

COMPREHENSIVE PREVENTION PLAN

Riverside County Prevention Services

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Introduction

Riverside County has a longstanding commitment to the prevention of child abuse and neglect. This has been demonstrated, over the years, through numerous initiatives, practice improvements, and strong partnerships with family-serving public agencies and community organizations. Riverside County Department of Public Social Services (DPSS) Children’s Services Division (CSD) is well-positioned to plan for and implement the Title IV-E prevention program established by the Family First Prevention Services Act (FFPSA).

Implementation of Title IV-E prevention services, in partnership with the California Department of Social Services (CDSS), offers an opportunity to:

- Strengthen collaborative partnerships with public and private entities
- Support community providers and increase capacities to provide family-centered and culturally appropriate services
- Expand existing base of prevention services
- Increase the number of children and families served, preempting the need for foster home placement

Riverside County has a robust network of public agencies, community providers, and other family and youth-serving organizations with a prevention-oriented vision. These collaborative partners believe that further transitioning from a reactive approach to one focused on prevention and early intervention will:

- Strengthen families
- Reduce incidences of abuse and neglect
- Decrease entries into foster care
- Reduce disproportionality, addressing systemic and historical traumas
- Promote the social determinants of health
- Improve the lives of children, youth, and families throughout the county

DPSS CSD validated and supported its approach with the launch of the Prevention Services Project in 2020. This preliminary work and prevention approach will serve as the backbone for Phase 1 of FFPSA implementation in Riverside County.

DPSS CSD’s almost 700 Social Service Practitioners (SSPs) respond to and investigate allegations of abuse or neglect and support the needs of children, youth, and families through a variety of services, including case management, service initiation and referrals, reunification services, extended foster care, and making recommendations to the juvenile court. The ethnically diverse workforce reflects the county population, helping ensure culturally competent services.

County and DPSS CSD Oversight

Riverside County, located in southeastern California, is the fourth largest county in California based both on land mass and population, and includes 28 cities in urban, suburban, and rural areas.

In 2019, the county population was 2.4 million, of which 23.7% were children—slightly higher than California overall (figure 1). The desert landscape in the east is particularly rural, with some communities difficult to reach.¹

Nearly half of the county’s population (49.5 percent) identifies as Hispanic or Latino. 37.5 percent of the county’s population identifies as White (figure 2), but just over a third of households report speaking Spanish at home. Affordable housing, poverty, and unemployment are persistent issues across the county, with housing availability a longstanding concern.

¹Department of Public Social Services – Children’s Services Division. (2022). *Riverside County Self-Assessment*, 10

FIGURE 1

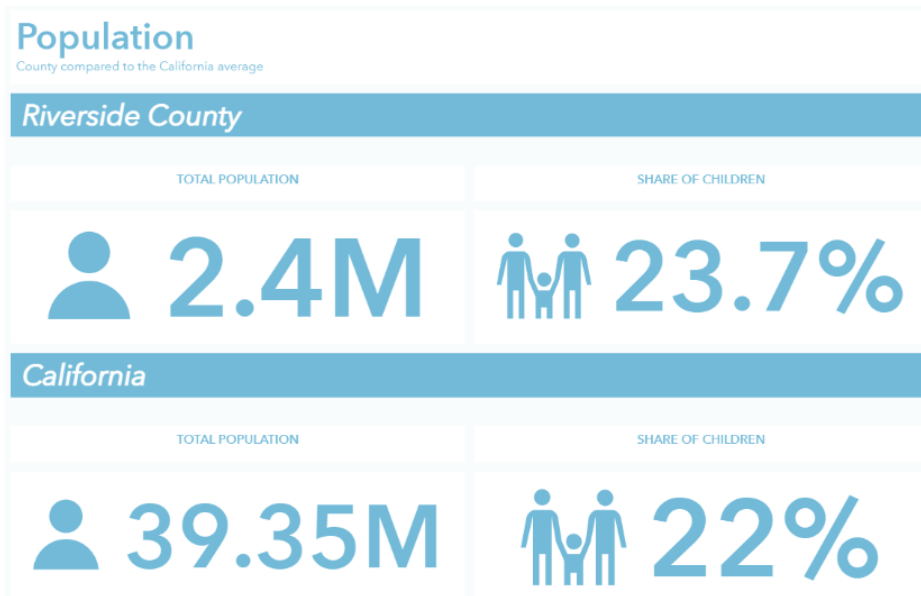
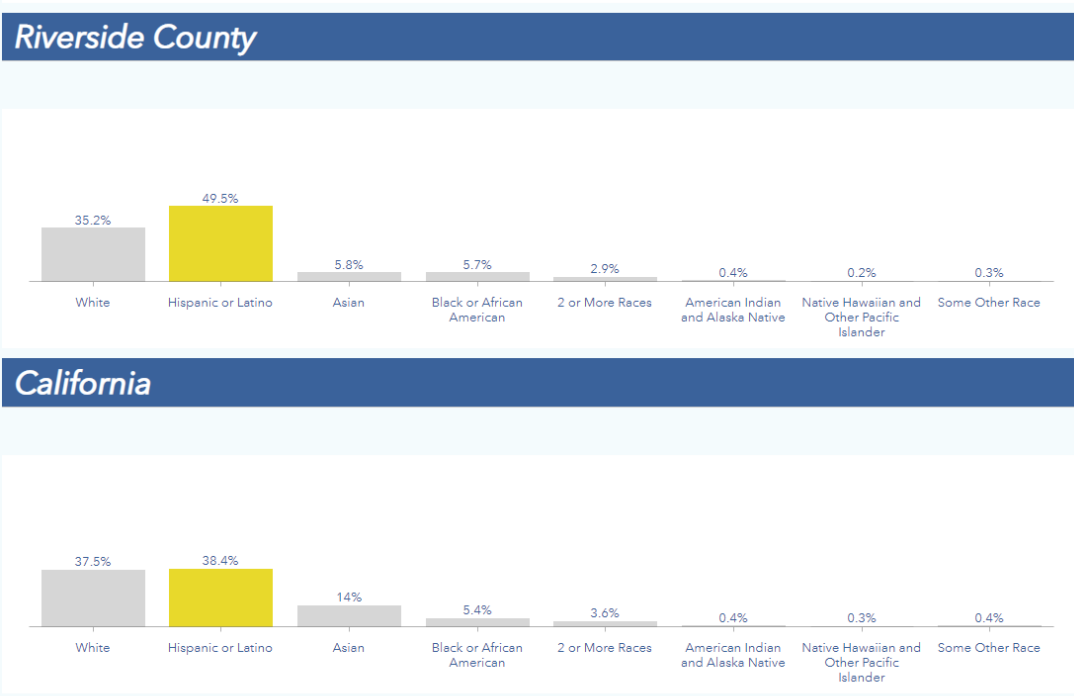


