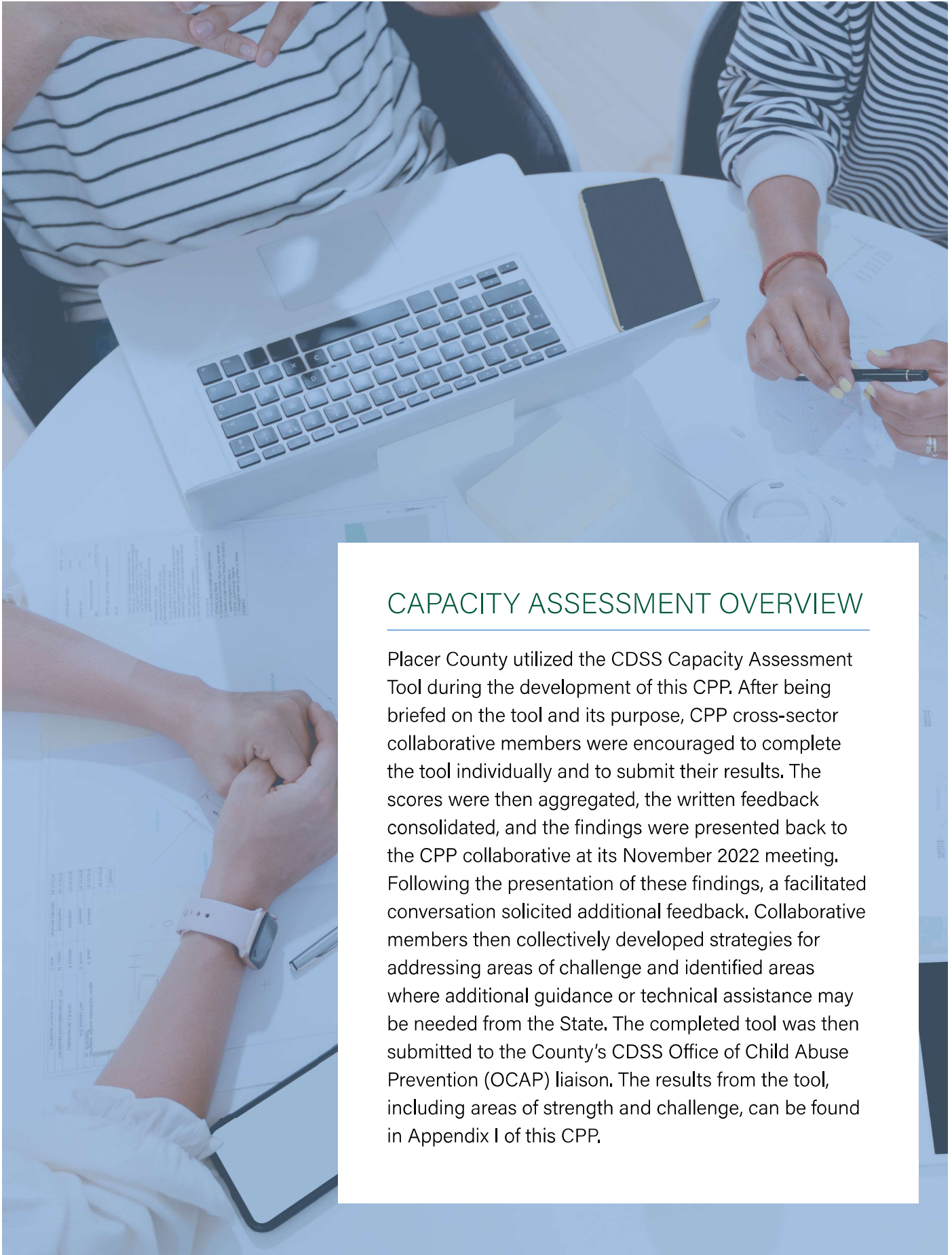
Below is a list of the current programs, a description, and link to their website. All agencies and organizations are plotted on the asset map:

Agency	Description
<a href="#"><u>First 5 Placer</u></a>	First 5 is dedicated to holistically supporting the health, well-being, and development of young children in Placer County. First 5 serves as a collaborator, catalyst, and common link across the entire system of services that support local children and their families
<a href="#"><u>Placer County Adult System of Care</u></a>	The Adult System of Care assists adults and older adults to achieve their optimal level of self-sufficiency and independence by providing mental health services, substance abuse treatment, and in-home supportive services. Older and dependent adults are protected through investigations, case management, and the conservatorship process as necessary.
<a href="#"><u>Placer County Behavioral Health Quality Management</u></a>	Quality Management works closely with programs across Placer County's System of Care (SOC) and various substance use and mental health service providers for quality assurance oversight and to ensure compliance with state and federal regulations. The department collaborates with and provides support to various community programs that service Placer County residents impacted by substance use and/or mental health disorders. The Behavioral Health Managed Care Unit authorizes and credentials Network Providers in the community to provide these services.
<a href="#"><u>Placer County Children's System of Care (CSOC)</u></a>	Placer CSOC meets the behavioral needs of at-risk children and their families through a comprehensive and integrated team of Mental Health, Child Welfare, Probation, Education, Substance Abuse, Public Health nursing professionals, and family youth advocates.
<a href="#"><u>Placer County Human Services</u></a>	Human Services provides a variety of programs to help Placer County families and individuals have a better future through access to healthy nutrition, healthcare, affordable housing, training, and temporary assistance when times are difficult. We are dedicated to ensuring a better and healthy quality of life for the residents of Placer County. We strive to provide the highest quality of public service to meet the needs of Placer County families and single adults, veterans, seniors, and persons with disabilities.
<a href="#"><u>Placer County Office of Education</u></a>	The Placer County Office of Education believes quality education is a vital priority for the students and citizens of Placer County. They work in partnership with the 16 local school districts and one community college district in Placer County to equip every child with a first-class education to succeed in a global economy, to appreciate the cultural, social, and historical resources of their community, and to be active participants in civic responsibilities.
<a href="#"><u>Placer County Public Health</u></a>	Public Health aims to protect and improve the health of the community through health education, promotion of healthy lifestyles, disease and injury prevention, and eliminating health disparities. Public health programs provide resources that protect the health of Placer County families and community.
<a href="#"><u>Placer County Sheriff's Office</u></a>	The Placer County Sheriff's Office serves the people of Placer County by providing law enforcement to the unincorporated areas, from the Sacramento County line to the Nevada state line at Lake Tahoe, plus providing contract law enforcement services to the city of Colfax and the township of Loomis.

Organization	Description
<a href="#"><u>Advocates for Mentally Ill (AMI) Housing</u></a>	AMI Housing provides housing, employment, and life skills programs to residents of Placer and Nevada County, who otherwise might be homeless.
<a href="#"><u>Aegis Treatment Centers</u></a>	Aegis offers the latest evidence-based therapeutic approaches in addiction treatment, tailored to meet individual needs. Custom plans include individual, group, and family therapy and counseling, trauma support, complementary modes such as yoga and mindfulness, expressive therapies, and healthy lifestyle activities like exercise and outdoor recreation.
<a href="#"><u>Alta Regional Center</u></a>	Alta California Regional Center (ACRC) is a private, non-profit corporation working under contract with the State of California, Department of Developmental Services, to provide services to persons ages three and above with a developmental disability, ACRC also provides services to infants and toddlers between birth and 36 months who have a need for early intervention services and who meet the eligibility criteria for the California Early Start program.
<a href="#"><u>Beautiful Minds Wellness</u></a>	Beautiful Minds Wellness services include sponsorships to intensive outpatient programs, community education and support, wellness services, raising awareness around holistic mental health, and global outreach through online courses and social media.
<a href="#"><u>Boys &amp; Girls Club of Placer County</u></a> <a href="#"><u>Boys &amp; Girls Club of North Lake Tahoe</u></a>	The Boys & Girls Club offers vital programs to young people in the community, covering education, character development, career exploration, sports, the arts, and community service.
<a href="#"><u>Child Advocates of Placer County</u></a>	Child Advocates of Placer County utilizes volunteers to help foster youth, at-risk youth, and parents build resiliency, self-confidence, and self-sufficiency. They work together to attain academic goals, avoid the juvenile justice system, improve life skills, and identify support systems.
<a href="#"><u>Children's Receiving Home of Sacramento</u></a>	The Trauma Informed Preschool "Sprouts," a program of the Children's Receiving Home, is an FSP for preschool aged children (ages 2 to 6). The Sprouts Preschool programs provide a warm and playful atmosphere, with a variety of therapeutic services for very young children to heal from trauma and develop skills necessary to maintain educational placement in the future.
<a href="#"><u>Cirby Wellness Center</u></a>	The Cirby Wellness Center offers an array of wellness services that align with the goal of becoming healthy in both body and mind. The activities offered at the Wellness Center are designed to foster a sense of community and shared recovery. The Wellness Center features a community garden, art groups, journaling classes, choir, walking and hiking groups, yoga, meditation, various exercise groups, health education, cooking classes, job readiness, and more.
<a href="#"><u>Gateway Mountain Center</u></a>	Gateway Mountain Center's mission is to positively impact youth by helping them make connections to self, nature, and community. They offer nature-based learning, wellness adventures, and innovative, non-traditional therapeutic approaches to mental health and wellness.
<a href="#"><u>Granite Wellness Center</u></a>	Granite Wellness Center's mission is to promote wellness and quality of life by providing a full range of substance use treatments as well as behavioral health services. Granite Wellness is a non-profit organization helping communities in Nevada and Placer counties, with programs that have a primary focus on the family system.



Organization	Description
<a href="#"><u>KidsFirst</u></a>	KidsFirst's mission is to treat and prevent child abuse and neglect through Education, Advocacy, and Counseling, to empower and strengthen children and families. KidsFirst provides counseling and family resource centers in Auburn and Roseville. Their programs target the most vulnerable children, families, and neighborhoods. They strengthen families by Prevention and Intervention.
<a href="#"><u>Koinonia Family Services</u></a>	Koinonia Family Services is a nationally accredited, premier foster and adoption agency. Koinonia's current programs include foster care (including intensive services foster care, emergency foster care, special health care needs, nonminor dependents, therapeutic foster care, and specialized treatment foster care in Nevada), adoption, and short-term residential therapeutic programs. Koinonia's Homes for Teens program serves Kaiser Permanente through Crisis Residential and Behavioral Health sites, and their Placer County Crisis Resolution program serves non-adjudicated youth and their families with early intervention and prevention services.
<a href="#"><u>Latino Leadership Council</u></a>	The Latino Leadership Council fosters leadership, education, and advocacy on behalf of the Latino community through cultural inclusivity, strategic partnerships, and innovative approaches.
<a href="#"><u>Lighthouse Counseling &amp; Family Resource Center</u></a>	Lighthouse provides a comprehensive approach to meeting our client needs. They offer no-to-low-cost counseling, educational classes and programs, and assist their clients in obtaining needed resources that help them through a challenging time.
<a href="#"><u>Progress House</u></a>	The mission of Progress House Inc. is to provide the highest level of quality and comprehensive services to individuals and communities affected by addiction. We accomplish this by providing a complete continuum of comprehensive, evidence-based services including residential, outpatient treatment, and transitional living.
<a href="#"><u>Sierra Community House</u></a>	Sierra Community House connects and empowers the community through family strengthening, crisis intervention, hunger relief, and legal services. They also provide hunger relief, legal aid, immigration assistance, and family-strengthening programs, as well as direct services to victims of intimate partner/domestic violence, sexual, and child abuse.
<a href="#"><u>Sierra Native Alliance</u></a>	Sierra Native Alliance preserves native families, cultures, and environments. Their working principles include community empowerment, cross-cultural awareness, intergenerational sharing, and activity-based learning.
<a href="#"><u>Stand Up Placer</u></a>	Stand Up Placer is a non-profit community-based organization dedicated to empowering Placer County survivors of domestic violence, sexual assault, and human trafficking to heal from the trauma and create new lives of strength and self-sufficiency. They take pride in their community, engaging and inspiring Placer County residents to end the legacy of abuse.
<a href="#"><u>Turning Point Community Programs</u></a>	Turning Points offers FSP services to eligible transition age youth (TAY) as well as adult FSP services. They provide a full range of intensive individualized mental health and supportive services to youth ages 16 to 25 and their families, as appropriate. These services may include therapy, mentoring, family and youth advocates, housing, employment supports, and more.
<a href="#"><u>Wayfinder Family Services</u></a>	Wayfinder provides expert, individualized support and services to children, youth, and adults, from those who have vision loss or profound special needs to foster youth with serious medical conditions or trauma, and their families.
<a href="#"><u>WellSpace Health</u></a>	WellSpace Health offers a full range of quality medical care, dental care for children and adolescents, mental health, and behavioral health services to underserved populations. They do this by placing themselves within the communities they serve and employing outstanding healthcare professionals who are devoted to their mission.



## CAPACITY ASSESSMENT OVERVIEW

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

# EVIDENCE-BASED PROGRAMMING

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

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

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

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

Placer County also recognizes the challenges public agencies and community-based direct service providers will face in developing and delivering EBP service lines, including the costs associated with training staff to deliver these programs, retaining these staff, and ongoing monitoring to ensure model fidelity and continuous quality improvement.

Finally, Placer County recognizes the limitations of the federally-approved EBPs in serving Black, Indigenous, People of Color (BIPOC) communities, and the County is committed to exploring cultural adaptations to these programs and/or investments in alternative services that will more effectively meet the needs of all Placer County residents.

## Tier 1 Services

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

Program	Service Category	Target Population	Outcome Objectives
<b>Functional Family Therapy</b>	Mental Health	Adolescents aged 11–18 and their parents/caregivers	<ul style="list-style-type: none"> <li>» Improved child behavioral and emotional functioning</li> <li>» Decrease in youth substance use</li> <li>» Improvements in parental capabilities</li> </ul>
<b>Homebuilders</b>	In-Home Parent Skill Based	Families who have children (0–18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services	<ul style="list-style-type: none"> <li>» Improved child placement stability</li> <li>» Improved child planned permanent exits</li> <li>» Improved adult economic and housing stability</li> </ul>

Program	Service Category	Target Population	Outcome Objectives
<b>Motivational Interviewing</b>	Substance Abuse/ Cross-Cutting	Adolescents and their parents/ caregivers	<ul style="list-style-type: none"> <li>» Decrease in youth substance use</li> <li>» Decrease of parent/caregiver substance use</li> <li>» Improved physiological, psychological and lifestyle outcomes</li> </ul>
<b>Parent-Child Interaction Therapy</b>	Mental Health	Children aged 2–7 and their parents/caregivers	<ul style="list-style-type: none"> <li>» Reduction in child negative behaviors</li> <li>» Increased positive parenting practices</li> <li>» Improvement of parent/caregiver emotional and mental health</li> </ul>
<b>Parents as Teachers</b>	In-Home Parent Skill Based	Parents/caregivers with children ages zero to kindergarten	<ul style="list-style-type: none"> <li>» Increased number of developmental milestones met</li> <li>» Increased positive parenting practices</li> <li>» Improvement of parent/caregiver emotional and mental health</li> </ul>

## Tier 2 Services

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

Program	Service Category	Target Population	Outcome Objectives
<b>Adolescent Community Reinforcement Approach</b>	Substance Abuse	Adolescents and young adults between the ages of 12 and 24 years old with substance use disorders	<ul style="list-style-type: none"> <li>» Increased child well-being: Substance use</li> </ul>
<b>Aggression Replacement Training</b>	Mental Health	Youth ages 13 to 18 who exhibit violent or aggressive behavior	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>
<b>Bounce Back</b>	Mental Health	Students from kindergarten through 5th grade who have witnessed or experienced traumatic life events and are experiencing traumatic stress symptoms	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased child well-being: Social functioning</li> </ul>
<b>Child-Centered Group Play Therapy</b>	Mental Health	Children ages 3–10 who are experiencing social, emotional, behavioral, and relational disorders, especially children who struggle with peer or sibling relationships	<ul style="list-style-type: none"> <li>» Increased child well-being: Social functioning</li> </ul>

Program	Service Category	Target Population	Outcome Objectives
<b>Child-Centered Play Therapy</b>	Mental Health	Children ages 3–10 who are experiencing social, emotional, behavioral, and relational disorders	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased child well-being: Social functioning</li> <li>» Increased child well-being: Educational achievement and attainment</li> </ul>
<b>Child-Parent Relationship Therapy</b>	Mental Health	Parents of children ages 2–10 who are experiencing social, emotional, behavioral, and relational disorders	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Positive parenting practices</li> <li>» Increased adult well-being: Parent/ caregiver mental or emotional health</li> <li>» Increased adult well-being: Family functioning</li> </ul>
<b>Cognitive Behavioral Intervention for Trauma in Schools</b>	Mental Health	Students from 4th through 12th grade who have witnessed or experienced traumatic life events and have significant symptoms of PTSD or depression	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>
<b>Coping Cat: Group</b>	Mental Health	Children ages 7–13 who are diagnosed with an anxiety disorder (e.g., generalized anxiety disorder, social phobia, separation anxiety disorder) and their parents	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>
<b>Coping Cat: Individual</b>	Mental Health	Children ages 7–13 who are diagnosed with an anxiety disorder (e.g., generalized anxiety disorder, social phobia, separation anxiety disorder) and their parents	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>
<b>Effective Black Parenting Program</b>	In-Home Parent Skill Based	Black and African American families with children ages 17 and younger	<ul style="list-style-type: none"> <li>» Increased child well-being: Positive parenting practices</li> </ul>
<b>Eye Movement Desensitization and Reprocessing</b>	Mental Health	Individuals experiencing distress associated with traumatic memories and/or a variety of other mental health problems	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Parent/ caregiver mental or emotional health</li> <li>» Increased adult well-being: Parent/ caregiver physical health</li> </ul>

Program	Service Category	Target Population	Outcome Objectives
<b>Families and Schools Together: Elementary School Level</b>	Mental Health	Families with children ages 4–10. Additional family members, including siblings and grandparents, are invited to attend multi-family group sessions	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased child well-being: Cognitive functions and abilities</li> <li>» Increased child well-being: Educational achievement and attainment</li> <li>» Increased adult well-being: Positive parenting practices</li> <li>» Increased adult well-being: Family functioning</li> </ul>
<b>Family Spirit</b>	In-Home Parent Skill Based	Young American Indian mothers (ages 14–24) who enroll during the second trimester of pregnancy. Other family members can participate in the program lessons alongside mothers	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> <li>» Increased adult well-being: Parent/caregiver substance use</li> </ul>
<b>Fostering Healthy Futures for Preteens</b>	Mental Health	Children ages 9–11 with current or previous child welfare involvement due to maltreatment and one or more adverse childhood experiences (e.g., exposure to violence; experiencing homelessness; parental substance use, mental illness, or incarceration)	<ul style="list-style-type: none"> <li>» Increased child placement stability</li> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>
<b>Incredible Years: School Age Basic Program</b>	Mental Health	Parents of children ages 6–12 including higher risk populations and parents of children with behavior problems	<ul style="list-style-type: none"> <li>» Increased child safety: Child welfare administrative reports</li> <li>» Increased adult well-being: Positive parenting practices</li> </ul>
<b>Incredible Years: Toddler Basic Program</b>	Mental Health	Parents with toddlers (ages 1–3) including higher risk parents who need support forming secure attachments with their toddlers or addressing their toddlers' behavior problems	<ul style="list-style-type: none"> <li>» Increased adult well-being: Positive parenting practices</li> </ul>
<b>Intensive Care Coordination Using High Fidelity Wraparound</b>	Mental Health	Children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families	<ul style="list-style-type: none"> <li>» Increased least restrictive placement</li> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>

Program	Service Category	Target Population	Outcome Objectives
<b>Interpersonal Psychotherapy for Depressed Adolescents</b>	Mental Health	Adolescents (ages 12–18) with mild to moderate symptoms of a depressive disorder	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased child well-being: Social functioning</li> </ul>
<b>Mindfulness-Based Cognitive Therapy</b>	Mental Health	Adults with depression symptoms or other mental disorders, such as anxiety	<ul style="list-style-type: none"> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> <li>» Increased adult well-being: Parent/caregiver physical health</li> </ul>
<b>Mindfulness-Based Cognitive Therapy: Parents</b>	Mental Health	Parents of children ages 2–12 with parental depression symptoms	<ul style="list-style-type: none"> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>
<b>Strengthening Families Program: For Parents and Youth ages 10–14</b>	Mental Health, Substance Abuse	Families with youth ages 10–14	<ul style="list-style-type: none"> <li>» Increased child well-being: Substance use</li> </ul>
<b>Trauma-Focused Cognitive Behavioral Therapy</b>	Mental Health	Children and adolescents who have experienced trauma including those who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems	<ul style="list-style-type: none"> <li>» Increased child well-being: Positive parenting practices</li> <li>» Increased child well-being: Social functioning</li> <li>» Increased adult well-being: Parent/caregiver physical health</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>
<b>Triple P—Positive Parenting Program: Group (Level 4)</b>	Mental Health	Families with children (up to 12 years) who are interested in promoting their child’s development or who are concerned about their child’s behavioral problems	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Positive parenting practices</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>
<b>Triple P—Positive Parenting Program: Online (Level 4)</b>	Mental Health	Families with children (up to 12 years) with significant social, emotional, or behavioral problems and families who wish to prevent such problems	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Positive parenting practices</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>