FIGURE 2

Population Makeup by Race or Ethnicity

County compared to the California average (percentage)



Percentage of the population segmented by race or ethnicity (ACS 2014 - 2019)

For governance purposes, the county is organized in five districts. The boundaries are determined by population and other factors set forth by state and federal law. Every 10 years, district lines are redrawn. (See appendix A for a map of each district and the cities represented.) The Riverside County Board of Supervisors oversees DPSS CSD. Representatives are elected from the five districts to oversee county executive and legislative affairs. The five districts and the Board of Supervisors are organized as follows:

1. District 1 encompasses the cities of Riverside and Perris. The district also covers the unincorporated communities of DeLuz, Good Hope, Highgrove, LaCresta, March Air Reserve Base, Mead Valley, Meadowbrook, and Tenaja. The District 1 Supervisor is Kevin Jefferies.
2. District 2 includes the cities of Canyon Lake, Corona, Eastvale, Lake Elsinore, Norco, and Jurupa Valley. Unincorporated communities within District 2 include Coronita, El Cerrito, El Sobrante, Home Gardens, Lake Mathews, Lakeland Village, Temescal Valley, Warm Springs, and Woodcrest. District 2's Supervisor is Karen Spiegel.
3. District 3 covers the southwest portion of Riverside County, stretching from Anza to Temecula. It includes the cities of Menifee, Murrieta, Temecula, and Wildomar. The district also includes the unincorporated communities of Aguanga, Anza Valley, East Hemet, French Valley, Green Acres, Homeland, Lake Riverside, Sage, and Winchester, as well as parts of Valle Vista. The District 3 Supervisor is Chuck Washington.
4. District 4 is geographically the largest district in Riverside County, covering the eastern two-thirds of the county. Within the district are the cities of Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. V. Manuel Perez is the Supervisor for District 4.
5. District 5 includes the cities of Banning, Beaumont, Calimesa, Hemet, Moreno Valley, and San Jacinto. The district also encompasses the unincorporated communities of Cabazon, Cherry Valley, Lakeview, Nuevo, Reche Canyon, San Timeteo Canyon, and parts of Valle Vista and Whitewater. Yxstian Gutierrez is the Supervisor for District 5.

As the governing body of the county, the Board:

- Oversees and reviews the overall progress and operations conducted by DPSS
- Rules on matters concerning funding, structure, and protocol
- Imposes regulatory mandates

The Board directs and supports DPSS by leveraging its authority and access to resources.

County Information

Title IV-E Agency Information: County of Riverside, Department of Social Services (DPSS), Children's Services Division (CSD)

Submitting Authority: CSD Director

Contact Name: Charity Douglas

Contact Email: CHdougl@rivco.org

Signature of CWS Representative: Charity Douglas

Signature of Authorized Probation Representative: Not applicable – Probation is not opting in

Signature of Authorized Behavioral Health Representative: Janine Moore

Components and Requirements of the Comprehensive Prevention Plan

Governance Structure

DPSS CSD led a coordinated and collaborative process to develop the Comprehensive Prevention Plan (CPP), providing the blueprint for how prevention services will be implemented.

To ensure cross-sector teamwork and decision-making, DPSS CSD developed a structure involving four subteams and several workgroups and subcommittees. Included are public agencies, private organizations, and local Tribal representation as well as community members, youth, and families with lived expertise. Ongoing efforts continue to ensure expanded membership.

Collectively these teams explored baseline community readiness and motivation, confirmed the community prevention pathway and process, identified the evidence-based practices that will best support the community needs, and began to determine the best way to measure efforts. This cross-sector and cross-functional group, as illustrated in figure 3, has been involved in the review of this plan and will continue to participate throughout implementation of the CPP. The four teams will continue to meet at least monthly throughout implementation. Meeting agendas, notes, documented next steps, recommendations, and critical decision-making questions will be provided to the Implementation Team for review and response. Each subteam will designate co-chairs who will be responsible for attending Implementation Team meetings, when needed, to provide progress updates, review continuous quality improvement (CQI) data, and make critical requests for needed changes or resources.