Program	Service Category	Target Population	Outcome Objectives
<b>Triple P—Positive Parenting Program: Self-Directed (Level 4)</b>	Mental Health	Families with children up to 12 years; Triple P—Self-Directed is most suitable for families who live in rural or remote areas or who want help without direct contact with a practitioner	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Positive parenting practices</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>
<b>Triple P—Positive Parenting Program: Standard (Level 4)</b>	Mental Health	Families with children (up to 12 years) who exhibit behavior problems or emotional difficulties	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> <li>» Increased adult well-being: Positive parenting practices</li> <li>» Increased adult well-being: Parent/caregiver mental or emotional health</li> </ul>
<b>Trust-Based Relational Intervention®—Caregiver Training</b>	Mental Health	Parents and/or caregivers of children between the ages of 0–17 who have experienced adversity, early harm, toxic stress, and/or trauma	<ul style="list-style-type: none"> <li>» Increased child well-being: Behavioral and emotional functioning</li> </ul>





## Other Prevention Programming

In addition to the evidence-based programs above, Placer County and its community-based organization administer a broad range of primary, secondary, and tertiary prevention services targeting children and families.

### COMMUNITY-BASED AND PREVENTION-FOCUSED SERVICES AND COLLABORATIONS

#### Promoting Safe and Stable Families (PSSF)

CSOC contracts for services using PSSF funds to provide early intervention and prevention services to families where the children are at risk of abuse or neglect. These programs are 1) Community-Based Family Support including case management, father engagement programs, child development, parenting support, health insurance, financial literacy, and parent education; 2) Adoption Promotion and Support through community outreach including adoptive parent recruitment and training, child care, behavior/mental health services; 3) Time-Limited Family Reunification Services including anger management, healthy relationship education, peer support groups, and parenting education; and 4) Family Preservation including family strengthening, youth programs, health insurance assistance, peer support, and parenting support.

#### Community Based Child Abuse Prevention (CBCAP)

CSOC partners with Family Resource Centers to provide Parent Child Interaction Therapy (PCIT) and Incredible Years, both of which are evidence-based program models.

#### Child Abuse Prevention, Intervention and Treatment (CAPIT)

CSOC partners with a Family Resource Center to provide parent education and support.

#### County Children's Trust Fund (CCTF)

The Child Abuse Prevention Council for Placer County directs the use of CCTF funds to two non-profit groups to provide countywide child abuse prevention awareness activities and mandated reporter training.

#### School Attendance Review Board (SARB)

SARBs are comprised of representatives from various youth-serving agencies including CSOC and Probation, and are intended to help students and their families solve school attendance and behavior problems.

#### Head Start and Early Head Start programs

Head Start and Early Head Start programs are located throughout the county and provide education and child development services including to children who are at risk of or are in foster care. Head Start and Early Head Start provide needs and strengths assessments with families, in-home parenting and education, and referral for needs that cannot be met by Early Head Start/Head Start.

#### Family Resource Centers

CSOC contracts with three Family Resource Centers in strategic locations throughout Placer County. KidsFirst has offices in Auburn and Roseville; Lighthouse Counseling and Family Resource Centers are located in Lincoln, Rocklin, Roseville and Auburn; and Sierra Community House is located in Kings Beach. These FRCs provide a continuum of services for children and families, including parenting education and supports.

#### Substance Abuse Treatment Services

7 Challenges, an evidence-based program, is provided by CSOC in coordination with Probation through the Juvenile Family Treatment Court (JFTC). Several health clinics in the county provide outpatient treatment to children and families experiencing substance use challenges. However, there is still a need for additional youth substance use treatment options to meet the current demand for services for youth who do not have

a co-occurring disorder but need some substance use education, support groups, etc.

The Student and Family Support Program through Granite Wellness Center provides outpatient services for youth who have more significant issues and need more intensive, ongoing treatment. The program provides an assessment and individualized treatment plans for youth who are at risk of mental health disorders due to identified substance misuse or dependence or have significant parent/family issues at home.

### **Voluntary Case Services**

CSOC provides time-limited voluntary family maintenance or family reunification services for the low to moderate risk families that need support or services to prevent child abuse and neglect. This type of service is provided for families that are at higher risk of future child maltreatment but who are willing to work with CSOC on a voluntary basis. These cases receive intensive oversight and support by assigned CSOC social workers. Should a family receiving formal supervision services not comply with their case plan and the child remains at risk, a dependency petition is filed to initiate dependency proceedings.

### **Wraparound Services**

CSOC provides Wraparound services to eligible CSOC and Juvenile Probation youth who are at risk of group home or STRTP placement. The Wraparound team includes a mental health clinician who serves as the lead for the team (and for Pathways to Mental Health Services children and youth, this clinician may also be the Intensive Care Coordinator); a parent partner; family support counselor, or youth coordinator. In addition to these CSOC staff, the Wraparound team also includes service providers from the community such as the child's therapist, and other supports identified by the family. Wraparound is a promising practice.

As an adjunct to the wraparound program, Placer County's Juvenile and Family Treatment (Drug

Court Program (JFTC), uses a curriculum called 7 Challenges, which is designed to create an environment where youth can explore the reasons for their substance use, without judgement about relapse or ongoing use. The collaboration between drug court, wraparound, and Probation staff must be especially tight for this program to be effective. Over the last decade, drug court personnel have sought to expand the treatment component of their program, and have, with the help of the court, become far less punitive than in past years.

### **Functional Family Therapy (FFT)**

Functional Family Therapy (FFT) is designed as an Early Intervention (PEI) model, focusing on the wellness and resilience of youth ages 11 through 17 and their families. It is a short-term, evidenced-based family therapy intervention for youth in the community whose behavioral health is impacting their family relationships and functioning. FFT serves juvenile justice-involved youth and their families, child welfare involved families, and any youth in the community who meets the FFT criteria. The family-focused practice teaches families skills in conflict resolution, problem solving, communication, and treatment of delinquent behaviors. The FFT treatment approach is utilized to increase the family's protective factors and decrease risk factors. Therapy sessions are most often conducted as a home-based service, but clinic settings are also available. Referrals come from Probation, Child Welfare, School Personnel, Case Managers and Therapists in the community and Wraparound. Services are available in English and Spanish.

### **Alta Regional Developmental Disability Services**

Alta Regional Developmental Disability Services offers services and supports for children and families with developmental disabilities who live in Placer County. They are a private, non-profit corporation providing services through contract with the California Department of Developmental Services. They provide Early Start Services to infants and toddlers, ages birth through three, who are at

substantial risk for a developmental disability or who are showing a delay in their development, as well as children and adults throughout their lives. Some of the services provided by Alta Regional include diagnosis and eligibility assessment; information and referral; individualized planning and service coordination; purchase of necessary services included in a person's individual plan; advocacy for the protection of legal, civil, and service rights; and family support.

### **Special Education Local Planning Area (SELPA)**

The Placer County Office of Education's Special Education Local Planning Area (SELPA) program offers services for children with developmental disabilities and special education needs.

### **Public Health Services**

The Health and Human Services Agency's Public Health division offers a variety of services to promote the health and wellbeing of children and families in the county. Among these are Women, Infants, and Children (WIC) operating in Auburn, Rocklin, and Tahoe, grant-funded general health promotion services, Maternal Child and Adolescent Health, California Children's Services, Communicable Disease/Immunization Services, and Field Nursing.

Public Health and CSOC partner to have nurses embedded with child welfare and probation teams. These nurses gather valuable information from parents during the detention/removal process that can assist staff in better helping children with special medical or mental health needs. They assist in updating the health and education passport in CWS/CMS and provide foster parents with copies. In addition, they coordinate and evaluate all psychotropic medication requests for youth in care and provide valuable support to workers, who must track multiple medical and dental requirements.

### **Domestic Violence and Human Trafficking Services**

StandUp Placer and Sierra Community House are the non-profit community-based agencies that provide domestic violence and human trafficking services to survivors. The services include counseling, peer education groups, Emergency Shelter, and assistance with obtaining restraining orders. Services are offered throughout Placer County, including the Tahoe region.

### **Services for children ages 0 to 5**

First 5 Placer has actively advocated for and funded a variety of services for children ages 0 to 5 and families in Placer County. It has collaborated with virtually all the agencies and organizations in the county that serve young children and their families. It has helped fund programs such as insurance coverage for otherwise uncovered children, evidence-based mental health services for children with emotional and behavioral issues, and Family Resource Centers that provide parent education and family support services.

### **Housing**

Subsidized housing services are coordinated through Human Services and county contractors. Unfortunately, there is not enough low-income housing available in Placer County to meet the needs for the number of residents who qualify. Housing is costly and related to the median income in the county, so securing adequate and affordable housing is an ongoing challenge.

Placer County's Fiscal Year 2023–2026 Mental Health Services Act (MHSA) Three-Year Plan also identifies the following programs and services funded through Prevention and Early Intervention (PEI).

### **PEI PREVENTION ACTIVITIES**

The Placer County MHSA Prevention program and PEI category is intended to reduce risk factors for developing a potentially Serious Mental Illness and to build protective factors. Prevention emphasizes strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and/or removal of children from their homes.

Many Prevention activities are designed to address the needs and priorities that were identified in the community planning process by providing culturally relevant outreach and education programs to those families whose children/youth are most at risk of school failure, juvenile justice involvement, and with stressed family situations. Specific age groups were identified to prioritize interventions where prevention activities would focus. It was determined that these age groups were "developmental" break points for children and young adults, and if addressed with the appropriate preventative strategies, these children/families could be strengthened and become more resilient to mental illness. Further, services would support a continuum of care for individuals and their families in their language and communities.

The Prevention Program addresses the following PEI Priorities: 1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs; 2) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs and transition age youth not in college; and 3) Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs).