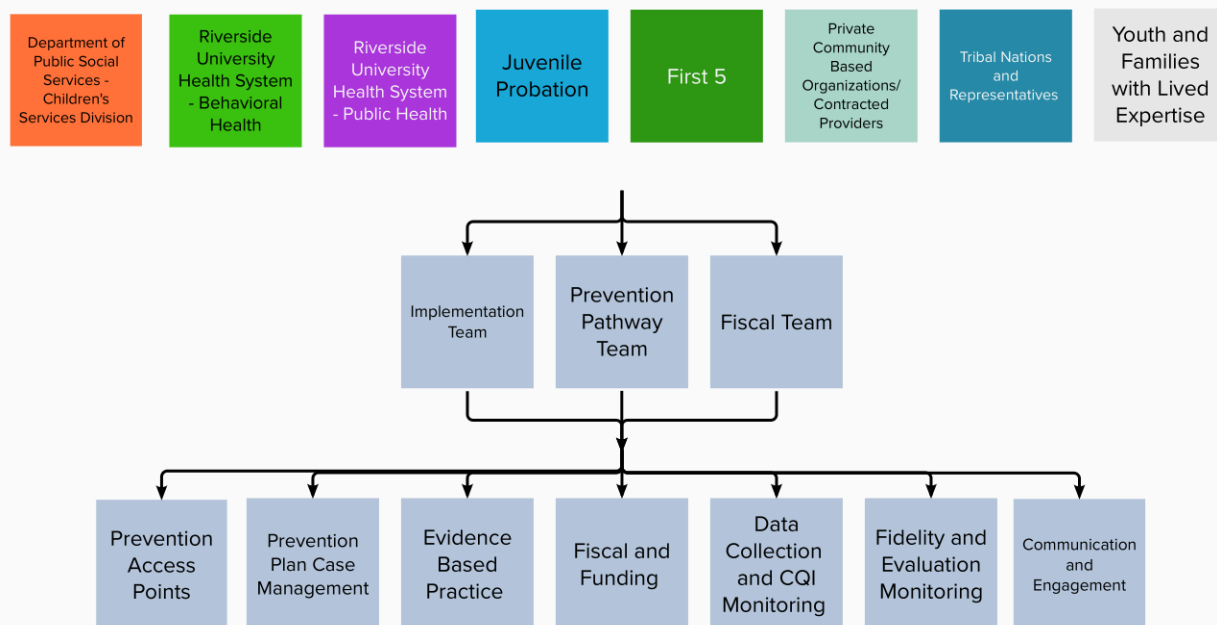
A flexible Implementation Team structure will support meaningful decision-making and continuous improvement of implementation strategies, such as communication and engagement strategies; training, fidelity monitoring, CQI, and evaluation of the core plan components; and regular review and evaluation of fiscal status.

Changes in core components, evidence-based practices, fiscal structures, or other major adaptations to the CPP will be discussed in collaboration with key partners based on the team responsible and in partnership with DPSS CSD leadership to ensure collective decision-making and consensus on changes.

FFPSA Planning Team Structure

FIGURE 3

Riverside County FFPSA Prevention Planning Team Members



Partner Participation and Responsibilities

A complete list of partners who have been actively engaged and who have participated in the prevention plan development is included in appendix B. Riverside County DPSS CSD intends to keep partners and key community members engaged through participation in a variety of activities, including:

- Building capacity to implement prevention services access points
- Building capacity to manage family prevention plans
- Determining the evidence-based practices (EBPs) to incorporate, expand, or explore for Riverside County during ongoing implementation
- Monitoring fiscal blending and prevention funding and CQI of fiscal processes
- Ongoing data collection, CQI processes for the prevention pathway and EBPs, and monitoring/review of evaluative outcomes
- Ongoing fidelity monitoring of the prevention pathway process, prevention plan management, and the evidence-based prevention services
- Ongoing communication of overall initiative, implementation progress, and outcomes with key stakeholders and engagement of community members and partners in the process

Cross-Sector Collaboration and Partner Engagement

The Riverside County Prevention Planning Team will monitor the implementation of the prevention pathway and the Family First Prevention Services (FFPS) program overall. Implementation monitoring will include:

- Conducting administrative functions to support contract requirements related to EBPs
- Collaborating around implementation successes or challenges
- Ensuring that Prevention Plan efforts are meeting requirements

DPSS CSD aims to ensure all perspectives are considered for CQI needs and that all relevant parties have channels of clear communication related to case management and safety monitoring. To that end, collaboration, and coordination among DPSS CSD leadership, the Interagency Leadership Team, the Prevention Pathway Subteam, Tribal partners, and participating community-based organizations (CBOs) are vital.

The frequency and procedures for routine meetings, communications, and decision-making will be developed during the first quarter of Phase 1 implementation.

Tribal Consultation and Collaboration

People identifying as American Indian or Alaska Native (AI/AN) make up a small minority of Riverside County at 2.7% of the total population. This includes representatives of at least 14 federally recognized Tribes (table A).

Although the total number of AI/AN children in Riverside County is low (2,651 out of 588,233 children), they make up a disproportionate number of children involved with child welfare.²

In 2021, the allegation rate for AI/AN children was more than double the rate among

TABLE A

Tribal Nations in Riverside County
Agua Caliente Band of Cahuilla Indians
Augustine Band of Cahuilla Indians
Cabazon Band of Mission Indians
Cahuilla
Cahuilla Band of Mission Indians of the Cahuilla Reservation
Colorado River Indian Tribes
Luißeño
Morongó Band of Mission Indians
Pechanga Band of Luißeño Indians
Ramona Band of Cahuilla
Santa Rosa Band of Cahuilla Indians
Soboba Band of Luißeño Indians
Torres Martínez Desert Cahuilla Indians
Twenty-Nine Palms Band of Mission Indians of California

² Department of Public Social Services – Children’s Services Division. (2022). *Riverside County Self-Assessment*, 35

Hispanic and White families and four times the rate of Asian families. The substantiation rate was nearly double for AI/AN families than Hispanic and White families. That trend has held true for the last 5 years (figures 4 and 5).³

FIGURE 4
Riverside County
 Allegation by Year
 Stratified by Race
 Incidence per 1,000 Children