### **Beautiful Minds Wellness: Revive to Thrive**

Revive to Thrive is an eight-week Life & Health Group Coaching program offered through Beautiful Minds for residents in Placer County targeting ages 18–26. This program is designed to help participants define and achieve goals, explore what is holding them back, get structure, and be encouraged. The program is focused on prevention: to prevent an individual from needing further mental health services or preventing a relapse after recovery from crisis. The program includes weekly interactive sessions, one-on-one sessions with each coach, and weekly handouts. Upon graduation, Beautiful Minds Wellness offers a voluntary option for graduates to become peer coaches. These peer coaches receive basic training to use as they will bring their life experiences to help coach a client or group towards their goals.

### **Boys and Girls Club (BGC) of North Lake Tahoe: Youth Prevention (Tahoe)**

Youth Prevention activities and programs provide high-risk youth with skills, inspiration, motivation, and tools to help reduce risk factors and increase protective factors. Boys and Girls Club (BGC) utilizes an evidence-based Positive Action curriculum provided and supported by the Boys and Girls Club of America, as well as locally developed activities, leagues, and clubs designed with the community's needs and interests in mind. The BGC shares a campus with Kings Beach Elementary School (KBE). The Positive Action program serves children and youth ages 3–18 with weekly activities and sessions that teach education, prevention techniques, and skills to develop self-esteem and healthy lifestyles. Services are available in English and Spanish.

### **Child Advocates of Placer County: Court Appointed Special Advocates (CASA): Youth and Family Mentors**

Court Appointed Special Advocates (CASA) recruits, trains, and supervises adult volunteers who are assigned to mentor and advocate for foster children, ages 0–18, through a court order. CASA volunteers

serve children who have been removed from their homes by Child Protective Services (CPS) due to parental neglect, abuse, or inability to manage the child's behavioral challenges. CASA volunteers meet weekly with their assigned child/youth until the case closes, typically one to two years. CASA's goal is to help return these children safely to their parents, or to help place them in permanent homes with "forever families." Services are available in English and Spanish. The Placer CASA program assigns volunteers to about 300 Placer County foster children annually.

Youth Mentors and Family Mentors (volunteers) are utilized to help individuals and families navigate the system. Youth Mentors work with youth ages 8 to 21 who have been identified as at-risk of educational failure or of entering the juvenile justice system, as well as youth who have been identified as at-risk of involvement in CSEC. Youth Mentors also work with former foster youth ages 18-24 who have aged out of foster care without family supports. Family Mentors work one-on-one with parents who are striving to rebuild their families. These parents are either working toward reunifying with their children who are in the child welfare system, or who are recovering from drug abuse or domestic violence and are at risk of having their children enter the child welfare system. The goal of Mentoring is to steer youth and families toward positive outcomes.

### **Granite TTU Centers: Student and Family Support**

Student and Family Support services focus on Western Placer County youth ages 12–18 who are at greater risk of developing a mental health disorder due to identified substance misuse or dependence, and their families. The program includes assessment and development of individualized wellness plans. Services utilize evidence-based practices, including Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Therapy, and Mindfulness Based Substance Abuse Treatment (EBP). Services are delivered in individual, family, and/or group sessions by a multi-disciplinary team of California Board of Behavioral Sciences (BBS) registered

clinicians and SUD certified/registered clinicians. Family sessions use Motivational Interviewing, Cognitive Behavioral Therapy, and approaches informed by brief family therapy. An Adolescent Group uses a substance use prevention/education and life-skills curriculum with an emphasis on teaching pro-social skills and may include Interactive Journaling.

### **Parent Project—English**

Parent Project is an activity-based instruction utilizing support groups for families with youth ages 12–18 to address destructive adolescent behaviors and reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning. Parent Project teaches concrete prevention, identification, and intervention strategies to address school attendance/performance; relationships and family dynamics; alcohol and other drug use; violence; and running away. Parent Project is implemented in South Placer County. Parent Project sessions are offered in English at least four times each year. Each 10-week cycle consists of weekly 2-hour classes. Sessions are offered in Auburn and the Roseville/Rocklin communities, and/or virtually. Each session has the goal of enrolling at least 15 individuals. Childcare and refreshments are provided during classes when onsite.

### **Kids First: Forever Fathers Support Group**

Forever Fathers is an evidence-informed intervention group that is co-facilitated by men with support group and therapeutic experiences. The purpose is to learn about and discuss positive father involvement, modeling for children, and other topics that are pertinent to a father who strives to improve himself and his relationships. The attending fathers participate in a combination of focused topics and are given a forum where they can talk about parenting and relationships. Using a facilitative approach allows the fathers to interact with each other, build social connections, and gain an overall understanding of available services, programs, and ways to seek additional help (e.g., counseling, basic needs, other parenting classes).

### **Latino Leadership Council (LLC): Parent Project—Spanish\***

Parent Project is a program that consists of activity-based instruction for Latino parents, support groups, and specific curriculum to address destructive adolescent behaviors. These behaviors often indicate a potential substance use or mental health problem. Parent Project teaches concrete prevention, identification, and intervention strategies to address school attendance/performance, relationships and family dynamics, alcohol and other drug use, violence, and running away. During the parenting sessions, childcare is provided for ages 0–6, youth groups are held for ages 7–12, and teen groups are held for youth 13 and older. The curriculum is used to teach both parents and the youth in separate groups. For instance, while parents learn about substance use, the youth discuss the ways that alcohol influences behavior and impacts families. Services are available in English and Spanish, including childcare. This program is intended to provide prevention services for all ages to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning. Families who participate in Parent Project are either self-selected due to challenges at home, or are referred via other community members, probation officers, schools, or other organization or agency staff.

### **Youth Groups\***

Youth Groups include programs and activities designed to decrease negative outcomes for Latino youth, related to risk of mental illness or mental illness symptoms. It includes mental health groups serving at least 30 youth per year, co-facilitated by promotores or trained facilitators. Latino Leadership Council (LLC) also collaborates with Auburn Hip Hop Congress/Arts Action Academy to provide weekly writing and reciting classes in Auburn and Lincoln. A minimum of 30 youth per fiscal year are served with a focus on Latino/a youth participation and to connect Latino/a families to cultural supports. These classes are free to teens and young adults and provide an outlet for self-expression, through

writing and discussion, for personal growth and mental well-being. LLC also collaborates with Youth Empowerment and Goals Association (YEAGA) to provide individual youth mentorship and monthly leadership groups for at least 45 youth identified as needing additional supports. Mentorship is offered to youth living in Lincoln, Roseville, and Auburn. LLC coordinates with local school districts and/or community colleges to organize Latino Prep Education Summits to engage at least 100 Latino students throughout the year on opportunities for personal growth and development.

### **Placer County Office of Education (PCOE): School-Based Prevention**

CBO Collaboration: The Placer County Office of Education (PCOE) collaborates with Placer Community Based Agencies (CBOs) to implement specifically targeted student wellness, prevention, and early intervention programs based on individual student and small group needs. PCOE works with identified CBOs to support schools through a multi-tiered system of support (MTSS), working with CBOs and schools to establish integration of services into the school site's MTSS. These supports include Social Emotional Learning (SEL) groups and services provided directly to students, individual and group substance use disorder (SUD) prevention and diversion provided in schools, and individual or group services to increase parent engagement and/or skills.

Resilience, Empowerment, and Natural Supports for Education and Work (RENEW) is delivered by PCOE and is a model that efficiently guides participants and their facilitator to create a comprehensive plan which connects supports in the domains of mental health, education, and employment. This “all-in-one” plan includes goals that are defined by the TAY participants and forms a team of support people around the youth to help reach their goals. Research demonstrates the important correlation between higher levels of mental wellness and recovery when a person has a positive view of their self-worth, can self-identify the factors that help and harm their mental health, have a team and network of supports

around them, and experience the positive outcomes associated with high school/college completion and a meaningful job or career. For this reason, this program collaborates with, and leverages funding from, the Department of Rehabilitation for Placer's Transition Partnership Plus (TPP) program. RENEW and TPP are offered to transition-age youth in Placer County. This integrated model focuses on supporting each youth to design and pursue a plan for the transition from school to adult life. RENEW Facilitator(s) work in collaboration with other staff to facilitate the successful transition of approximately 25 youth per year in the RENEW process.

### **Sierra Community House: Family Support/ Parenting Classes (Tahoe)**

Family Support/Parenting Classes help strengthen protective factors in local families by providing play groups, support groups, and classes aimed at decreasing family isolation, fostering development of peer networks, and building skills and confidence in parents. These classes provide a first point of contact to the broader continuum of care. Class facilitators provide referrals and information to assist families with accessing healthcare enrollment, mental health services, childcare resources, and assist with navigating other systems. Classes may include Parent Café, Family Room, and/or other programs, depending upon the needs of the community.

Parent Café follows the World Café model, with a focus on engaging parents, building protective factors, and promoting deep individual self-reflection and peer-to-peer learning.

The Family Room is a free bilingual program that serves families with children ages 0–4 by supporting parents and children in the development of literacy and school readiness. The program is offered five days per week in a Truckee Elementary School classroom and welcomes all families in the Tahoe-Truckee Community with a focus on socially and economically disadvantaged families and English language learners. Using activities that encourage parents and children to work together, the program

fosters development of the whole child—physical, social, emotional, and cognitive. It further provides an opportunity for parents to engage with one another so they can develop peer networks that decrease social isolation and build a sense of community. Family Room staff facilitate literacy-focused activities in Spanish and English that include reading, music, and crafts which promote healthy parent-child interactions and mutual learning. Family Room resumed in-person daily meetings at Truckee Elementary School after being virtual due to COVID for almost two years.

### **Sierra Native Alliance: Native Family Wellness Services\***

Parenting and Family Services and Supports decrease family stress and strengthen family communication, parenting, and wellness skills. Services work to prevent negative mental health outcomes by building resilience and reducing adverse experiences within families. SNA provides Positive Indian Parenting (PIP) education and support services using the National Indian Child Welfare Association (NICWA), White Bison, and Native Wellness Institute curriculum. Families of Tradition monthly education nights are co-facilitated by Behavioral Health Counselors and Peer Support Specialists to assist families recovering from patterns of substance use, community violence, and intergenerational trauma by reinforcing positive parenting values and building supportive peer relationships. Individual wellness education and case management services are also provided to address family basic needs. PIP group and individual sessions are offered at least four times in the fiscal year. Each session runs for 10 weeks. Each session enrolls at least 10 individuals, thereby serving at least 40 each fiscal year.

Native Youth Services and Supports are designed to build youth resiliency and wellness skills. Strong connection to cultural knowledge and experiences increases positive cultural identity and is proven to be a primary protective factor in preventing negative behavioral health outcomes for Native youth. These

services engage youth at risk for mental health challenges, substance use, school failure, out of home placement, and justice system involvement in culturally relevant leadership, group mentoring, and advocacy services and promote cultural resiliency factors such as positive cultural identity, self-esteem, intergenerational connections, and community leadership skills.