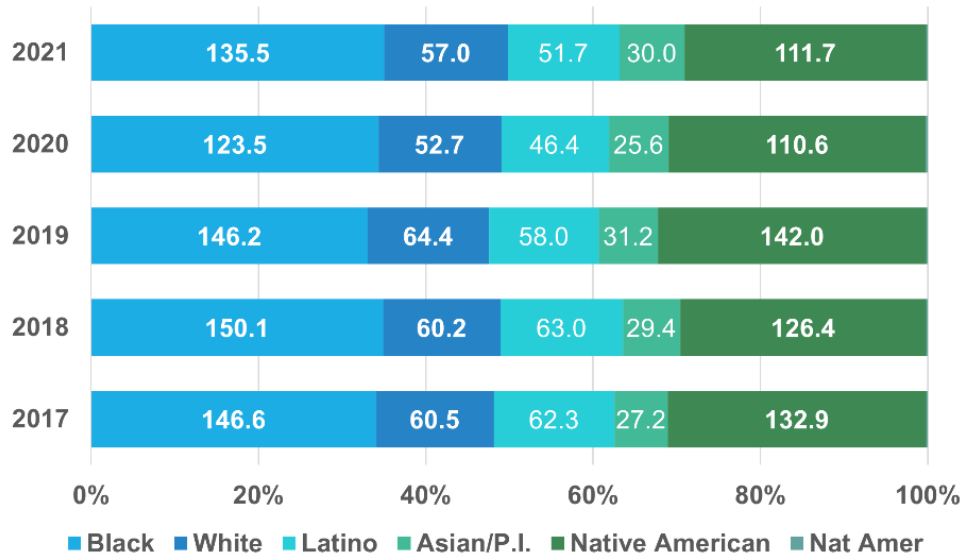
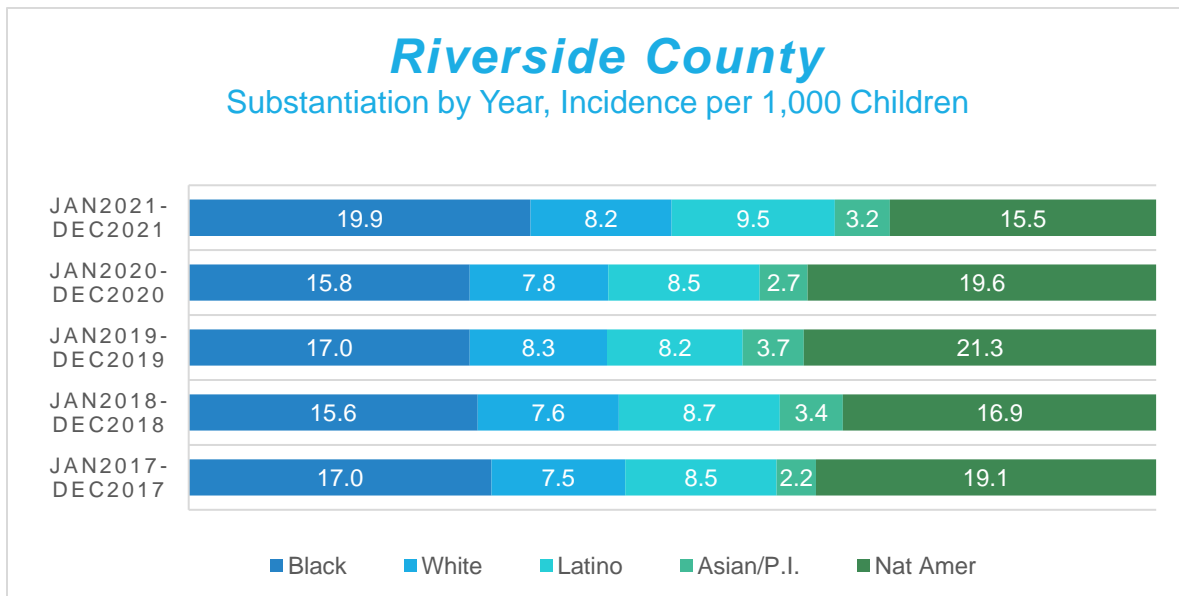


FIGURE 5

Riverside County
 Substantiation by Year, Incidence per 1,000 Children



For this reason, engaging leaders of local Tribal Nations is vital to the success of the CPP. The Riverside County Tribal Alliance for Indian Children and Families was created in 2005 as a partnership between local Tribes, Riverside Superior Court, Riverside County Probation Department, Riverside County Department of Social Services, staff from the Riverside and Southwest Juvenile Hall facilities, attorneys, and court appointed advocates.

³ Department of Public Social Services – Children’s Services Division. (2022). *Riverside County Self-Assessment*, 28, 31

Their stated goal is to “minimize Court and County intervention and increase Tribal participation and control by developing culturally appropriate services for Native American children and families. To create and sustain partnerships founded upon understanding, communication, and cultural awareness among the sovereign Tribal Nations and community and governmental agencies.”

In compliance with Welfare and Institutions Code (WIC) 16587 (d)(B)(3), Riverside County DPSS CSD will ensure that inquiry about Tribal membership will be incorporated into the service planning. Existing contracts as well as future contracts with service providers will also provide these assurances.

The Riverside County Core Leadership Team and the DPSS Tribal Liaison have engaged and invited all 14 Tribal Nations to participate in both the development of the CPP and to continue to be collaborative partners throughout implementation. Only one Tribal Nation has currently agreed to participate in both areas. A Tribal representative from the Agua Caliente Band of Cahuilla Indians is a standing member of the Implementation Team. DPSS CSD, through both the Core Leadership Team and the Implementation Team, will continue to actively engage and invite Tribal Nations to partner in this work.

Riverside County DPSS CSD is committed to ensuring that identified at-risk candidates who come to the attention of child welfare are served through the prevention pathway. Recognizing that not all services that will be needed to serve the various populations will qualify for Title IV-E funding, DPSS CSD expresses a strong desire to ensure alternate funding is made available for culturally appropriate services and for those that already exist through existing contracted providers or other community resources.