Sierra Native Alliance (SNA) facilitates quarterly outreach and wellness education events to promote mental health awareness and leadership skills. Youth wellness education is provided by Peer Support Specialists using the Native Wellness Youth Curriculum. Youth Wellness groups are provided at the SNA Cultural Resource Center on a weekly basis, as well as online as needed and in community locations.

### **Tahoe Truckee Unified School District: Tahoe Truckee Wellness (Tahoe)**

The Tahoe Truckee Unified School District (TTUSD) Wellness is a collaboration between the school district, Placer and Nevada counties, Tahoe Forest Hospital, and the Community Collaborative of Tahoe Truckee (CCTT) partners designed to provide a youth-friendly point of entry for students to connect to supportive adults and access community and school wellness resources. At the heart of the Wellness Program are high school and middle school Wellness Centers that serve as access points for students to ask questions, learn new skills, seek support, and link to a variety of school and community services. Through the Wellness Centers, students can connect to a hub of supportive wellness programming, including health education workshops, peer mentoring programs, student empowerment groups, social emotional curriculums, school-based therapists, school-based mental health screenings, a Youth Health Navigator, and linkages to critical community mental health resources. The TTUSD Wellness Centers offer three types of programming: Group Services, Drop-In, and Outreach. This program provides prevention services for middle and high school students to reduce risk factors and/

or increase protective factors that lead to improved mental and emotional functioning.

This year, the Wellness Program will launch Wellness Centers in two TTUSD elementary schools to support the growing mental health needs of elementary school students. They will also expand their School Social Worker Program to support students who are experiencing emotional and/or behavioral problems that interfere with their school performance. The School Social Workers provide short-term counseling and risk assessments, and connect high-need students to an array of school and community mental health supports. The Wellness Program will continue to offer comprehensive wellness supports to students and deepen these new Wellness Program offerings in the upcoming fiscal year.

### **Wayfinder Family Services: Home to Stay**

Home to Stay services focus on family preservation. The program provides a home-based therapeutic parenting program that utilizes parent coaching with a focus on integrating skills into daily family life. This program is intended to provide prevention services for birth and kinship families whose children are at risk for out-of-home placement and to reduce risk factors and/or increase protective factors that lead to improved mental health and emotional functioning. Home to Stay primarily serves the underserved population of birth and kinship families. These families, often grandparents, receive intensive, home-based therapeutic services they otherwise would not receive.

### **Be WELL Program**

The Be WELL Program (Wellness, Empowerment, Learning and Leadership) is a work-based learning program designed to empower youth ages 14 to 25, to learn about mental wellness, to earn a stipend through community-based projects/volunteering, and to connect with their peers, trusted adults, and their community. Using the eight dimensions of wellness model, this group-based learning program addresses the needs of youth at risk for or currently experiencing serious mental health issues, and



promotes wellness, resiliency, and hope in a culturally effective, strengths-based, and consumer-guided manner. This program works towards destigmatizing mental health challenges; strengthening youth resiliency; enhancing coping, communication, and social skills of youth; and empowering participants to inform and make systemic change in their communities.

### **PEI EARLY INTERVENTION ACTIVITIES**

The Placer County MHSA Early Intervention program and PEI category includes treatment and other services to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early Interventions emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and/or removal of children from their homes.

The community planning process prioritized activities focused on reducing depression, anxiety, early youth emotional disturbances, early psychotic symptoms, and suicide risk. Priority populations have been identified as trauma-exposed individuals, individuals experiencing onset of serious psychiatric illness, and individuals in stressed families. In addition, it was recommended that more direct services be provided for intervention purposes.

The Early Intervention Program addresses the following PEI Priorities: 1) childhood trauma prevention and early intervention to deal with the early origins of mental health needs; 2) early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; 3) youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs and transition age youth not in college; and 4) strategies targeting the mental health needs of older adults.

### **Child Advocates of Placer County: Parent Empowerment Group**

The Parent Empowerment Group (PEG)—a variation of the Family Mentor program—provides Mentors to parents who, as first-time offenders, have recently had their children detained by the Child Welfare System (CWS). These parents can be angry, confused, ashamed or in denial, and occasionally blame “the system” for taking away their children. PEG’s goal is to engage the parents with a staff member who has lived experience and one to two volunteer PEG Mentors and include them in ongoing peer support groups where they meet parents who are further along in the process of reunifying with their children. This encourages parents to work through their reunification plan and (hopefully) shorten the time it takes for reunification. PEG Mentors have all completed the comprehensive Court Appointed Special Advocate (CASA) training and are sworn Officers of the Court and mandated reporters. By meeting weekly with the parent(s) throughout the duration of the case, the PEG Mentors develop a unique bond with the parent(s). This provides the PEG Mentors with great insight into what is happening in the parent’s life, which they share with the CSOC Social Worker through weekly updates to better support the client. The goal is to engage the parents, encourage them to work through their reunification plan, empower the parents to make safer and better life decisions, and avoid blaming others and focus on their individual strengths so as to achieve long-term family success.

### **Children’s System OF Care: Functional Family Therapy (FFT)**

Functional Family Therapy (FFT) is designed as a Prevention and Early Intervention (PEI) model, focusing on the wellness and resilience of youth, ages 11 through 17, and their families. It is a short-term, evidenced-based family therapy intervention for youth in the community whose behavioral health is impacting their family relationships and functioning. FFT serves juvenile justice-involved youth and their families, child welfare involved families, and any

youth in the community who meets the FFT criteria. The family-focused practice teaches families skills in conflict resolution, problem solving, communication, and treatment of delinquent behaviors. The FFT treatment approach is utilized to increase the family's protective factors and decrease risk factors. Therapy sessions are most often conducted as a home-based service, but clinic settings are also available. Referrals come from Probation, Child Welfare, School Personnel, Case Managers, and Therapists in the community and Wraparound. Services are available in English and Spanish.

### **Gateway Mountain Center: Early Intervention (Tahoe)**

Early Intervention services offered by Gateway Mountain Center provide and engage short-term adjunct therapeutic support to youth and families in crisis. Services include case management, early intervention group services, parent engagement group services, and discharge support services. These services support youth for improved outcomes such as reduced crisis; stability in living situation; improvement in school attendance; reduction in substance use/abuse; increase in positive social connections; and/or reduction in involvement with law enforcement agencies. CSS Full-Service Partnership (FSP) funding also supports youth enrolled in Children's Wraparound Full-Service Partnership who need Therapeutic Mentoring to help them achieve optimal outcomes.

### **Lighthouse Counseling and Family Resource Center: Psychoeducational And Support Groups**

Lighthouse Counseling and Family Resource Center provides facilitated groups for residents of Placer County. The groups offer psychoeducation and experiential interventions to strengthen communication and affect management skills. Groups are intended to reduce the suffering of strained relationships, loneliness, and stigma by exploring shared experiences and increasing community connections. Facilitators may utilize interventions from cognitive behavioral therapy,

dialectical behavior therapy, mindfulness, creative expression, and other effective practices. Groups are available in English and Spanish.

Planned groups may include:

- » **Managing Your Emotions:** Anger management and emotion regulation skills
- » **Time To Be Selfish:** Increases self-esteem and supports healthy lifestyle change
- » **Road to Wellness for adults:** Addressing anxiety and depression
- » **Road to Wellness for youth:** Reducing symptoms of anxiety and depression, these groups are provided in collaboration with Placer County Office of Education for middle school and high school students
- » **Tilly's Life Center Social Emotional Learning Program (TLC):** Curriculum for middle and high school students, incorporating reflection, insight, sharing, and highly interactive creative expression activities to promote compassion, confidence, motivation, and problem-solving skills
- » **Coping Cat:** Addressing anxiety in children
- » **Parenting Support Groups**
- » **Senior Support Groups**

### **Placer County Office of Education (PCOE): School-Based Early Intervention**

CBO Collaboration: The Placer County Office of Education (PCOE) collaborates with Placer Community Based Agencies (CBOs) to implement specifically targeted student wellness, prevention, and early intervention programs based on individual student and small group needs. PCOE works with identified CBOs to support schools through a multi-tiered system of support (MTSS), working with CBOs and schools to establish integration of services into the school site's MTSS. These supports include Social Emotional Learning (SEL) groups and services provided directly to students, individual and group substance use disorder (SUD) prevention and diversion provided in schools, and individual or group services to increase parent engagement and/or skills.

Victory High School Mental Health Specialist is available to help create safe places on campus for students, families, and staff to get support to increase the success and well-being of students. This program is designed to reduce stigma, improve students' ability to improve their wellness, and increase access to mental health services. Staff work with students, staff, and families to improve the mental health and wellness outcomes leading to stronger school and life outcomes for students

### **CULTURALLY SPECIFIC SUPPORTS:**

The System Transformation (ST) Culturally Specific Supports Program provides culturally appropriate services for different communities in the county, including but not limited to Latino; Native American; and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities. Cultural brokers increase access to services, help navigate the service delivery system, and deliver culturally relevant services. The recovery services are peer-based and family-centered.

#### **Latino Leadership Council (LLC): Latino Supports**

Latino Leadership Council (LLC) Latino Supports delivers several programs through a team of Promotores. Latino Cultural Brokers, also known as Promotores, are trained para-professionals who provide culturally appropriate services for the Latino community. Promotores reach out to the community, assist individuals in navigating the service delivery system, and help individuals access community resources. Cultural brokering is used as a key approach to increase access to, and enhance the delivery of, culturally competent services. The LLC offers therapy, support services, and linkage to services through Promotores in the western slope of Placer County to monolingual Spanish-speaking individuals and their families. Promotores offer weekly peer-to-peer groups to address issues of isolation, depression, anxiety, health, and other areas of concern to the group. Groups are provided to men and women and are provided in Spanish.

Latino Cultural Brokers, also known as Promotores, are trained para-professional community brokers providing culturally appropriate services for Latino populations, to assist them in navigating systems and accessing resources. Promotores provide services in English and Spanish and are knowledgeable of the local community and its resources. Promotores work with community partners, the County, and service providers to help remove or lessen obstacles Latinos face in accessing services and support. This includes attending necessary community meetings (e.g., CCW, forums, focus groups, etc.), County meetings, and other system transformative activities. Promotores also assist monolingual Spanish and bilingual Latino individuals in navigating systems and accessing resources. Promotores also provide translation, advocacy, support, transportation, and direct services assistance as needed. These Promotores take "on-call" referrals from the County, organizations, and community members for individuals and families needing resources for various mental health and child welfare issues, as well as responding to calls from Placer County schools participating in Positive Behavioral Interventions and Supports with Placer County Office of Education.