Integrated Core Practice Model

Riverside County DPSS CSD uses the Integrated Core Practice Model (ICPM) as a framework to inform practice internally with child welfare staff and with system partners through the interagency AB2038 system of care to outline practice expectations and goals. As part of CPP implementation, Riverside County DPSS CSD will use available training resources to share the ICPM framework and expectations with prevention plan partners. Training resources will also support framework integration into prevention services access points to engage with families and assess their needs and candidacy, the management of family prevention plans, and the delivery of prevention services to families. Also, the Riverside County Implementation Team, Prevention Pathway Subteam, and DPSS CSD Core Leadership Team will develop and ensure the full integration of ICPM core components (table B).

TABLE B

ICPM Behavior	Riverside County’s Strategies for Using the ICPM
Foundational	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> • Engage in open, honest collaboration and accountability with the stakeholders participating in Countywide Implementation Teams to gain input and give timely information. • Ensure accountability through evaluation components as outlined in the logic model. • Hold all team members accountable for what they say and do within planning meetings. <p>Behaviors With Families</p> <ul style="list-style-type: none"> • Engage in open, honest, clear, and respectful communication with families seeking assistance and receiving prevention services. • Communicate with families in the method they prefer and provide engagement and/or services in preferred languages whenever possible, with translation services available where appropriate.
Engagement	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> • Provide different opportunities for community partners and service providers to contribute and be informed about primary, secondary, and tertiary prevention services throughout the County.

ICPM Behavior	Riverside County's Strategies for Using the ICPM
	<ul style="list-style-type: none"> Promote trust among Implementation Team and Subteam partners and work to maintain that trust by gaining a better understanding of the roles/responsibilities of each agency. <p>Behaviors With Families</p> <ul style="list-style-type: none"> Use strengths-based questions to establish a relationship with all members of the family (child, youth, young adult, and caregiver) through intake, screening, assessment of family needs, and managing the family prevention plan. At intake and throughout a family's engagement in prevention services, providers will rely on the family's input and will actively maintain a collaborative relationship, sharing relevant information from which the family can make an informed decision(s) along the prevention pathway. Throughout a family's engagement in prevention services there will be consistent use of language that is aligned with cultural expectations, shows consideration of the family's perspective, and demonstrates respect for the family's role as an expert in their own planning and decision-making. Families will be provided with information about available prevention resources and will have the choice to opt in for services or not. Messaging will be clear that opting in for prevention services is at the family's discretion. Family engagement for intake, screening, and prevention plan management will be flexible, offering options more than five days/week and by appointment. Engagements with the family will take place in the setting of their choosing.
<p style="text-align: center;">Assessment</p>	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> Use common assessment tools such as Structured Decision-Making Risk Assessment (SDM) and Safety Assessment to minimize multiple assessments being conducted with each family. Expand opportunities for data sharing across system and agency partners to ensure consistency in assessment processes. <p>Behaviors With Families</p> <ul style="list-style-type: none"> Gather information using skills that build on previously collected information and leads to an individualized and comprehensive assessment with the family. The Prevention Services Unit will facilitate assessments to engage with families and better understand their underlying needs and strengths. The assessment tool will help staff gain an understanding of the family in the following nine domains: environment, parental capabilities, family interactions, family safety, child well-being, youth well-being, social/community life, self-sufficiency, and family health. Risk and safety assessments will be conducted <i>with</i> the family at intake, intermittently, and at closure of prevention services with the hope that these engagements in assessment promote honest discussions about risk factors that help the define the family's individual needs.
<p style="text-align: center;">Teaming</p>	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> As a collective, all partners are engaged in the design, piloting, and implementation of shifting the child welfare system to a prevention-oriented system of care for children, youth, and families. Coordination occurs among multiple teams, i.e., Implementation Team, Interagency Leadership Team, etc. <p>Behaviors With Families</p> <ul style="list-style-type: none"> The Prevention Services Unit will work as a team with the family to access available prevention services in the community and support the family through the prevention pathway, from intake to completion. The Prevention Services Unit will work with public agencies and community-based services to identify culturally appropriate services to meet the family's needs and will be a continued support to the family as they engage with prevention services. The unit will share information with the referred service provider(s) as appropriate to help the family access services.
	<p>System and Partner Behaviors</p>

ICPM Behavior	Riverside County's Strategies for Using the ICPM
<p style="text-align: center;">Service Planning and Delivery</p>	<ul style="list-style-type: none"> • Agency partners will use data to guide decision-making surrounding which EBPs to implement, potential expansion of EBPs, and/or need for cultural adaptations of services. • Partners will track data to determine how to maximize funding and revenue sources to best meet families' needs. <p>Behaviors With Families</p> <ul style="list-style-type: none"> • Prevention plans are co-developed with the family and monitored and adjusted as needed to reflect the family's needs and/or progress. • Throughout service delivery, the Prevention Services Unit will facilitate interaction with the family by staying impartial and by consistently creating an atmosphere of transparency, mutual exploration, and respect; they will acknowledge prior safety solutions. • Well-rounded case management will be provided via interviewing and ongoing assessment, collaboration, and engagement with the family and other supports, including the Prevention Services Unit and the community-based service provider. • Customized prevention plans will be co-developed and reviewed with the family as needed throughout the family's engagement in prevention services.
<p style="text-align: center;">Transition</p>	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> • Partners will keep each other well-informed of agency changes, either in key services or initiatives, funding, data, or staffing, to prepare for the impact of these transitions on the CPP. <p>Behaviors With Families</p> <ul style="list-style-type: none"> • The Prevention Services Unit will provide transition planning and preparation well ahead of the family's transition out of prevention services in collaboration with the service provider and in alignment with the EBP being provided. • The Prevention Services Unit, in coordination with the community-based service provider, will collaborate with the family during transition planning. • The family will identify informal and formal supports with whom the Prevention Services Unit and the community-based service provider will coordinate and collaborate.