Individual and Family Therapy/Treatment is offered to monolingual Spanish-speaking families/individuals for screening and subsequent therapy, as appropriate. Promotores conduct the screening and refer eligible clients for therapy, when indicated. LLC contracts with bilingual/bicultural therapists to provide short-term therapy to families/individuals during evenings and weekends, and provides priority scheduling for clients who are in crisis. LLC monitors outcomes and makes referrals to other services, if necessary. Services are available in English and Spanish from bilingual and bicultural individuals who are licensed and in good standing with the California Board of Behavioral Sciences (BBS) or Board of Psychology. Registered interns, in good standing with the BBS, may be used for groups and/or support services. Parent/Youth Mental Health Groups Facilitation Mental Health Training for Promotores is provided to a minimum of 12 Promotores so they can

facilitate family discussions around mental health.

LLC, with the assistance of The Landing Spot, utilizes bilingual/bicultural therapists to provide therapeutic services and support groups for self-identified Latino/a LGBTQ individuals and their families facing cultural barriers and challenges related to gender identity and sexual orientation.

Adult Wellness Groups/Forums are provided by LLC Promotores. They include facilitated weekly "Superacion Personal" women's groups or "Los Cuates" men's group to at least 24 unduplicated individuals per year in Auburn, Roseville, and Lincoln to address depression, anxiety, health, and more. In addition, there are peer-to-peer weekly "Rincon de las Comadres" groups delivered to at least 36 unduplicated individuals per year in Auburn, Roseville, and Lincoln to address depression, anxiety, health, and more. LLC also offers two sessions of "Personas de Sabiduria," a community mental health forum, in Roseville, Lincoln, Rocklin, and Auburn. These forums are delivered in Spanish to at least 40 Latino adults. The forum allows individuals to share their stories of recovery and resiliency from mental health and substance use disorders. LLC has bilingual, bicultural experts lead workshops on various mental health/health issues. This community forum helps build resiliency and hope for recovery along with an increased awareness of available supports and services.

### **Sierra Mental Wellness Group: Bilingual Mental Health Services (Tahoe)**

Sierra Mental Wellness Group (SMWG)'s Bilingual Mental Health Services are provided to individuals and families in English and Spanish in North Lake Tahoe and Truckee areas of Placer County. Services also include education, linkage, and support. These services are available in Tahoe City, at the SMWG office, and in Kings Beach, through a partnership with the Sierra Community House. This partnership provides a space for clients to receive confidential services and allows members of the community with limited transportation to access mental health

services. The bilingual provider also participates in the Tahoe Truckee Perinatal Outreach Team to identify and provide mental health services to new, or soon-to-be, parents who are at risk. The target population for this program is Latino monolingual Spanish-speaking community members or bilingual children with monolingual Spanish-speaking parents. Clients are identified and referred for services by community partners, local schools, and/or self-referred.

### **Sierra Native Alliance: Recovery Services and Supports**

Sierra Native Alliance (SNA) Recovery Services provides culturally relevant outreach, assessment, education, behavioral health counseling, peer support, and relapse prevention services. The program serves Native and non-Native participants who have substance use issues or who have been diagnosed with, or are at risk for, co-occurring mental health disorders. SNA recovery services are peer-based and family-centered, and promote wellness through cultural activities, spiritual advisement, community events, and support for extended family members. Group services include 10-week sessions of White Bison recovery counseling, Women's Healing Circle, and Warrior Down relapse prevention groups. SNA Peer Support workers provide recovery coaching, case management, and supportive services, such as transportation and activities for children while parents are attending services. Behavioral health services include child and family counseling using the Honoring our Children-Mending the Circle evidence-based TF-CBT adaptation. SNA Recovery Services and Support takes into account the impact of historical and personal trauma on Native community members and breaks the stigma around substance use and mental health challenges experienced by participants.

Recovery Services and Supports were provided through a combination of online and in-person services this year, with an increase in demand for early onset child counseling services. SNA expanded home visitation services in the 2022-23 program year.

### **Wellness Center Program**

The Wellness Center Program creates welcoming environments for children, youth, adults, and older adults to access services and participate in supportive services to promote wellness and recovery. Youth Wellness Centers and supports are often integrated into local schools to provide services to students and family members. Adult Wellness Centers offer activities to develop skills, learn about mental health, meet others to promote recovery, and access computers.

### **AMI Housing: Cirby Wellness Center**

AMI Housing operates the Cirby Wellness Center in Roseville accessed by adults 18 and older with services and support in a welcoming environment. The public can access a monthly calendar of group meetings and activities to sign up for or can drop in during designated times. Services are available in English and Spanish. The Wellness Center is staffed with Peer Support Specialists who utilize their own lived experience to create a welcoming and safe environment in which clients can access relevant groups, resource linkage, and support. The staff creates and facilitates groups based on the feedback of everyone who walks through the door. Partner agencies have opportunities to host groups as well to contribute to the purpose of the space. The Wellness Center has telephone and computer access, a full working kitchen, exercise equipment, a space for creativity and group discussions, a clothing closet, and many resources. Its location near the Lotus Center as well as ASOC's other teams and clinicians make it an ideal space for clients to come and receive support.

### **Gateway Mountain Center: 4Roots Youth Wellness Center (Tahoe)**

Gateway Mountain Center's two-story wellness center is strategically located across the street from Sierra Continuation High School, two blocks from Truckee High School, serving both Nevada and Placer County youth, including students from Sierra High and Latinx students from Kings Beach. Open weekdays from 12:30–6:30 pm during the school year and three days per week in summer, the Center offerings include drop-in wellness activities including wellness support and mentoring with a skilled wellness educator and complete information and access to all health and mental health services in our community. Trained young-adult peers, including Latinx transitional age youth, also provide support on site. On-site classes offered include a 12-week certificate course in Mindfulness-Based Substance Abuse Treatment (MBSAT), which is in high demand. The YWC is also the launch pad for BaseCamp for Adventure outings. Transportation is often provided. Participation has grown from the longstanding community relationships and referrals from school-based wellness centers, school counselors, and psychologists. During the school year, the Center serves 20-30 youth per week with demand for services notably on the increase.

# LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS

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

Placer County also intends to embed the following four service priorities within Phase 1 of CPP implementation to address the major community needs and challenges outlined in this document:

- » Broadening the service array for families that are disproportionately impacted by poverty and child welfare system involvement
- » Expanding the continuum of MH and SUD services
- » Expanding the continuum of services for families with children under 5
- » Expanding the availability of in-home and school and community-based prevention and intervention services



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

Program	Service Category	Phase 1 Target Population(s)	Outcome Objectives
<b>Functional Family Therapy</b>	Mental Health	<ul style="list-style-type: none"> <li>» Addressing disproportionality and disparities</li> <li>» Expanding the continuum of MH and SUD services</li> <li>» Expanding availability of in-home and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Improved child behavioral and emotional functioning</li> <li>✓ Decrease in youth substance use</li> <li>✓ Improvements in parental capabilities</li> </ul>
<b>Homebuilders</b>	In-Home Parent Skill Based	<ul style="list-style-type: none"> <li>» Addressing disproportionality and disparities</li> <li>» Expanding the continuum of services for families with children ages 0–5</li> <li>» Expanding availability of in-home and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased positive parenting practices</li> <li>✓ Increased nurturing parent-child relationships</li> </ul>
<b>Motivational Interviewing</b>	Substance Abuse/ Cross-Cutting	<ul style="list-style-type: none"> <li>» Addressing disproportionality and disparities</li> <li>» Expanding the continuum of MH and SUD services</li> <li>» Expanding the continuum of services for families with children ages 0–5</li> <li>» Expanding availability of in-home and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Decrease in youth substance use</li> <li>✓ Decrease of parent/caregiver substance use</li> <li>✓ Improved physiological, psychological and lifestyle outcomes</li> </ul>
<b>Parent-Child Interaction Therapy</b>	Mental Health	<ul style="list-style-type: none"> <li>» Addressing disproportionality and disparities</li> <li>» Expanding the continuum of services for families with children 0–5</li> <li>» Expanding availability of in-home and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reduced child welfare administrative reports</li> <li>✓ Improved child cognitive functions and abilities</li> <li>✓ Improved child physical development and health</li> <li>✓ Improved adult economic and housing stability</li> </ul>
<b>Parents as Teachers</b>	In-Home Parent Skill Based	<ul style="list-style-type: none"> <li>» Addressing disproportionality and disparities</li> <li>» Expanding the continuum of services for families with children 0–5</li> <li>» Expanding availability of in-home and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased number of developmental milestones met</li> <li>✓ Increased positive parenting practices</li> <li>✓ Improvement of parent/caregiver emotional and mental health</li> </ul>

# LOGIC MODEL

## TARGET POPULATIONS

Families experiencing mental health and substance use challenges ▪ Parents and caregivers abusing substances  
 ▪ Families with children ages 0–5 ▪ Families with children and youth with high-level mental health challenges ▪  
 Families in rural/isolated areas ▪ Families experiencing homeless or unstable housing



### COMMUNITY NEEDS

- » Accessible mental health services
- » Substance use supports and services
- » Targeted supports to address racial inequities in the child welfare system
- » Targeted supports to address racial inequities in services
- » Targeted supports and services for rural areas
- » Targeted supports for children ages 0-5
- » Affordable housing options



### INPUTS

- » Critical administrative supports, including: Information technology tools; interagency collaboration; training and workforce supports
  - » Continued strong cross-sector collaboration and partnership
  - » Strong collaboration with the County's Child Abuse Prevention Councils (CAPC) KidsFirst and The Tahoe Truckee Community Foundation (TTCF)
  - » Accessible policies outlining Family First Practices and Policies
  - » Active Tribal involvement
  - » Enhanced MOUs and contracts with CBOs to expand capacity and provide eligible services
- Delivery of high-fidelity evidence-based programs that are aligned with the specific needs and characteristics of each family in the target population including:
- Functional Family Therapy ▪ Homebuilders ▪ Motivational Interviewing ▪ Parent-Child Interaction Therapy ▪ Parents as Teachers



### OUTPUTS

- » Services tailored to the needs of all eligible communities, with a focus on reducing racial disparities
- » Consistent engagement and parentship with CBOs and families
- » Widespread community engagement and understanding of FFPSA implementation strategies
- » Enhanced capacity of County and service partners to deliver EBPs
- » Accurate assessment of safety, risk and family strengths and needs
- » Buy-in and support from staff, stakeholders, partners and community members