Target Candidacy Populations

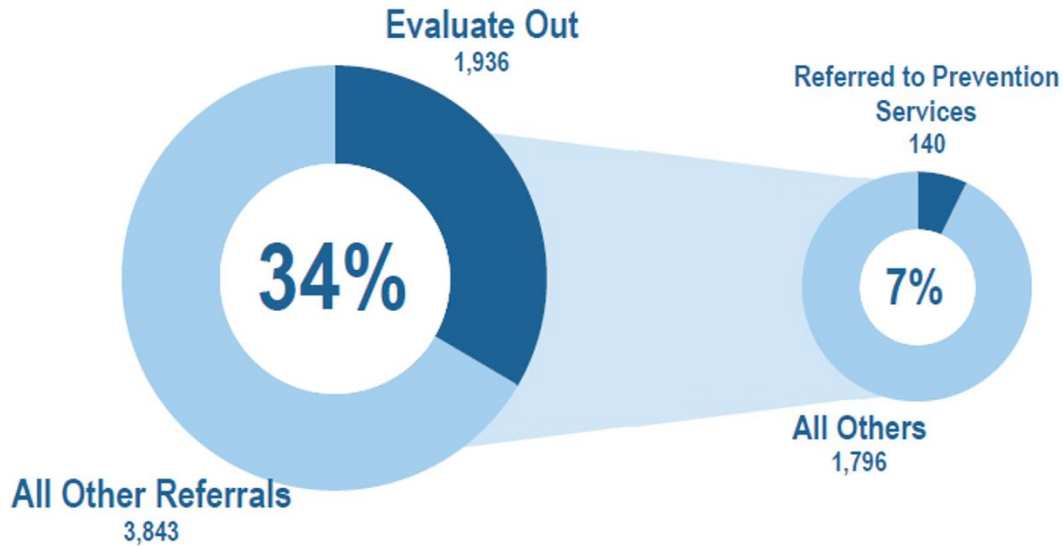
Building on existing efforts to expand prevention services within Riverside County, the initial target population will be families that come to the attention of CSD through the centralized hotline and are screened out of an investigation based on the application of SDM criteria. Additionally, prevention services criteria will be reviewed to assess whether the family's needs may be addressed through a community service. These families will then be connected with a CSD Prevention Services staff member who will engage with the family, provide an assessment, and, ultimately, refer them to appropriate community services. Figure 6 below depicts referral data from October through November 2022. The total number of referrals received through the hotline during that time was 5,779; of those, 1,936 (34%) were evaluated and screened out based on SDM criteria applied at the hotline. Of those screened out, 140 families (7%) were determined as likely to benefit from prevention services. Historical data indicate an average of approximately 50 prevention service cases per month, with a range of 11 to 75 families per month. It is reasonable to assume that this volume of families would remain consistent, at least through the initial implementation of FFPS. Not all families, however, will necessarily qualify for an FFPSA eligible service but regardless, will still be referred to the service most appropriate in meeting their needs.

FIGURE 6

Of the 5,779 # | Referrals
Unique Count
Received October - November 2022

% | Children Evaluated Out from Referrals
October - November 2022

7% (140) | of 1,936
Referred to Prevention Services



Given this initial subset of the population, Riverside County's FFPSA Implementation Team intends to serve all eligible FFPSA candidacy populations through a phased-in approach. Although FFPSA prevention services will be implemented in a phased-in approach, agency leadership does not want to keep children and families from receiving services or make them wait if their candidacy places them in a subsequent phase of the project. Therefore, all children and families deemed in need of services will be assessed for FFPSA and non-FFPSA community services.

Should the children or families not meet FFPSA candidacy, they will be referred to appropriate services via public agencies, community-based service providers, and family resource centers. Riverside County's goal is to engage children and families earlier and connect them with the right services to lessen the likelihood of interactions with CSD, incidents of maltreatment and, ultimately, foster care placement.

The following phased-in approach will be launched with children and families known to CSD:

Phase 1: Children and families known to CSD:

- Children or youth experiencing serious risk factors combined with family instability or safety threats

Phase 2 and 3: Children and families known and unknown to CSD:

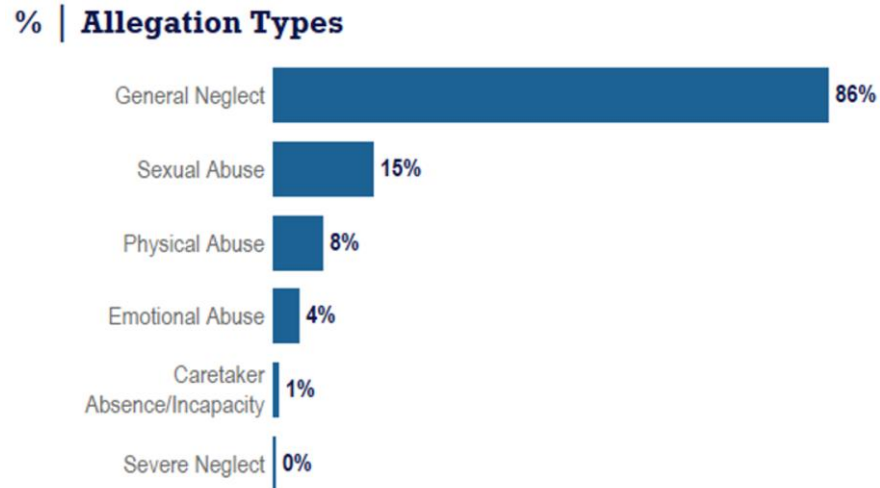
- Additional candidacy populations will be added based on data analysis and program outcomes
 - Data will be reviewed on a quarterly basis with the Implementation Team

To inform candidacy population expansion decisions in Phases 2 and 3, the Prevention Services staff will use data collected from multiple sources. This includes the hotline evaluation of families who do not meet the criteria for an investigation but are aligned with the criteria for prevention services. Ongoing analyses of these data will be used to provide insights into populations that may particularly benefit from prevention services.