### SHORT-TERM OUTCOMES

- ✓ Expanded services and supports are available to families with behavioral health needs
- ✓ Families with children ages 0 to 5 have expanded access to services
- ✓ Racial disparities in the child welfare system is reduced
- ✓ Decreased child welfare re-entry rates
- ✓ Increased positive parenting practices
- ✓ Increased nurturing parent-child relationships
- ✓ Improvement of parent/caregiver capabilities
- ✓ Reduced child welfare administrative reports
- ✓ Improved adult economic and housing stability



### LONG-TERM IMPACT

- ✓ Families in Placer County are strengthened and stabilized
- ✓ Improved mental well-being for children and families
- ✓ Reduced foster care census
- ✓ Decreased rates of removal and placement into foster care



# CPP SPENDING PLAN

Activity/Service	Fiscal Agent	Provider/ Contractor	Time Frame	GF State Block Grant Child Welfare and Probation <b>\$1,426,544</b>
Evidence Based Capacity Building (Training in EBPs- Youth Villages Intercept, FFT, PCIT, PAT and MI)	CWS and Probation	Pending	FY23/24	\$250K
Contract for Services: Youth Villages Intercept	CWS and Probation	Pending	FY23/24	\$800K
Workforce and Community Based Organization Development (Training on FFPSA, County programs, etc.)	CWS and Probation	Pending	FY23/24	\$100K
Expansion of and Building Capacity within Existing Program—Differential Response, Functional Family Therapy, PCIT, PAT, MI, Intensive Home Visiting and Family Resources Centers	CWS	Pending	FY23/24	\$276,544

Placer County has extensively reviewed and assessed community needs and the existing resources, services and activities available to meet these needs. Expansion of evidence-based services—including Tier 1 programs Parents as Teachers (PAT), Functional Family Therapy (FFT), Parent Child Interaction Therapy (PCIT) and Motivational Interviewing (MI)—have been identified as priority areas within this CPP. In addition, a need for additional prevention services for when children are at high risk of entering foster care or when they have temporarily been separated from parents by child welfare or probation has been identified. The Youth Villages Intercept program provides intensive support, new parenting and communication skills, and evidence- and strengths-based behavioral health intervention services and has been identified by child welfare and probation as a program that could meet this need.

Placer County has used county general funds to supplement FFPS State Block Grant funding for comprehensive prevention planning related to the CPP. Looking ahead, the County intends to leverage Medi-Cal, MHSA, CYBHI and other grants as awarded, as well as other traditional child welfare funding streams to sustain programming including in the CPP.

The one-time nature of the FFPS State Block Grant presents significant challenges to service sustainability, as does the current requirement that funds be expended by June 30, 2024. Placer County requests that the State allocate another round of funding via the FFPS Block Grant to help ensure program sustainability until Title IV-E claiming is available for prevention services, while also extending the deadline for the use of FFPS funds beyond the current deadline. The pending transformation of MHSA also poses potential barriers to fiscal sustainability for prevention programming.

# ADDITIONAL ASSURANCES

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## Assurances Template

### **FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES COUNTY OF PLACER**

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

#### **Title IV-E Prevention Program Reporting Assurance**

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

Placer County Children's System of Care

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

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

#### **Child Safety Monitoring Assurance**

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

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

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

**Workforce Development and Training Assurance**

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

Placer County Children’s System of Care

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

assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community based and Title IV-E pathways.

**Trauma-Informed Service Delivery Assurance**

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

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

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

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

Placer County Children’s System of Care

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

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

**Advancement of Fairness and Equity Strategies Assurance**

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

Placer County Children’s System of Care

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

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

**Assurance of Coordination with Local Mental Health**

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

Placer County Children’s System of Care


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

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

**Assurances Signatures**


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

Jul 25, 2023

  
[Twylla Abrahamson \(Jul 25, 2023 17:20 PDT\)](#)

(DATE) SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE, TWYLLA ABRAHAMSON, PH.D., DIRECTOR, HEALTH AND HUMAN SERVICES CHILDREN'S SYSTEM OF CARE

Jul 26, 2023

  
[Marshall Hopper \(Jul 26, 2023 07:23 PDT\)](#)

(DATE) SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE, MARSHALL HOPPER, CHIEF PROBATION OFFICER

# APPENDIX I

## Placer County Capacity Assessment: Summary of Findings and Areas to Address

Domain	Strengths	Areas to Develop & Challenges	Possible Strategies & Next Steps
<b>Motivation for Change</b>	Leadership Buy-In; Stakeholder Buy-In; Collective Commitment to Change	N/A	Develop consistent definition of “change” being sought
<b>Provider Capacity &amp; Capability</b>	Information Sharing & Exchange; Communication Strategy; Established Meeting Frequency; Transparent Communication with Cross-Sector Partners; Organizational Stability; Feedback Loop; Adaptability; Shared Values; Cross-Sector Partner Investment	Organizational Equity	Identify best practices for information sharing across agencies; continue/expand strategies for workforce diversification
<b>System Capacity &amp; Capability</b>	History of Cross-Sector Partnerships; Community Engagement Strategy; Community Involvement; Needs Assessment; Data Collection; Expertise in Data Analysis and Accessibility; Infrastructure	Implementation Support for CQI; Adequate Staffing	Identify strategies/funding streams for expanding capacity for CQI implementation; continue/expand hiring strategies
<b>Policy Supports</b>	Relationship with Local Governance; Data Sharing Agreements; Alignment with Current Initiatives	N/A	N/A

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

Information on state standards and funding streams for CQI implementation; information on ensuring EBP model fidelity; best practices for data sharing across agencies and systems; protocols for implementation of “payor of last resort”; strategies for implementation of cultural adaptations to EBPs

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

Motivation for change; culture & climate; trust in leadership; mission and vision; shared values; community partnership and existing system coalitions; community interaction and collaboration; data collection and analysis; existing policies and alignment with current initiatives

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

Organizational Equity, Adequate Staffing and Implementation Support for CQI

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

- 1) Payor of last resort implementation and blending/braiding of funding streams
- 2) CQI implementation
- 3) Allowable cultural adaptations of EBPs
- 4) Best practices for data sharing across agencies
- 5) EBP model fidelity enforcement

# APPENDIX II

## Capacity Assessment

**PLEASE USE THE FOLLOWING SCALE TO ASSESS THE ITEMS BELOW:**

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

Domain	Subdomain	Item	Rating	Notes/Rationale/Attachments
Motivation for Change	Leadership Buy-In	Leadership states change is needed and beneficial.	1.44	<p>Leadership is informed of the process and ready to get moving. Have engaged a contractor to assist.</p> <p>Some departments are more ready for change than others</p> <p>I think they feel many of the "changes" are already a part of regular practice in Placer's system of care. Some of the changes would seem to benefit few individuals.</p> <p>Leadership has been working hard to identify and make changes.</p> <p>Stated desire but there is a disconnect in commitment for actual shared responsibility in the process or outcome</p>
Motivation for Change	Stakeholder Buy- In	Stakeholders state change is needed and beneficial.	1.38	<p>Some providers are ready for planning, and others are still unaware of the opportunities.</p> <p>Some stakeholders are ready, and others would like to maintain the current status</p> <p>I don't think people think much needs to change.</p> <p>Stakeholders have expressed change is needed and have found ways to start making the changes.</p>

<b>Motivation for Change</b>	<b>Collective Commitment to Change</b>	There is shared resolve and commitment for change among Title IV-E agency leadership, other public agencies and community partners.	1.25	<p>Getting there!</p> <p>I think there is disagreement about what positive change looks like and what true prevention/early intervention is</p> <p>There is a strong value to create an open space to evaluate what is working and what needs to change in order to support better outcomes for youth in the community. There are honest conversations happening around data and areas of need.</p> <p>Yes, there is a shared commitment but still discussion on what change or best way to implement.</p> <p>I think folks are ready for change but I'm not sure there is full agreement about direction of change or actual change</p>
<b>Provider Capacity and Capability</b>	<b>Information Sharing and Exchange</b>	Best practices for sharing information is established.	1.31	<p>Placer excels in sharing information and understanding our collective need to do so for better outcomes.</p> <p>We work hard to exchange information, but some agencies feel confidentiality and patient relationships are paramount</p> <p>Information sharing with child welfare is excellent; it's sometimes a struggle with children's behavioral health, which is often involved in supporting system involved youth</p> <p>I think they do ok but this could always be better. It's hard to get data - mostly because of staff capacity.</p> <p>This is an area that still could use refining.</p>
<b>Provider Capacity and Capability</b>	<b>Communication Strategy</b>	Title IV-E agencies, other public agencies and community	1.31	Placer has a longstanding collaborative partnership with many agencies with established joint meetings and leadership.



		partners have effective processes in place for communication about change and new initiatives.		<p>Communication is positive, but readiness is a challenge at times</p> <p>SMART Policy, Community Manager's Meeting</p> <p>CAPC is emerging as a means of communication; the team strategy (I assume) communicates changes to relevant parties. Community as a whole? Not sure.</p> <p>Yes, there is communication in place but could use improvement.</p>
<b>Provider Capacity and Capability</b>	<b>Established Meeting Frequency</b>	Meetings (in person, virtual, telephonic) are regularly coordinated.	1.75	<p>This is a strength area.</p> <p>Yes meetings are regularly scheduled</p> <p>We have frequent meetings and communication with child welfare</p> <p>This could be better - CAPC is just restarting</p> <p>Absolutely. Much of the good works done is due to this.</p>
<b>Provider Capacity and Capability</b>	<b>Transparent Communication with Cross-Sector Partners</b>	Leaders practice reflective, supportive communication.	1.38	<p>We think we do in most instances.</p> <p>Differing perspectives and goals have created communication challenges at times</p> <p>I'm not sure how/to what degree communication occurs across sectors - PH? HS?</p> <p>Yes, communication and support are amazing.</p>
<b>Provider Capacity and Capability</b>	<b>Organizational Stability</b>	There is stability among leadership within Title IV-E agencies, public organizations and community partners,	1.63	<p>We have good stability of leadership at this time, but planning for succession must be done at all times to ensure the collaborative continues.</p>

		including agency directors, administrators, and program managers.		<p>Stability in top leadership Marshall Hopper and Twylla A. and Jennifer Cook has made changes in management less disruptive than it could have been.</p> <p>The majority of agencies are stable at the leadership level</p> <p>There have been a lot of mid-level leadership shifts in child welfare over the years but it seems to be stabilizing now</p> <p>Staff turnover (public and non-profit) is a challenge.</p> <p>This is getting better but still need to find ways to retain or keep people in certain positions to work out what they have learned and use their gained expertise.</p> <p>Although there have been changes in management of CWS and probation; all the staff are long term in their disciplines and knowledge</p>
<b>Provider Capacity and Capability</b>	<b>Organizational Equity</b>	Organizational culture is inclusive and diverse.	<b>1.13</b>	<p>Placer is a majority white county and leadership reflects this in most agencies. We are gaining awareness of this and trying to make an impact through deliberative recruitment and hiring.</p> <p>Always room to promote DEI even more in Placer County agencies.</p> <p>The perception by some is that we still have challenges around this issue</p> <p>We aren't there yet, but no one in Placer is</p> <p>There are attempts to diversify workforce and integrate multi-cultural viewpoints and practices, but we have a long way to go.</p> <p>Could use growth here but still doing well</p>