Needs Assessment

Based on Riverside CSD referral data from March through November 2022, most allegations are for general neglect (figure 7). While some families will still require traditional child welfare services, this allegation type represents the largest category of the child welfare population in Riverside County and is one that is especially likely to benefit from prevention efforts.

FIGURE 7

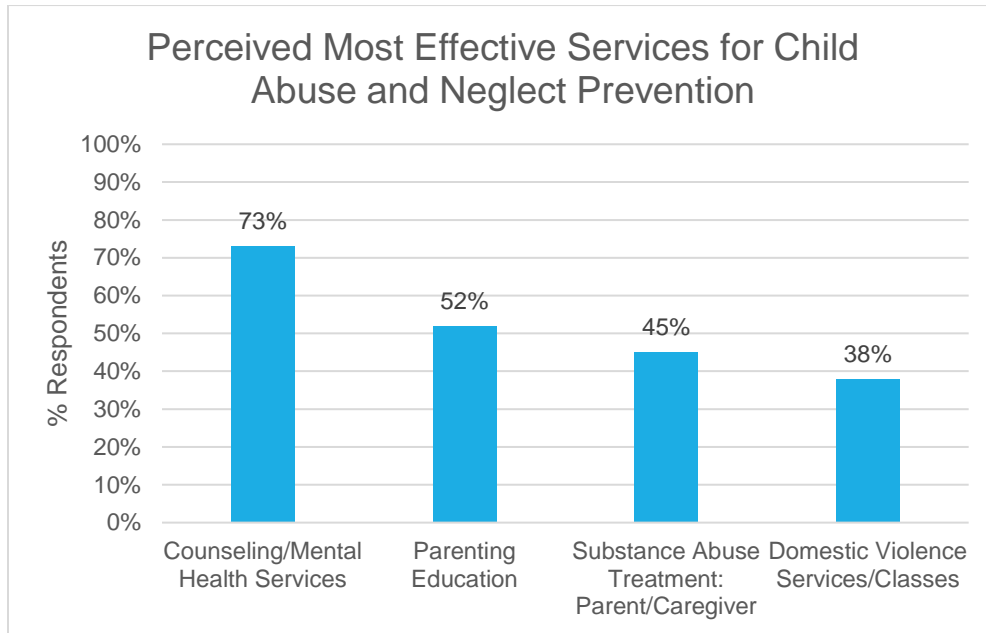


To help in the development of the FFPSA CPP, the evaluation team for the Division of Continuing and Professional Education – Human Services at the University of California, Davis, in conjunction with DPSS CSD and Riverside County’s Child Abuse Prevention Council, developed and released the Community Needs Assessment (CNA) in the summer of 2022. This needs assessment explored community service needs and barriers to services for child abuse and neglect prevention, intervention, and treatment.

Surveys, stakeholder meetings, and focus groups informed the assessment. Across all data collection activities, counseling/mental health services for parents/caregivers were consistently identified as the most needed and most effective service. Overall, the finding of the CNA indicates a strong relationship between the most prevalent community needs and the types of services Riverside County aims to address through prevention services: mental health, substance use, and parenting skills. The results from the survey, which included 222 responses (40% direct practitioners of families), are included in figure 8.⁴

⁴ Ainsworth, D., Diaz, H., Schmidlein, M., & Van, T. (2022). *Community health needs assessment of Sacramento County*. UC Davis Health. https://health.ucdavis.edu/community_relations/pdf/Community-Health-Needs-Assessment.pdf