				Just starting to have honest conversations as a community/system
<b>Provider Capacity and Capability</b>	<b>Feedback Loop</b>	Title IV-E agency staff, other public agencies and community partners have opportunities for involvement in discussions and decisions.	1.44	<p>Placer CSOC involves as many partners as possible in policy development and decision making, including sitting on leadership teams with equal authority and in hiring panels, and throughout our service teams.</p> <p>CSOC is inclusive and provides opportunities for feedback. Human Services doesn't have interaction with Probation to comment.</p> <p>We meet regularly and can provide feedback</p> <p>This makes little sense to me. what feedback/input does the community have about decisions CSOC Makes?</p> <p>Yes, but it would be nice to continue to bring more families, youth and community voices to the work.</p> <p>Varies depending on decision- so we are working on ICPM behaviors to be clear of input and decision making</p>
<b>Provider Capacity and Capability</b>	<b>Adaptability</b>	Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization.	1.50	<p>Placer is usually ready to try new approaches, but does sometimes struggle with doing things the same way, or are sometimes risk averse.</p> <p>adaptability is still a challenge for some agencies</p> <p>I think leadership is open to change if it makes sense, is practical and can be implemented and has scale</p> <p>Yes. This is an area that is doing well.</p>

<p><b>Provider Capacity and Capability</b></p>	<p><b>Shared Values</b></p>	<p>Leadership within Title IV-E agencies, other public organizations and community partners have shared awareness and are committed to the vision and mission.</p>	<p>1.44</p>	<p>Shared commitment to kids and families, but not always with the same mission and goals.</p> <p>Clear commitment to keeping kids safe and families connected to needed resources. The Linkages Collaborative (CSOC/HS) is an example.</p> <p>Values and goals can differ based on the agency function and need</p> <p>I think there may be some different values between education, child welfare, probation, and children's mental health, as well as community agencies</p> <p>People are committed to child safety</p> <p>I am always pleasantly surprised when I get to see this in action. I think we do a great job at this and only going to get better.</p> <p>This is regularly communicated, but I am not sure how deep withing partner agencies the message is delivered.</p> <p>Incongruent at times what is said and how it really works day to day</p>
<p><b>Provider Capacity and Capability</b></p>	<p><b>Cross-Sector Partner Investment</b></p>	<p>Title IV-E agencies, other public organizations and community partners have committed adequate time and resources to the task of implementing a comprehensive prevention plan.</p>	<p>1.31</p>	<p>We are getting there! Probation is coming along but does need some encouragement due to staffing challenges.</p> <p>I believe the willingness exists and commitment to engaging in the process</p> <p>I don't know about this, but I imagine dedicating time is a challenge.</p> <p>There is multi-layered investment in prevention; I think more coordination/alignment is warranted.</p>

				<p>To the best of their ability and resources.</p> <p>the pandemic and workforce struggles are putting strains on resources- including people to do much more than the basics- even though desire is strong</p>
<b>System Capacity and Capability</b>	<b>History of Cross-Sector Partnerships</b>	History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners.	1.67	<p>This is a strength area for Placer and our collaborative partners.</p> <p>There is room to create more opportunities for HHS to partner with Probation.</p> <p>The partnerships are there</p> <p>Decades of shared programs, projects and decision making with partners</p>
<b>System Capacity and Capability</b>	<b>Community Engagement Strategy</b>	Title IV-E agencies, other public organizations and community partners have structures and processes in place to engage tribes, youth, parents and caregivers, those with lived experience, and underserved populations in change initiatives.	1.63	<p>Our MHSA Campaign for Community Wellness is the best example of our cross system planning and community organizing processes. it is operational at all times and covers more than just behavioral health needs. It is truly more about wellness in the community including safety.</p> <p>Yes, our engagement with community partners who have access to tribes, caregivers and those with lived experience is positive.</p> <p>MHSA</p> <p>I would say that this is stronger on the MHSA side than on CSOC per se.</p> <p>Placer County is an integrated system that strives to build strong partnerships with the community through many different types of grants, stakeholder meetings and collaboration with partners.</p>

				<p>They have tried and are willing and open to continuing to find best ways to make sure to engage</p> <p>embedded family voice for over 20 years and youth voice for over 12 years; relationships with agencies with focus on people of color who are often over representative in cws/probation systems; newer having tribe at the policy table</p>
<b>System Capacity and Capability</b>	<b>Community Involvement</b>	Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.	1.50	<p>This occurs quite routinely among leaders of agencies and some partners. We could be better at engaging more community members directly though.</p> <p>Yes, we have positive interactions and efforts to engage community partners</p> <p>It's been awhile since we've been engaged in CAPC and CSOC planning.</p> <p>Something we do really well; many community engaged meetings and collaborations</p>
<b>System Capacity and Capability</b>	<b>Needs Assessment</b>	A needs assessment has identified the gaps in services and evidence-based practices (EBP's) in the service array to be included in the comprehensive prevention plan (counties may leverage existing assessments or analyses on service array).	1.31	<p>We have completed parts of this analysis although I believe not everyone is aware of it. We have done much of it through MHSA planning.</p> <p>I believe this is in process</p> <p>We have many EBPs compared in Placer; however i think we are at the beginning of engaging about what we want to do more of or new programs</p>
<b>System Capacity and Capability</b>	<b>Implementation Support for CQI</b>	Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.	1.20	<p>More is needed in this area, not only at the county level, but also at community partners who are also service providers. We do have data from many, many service sectors however, so sometimes there is</p>

				<p>actual data overload and an inability to create meaning from the data sources.</p> <p>We have a strong existing CGI structure</p> <p>there has been focus at the management level for CQI and there has been limited capacity at management or supervisor level to actually design and implement</p>
<b>System Capacity and Capability</b>	<b>Data Collection</b>	Title IV-E agencies, other public organizations and community partners have data systems and processes in place to track and monitor the comprehensive prevention plan outputs and outcomes that inform decision-making.	1.31	<p>We track a ton of data - making meaningful decisions from logically organized data sets is a struggle with lack of staff. And qualitative data from focus groups and other sources could be improved.</p> <p>I am unclear on the data systems of community partners</p> <p>Sooooo many data reports every month</p>
<b>System Capacity and Capability</b>	<b>Adequate Staffing</b>	Staffing levels support effective functioning and implementation of new programs and practices.	0.88	<p>Staffing is a challenge in all sectors right now, and may or may not improve. We have to deliver quality services no matter what, so we are constantly being creative and flexible about how the work gets done.</p> <p>Staffing has been challenging and continues to impact county agencies and community organizations</p> <p>Lots of staff turnover</p> <p>Staffing levels were significantly impacted by over the past couple years but appear to be getting on track with recent hiring strategies.</p> <p>historically placer has had very stable, long-term staff; the last 2 years have shown great turnover in our CWS and</p>

				probation staff; we'd need to know cws and probation staffing would remain at the current level at least if not growth at implementation
<b>System Capacity and Capability</b>	<b>Expertise in Data Analysis and Accessibility</b>	Title IV-E agencies, other public organizations and community partners have the internal expertise or ability to access external expertise to collect and analyze data.	1.25	<p>Most agencies have data experts, but some community partners have a lack in this area. But they would be open to this changing with funding.</p> <p>I believe the resources are available</p> <p>I don't know what data or systems have to be in place, but CSOC has talented staff in this area.</p> <p>Many partners are but I think some could use more TA or funding</p> <p>Title IV-E is probably most equipped in data and there is an attempt to share this data with CBOs</p>
<b>System Capacity and Capability</b>	<b>Infrastructure</b>	Title IV-E agencies, other public organizations and community partners have appropriate resources (e.g. staff, facilities, materials, and technology) to develop a comprehensive prevention plan and begin implementation.	1.25	<p>We have the resources to get this done.</p> <p>Resources are available to support the process</p> <p>Again, I don't know what specific resources are required, but CSOC is a well-run agency.</p> <p>1 selected as there is facilities, materials and technology but staffing remains a worry</p>
<b>Policy Supports</b>	<b>Relationship with Local Governance</b>	Leaders of the Title IV-E agencies, other public organizations and community partners have a positive working relationship with local (city/county)	1.75	<p>We have good relationships with the BOS who are very supportive of HHS and CSOC activities. We interact with City Councils mostly on housing and law enforcement issues, so they have not been as much a part of our planning processes.</p> <p>Overall, the relationships are positive</p>



		governance body (i.e. Board of Supervisors, City Council, etc.).		<p>BOS supports this work</p> <p>Placer County is far beyond most counties in this area.</p> <p>CWS and probation have had good relationship with BOS; 2 new members coming so there will be a need to re-establish</p>
<b>Policy Supports</b>	<b>Data Sharing Agreements</b>	There are data linkage and information sharing agreements among Title IV- E agencies, other public organizations and community partners.	1.50	<p>We have many data sharing agreements, and business associate agreements with our partners, and some do not require them. There are always more we find that we have to create however.</p> <p>We do have existing and appropriate exchange agreements</p> <p>I would think that if they are not in place they could be readily implemented</p> <p>I believe it is just a matter of finding the best way to do so. Maybe the CAPC can be helpful with this?</p> <p>MOU and embedded partnerships allow for greater sharing</p>
<b>Policy Supports</b>	<b>Alignment with Current Initiatives</b>	The comprehensive child and family well-being prevention plan supports existing programs and initiatives and aligns with existing county practices.	1.50	<p>There may still be some confusion on how FFPSA planning is congruent with the mission of the Child Abuse Prevention Councils, but this will be worked out as part of the planning process.</p> <p>We are working on bringing all agencies into alignment</p> <p>I would suspect that this is the case - this is the hope!</p>



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