FIGURE 8

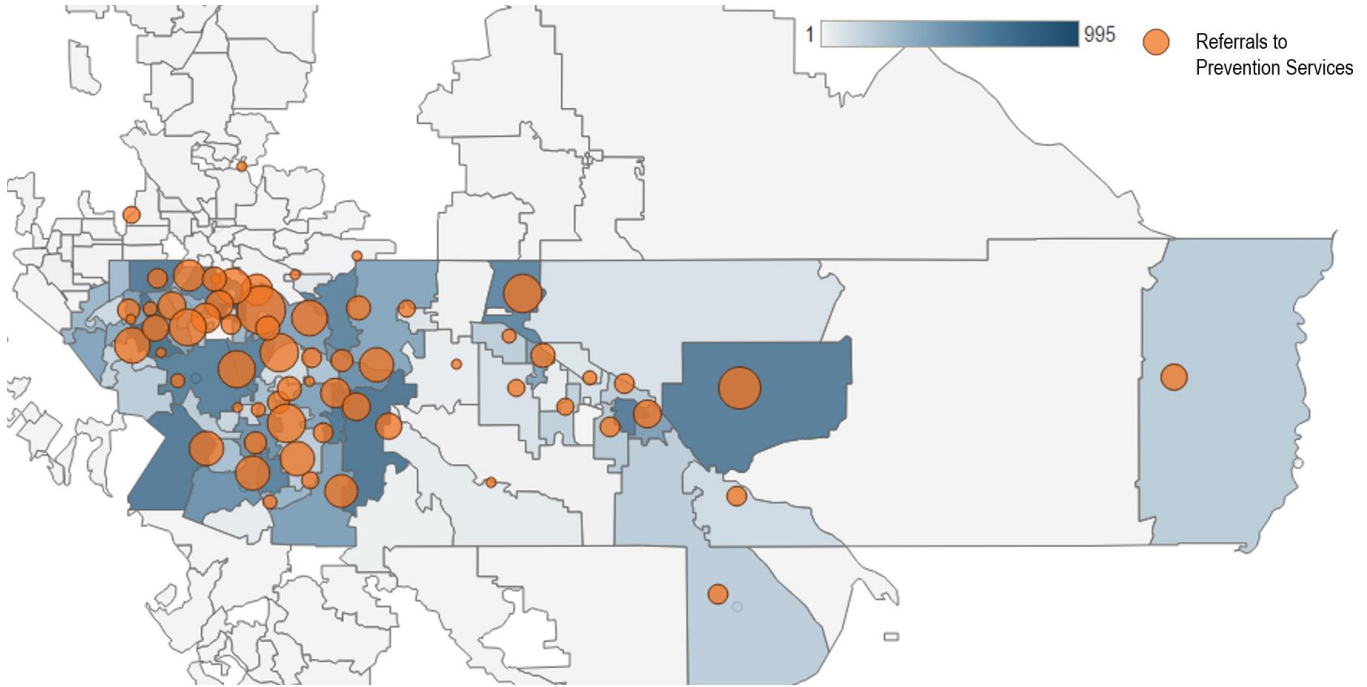


According to the CNA, the most frequently identified barriers to services in Riverside County are availability, accessibility, and cultural responsiveness. There were no notable differences in existing or needed services among Supervisorial Districts, but there were regional differences in barriers to services. In particular District 4, which is comprised of the desert, mid-county, and valley regions, appears to experience the perception of greater barriers to availability and accessibility of services.

Furthermore, according to the Riverside County Self-Assessment (CSA), Riverside County had 1,446 referrals from April 2021 to March 2022, with about half originating from 15 zip codes. These zip codes included the two most populous cities in the county, but also highlighted rural and desert communities with reduced access to services (including child protection services) and a known challenge area where poverty, gang involvement, substance abuse, isolation, and sex trafficking represent a barrier to community safety. The provision of telehealth services made necessary by the Covid pandemic has helped to mitigate accessibility for children and families in remote areas and/or with transportation issues.

Using Riverside CSD data from 2022, the map below (figure 9) shows the distribution of unique referrals throughout Riverside County with the volume of referrals to Prevention Services represented in orange. The distribution of Prevention Services referrals appears to be geographically aligned to total referrals in Riverside County.

FIGURE 9



When looking at allegations by age, the highest incidence rate occurs for children under one year old—this has remained consistent over the past 5 years (figure 10). However, because most children in Riverside County are school aged, most cases in the County involve children within that age group (figure 11; data from 2021). This data support Riverside County’s phased implementation approach, with the expansion of entry points in Phase 2 to potentially include schools with social workers on campus.

FIGURE 10

Riverside County
 Allegation by Year
 Stratified by Age
 Incidence per 1,000 Children

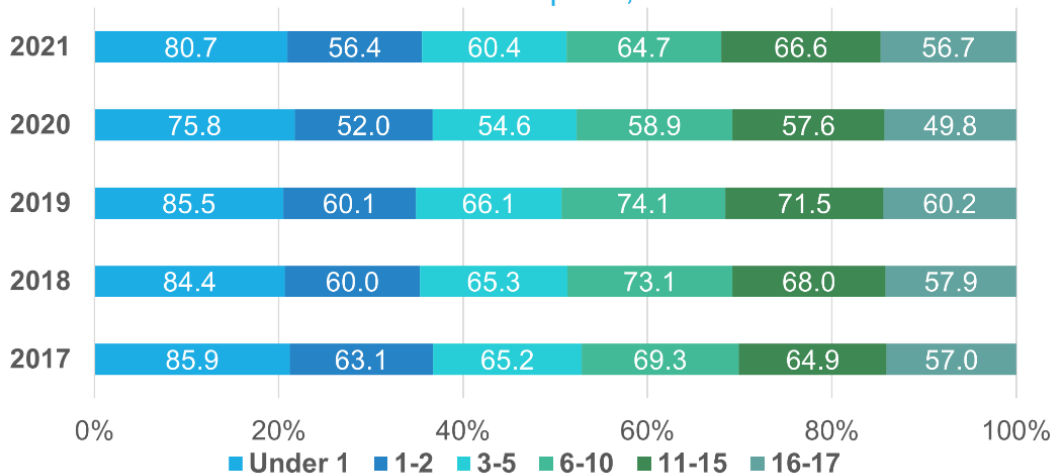
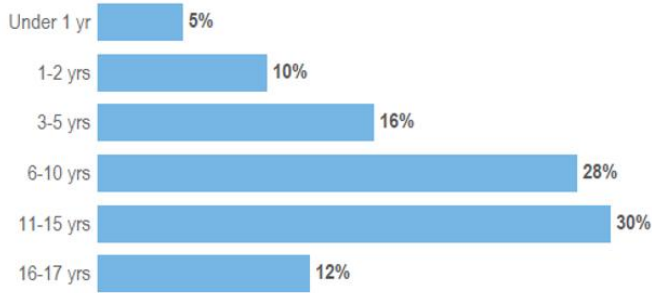


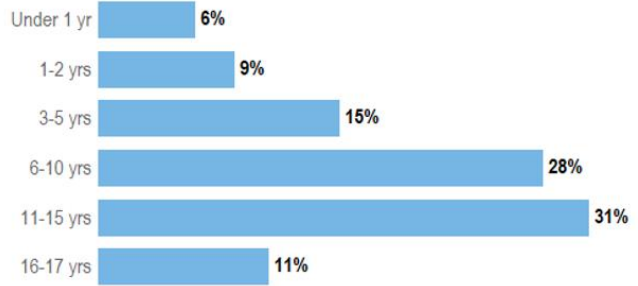
FIGURE 11

**% | Children
Population by Age**



Source: California Child Welfare Indicators Project (CCWIP). Retrieved February 10, 2023, from University of California at Berkeley CCWIP website. URL: <https://ccwip.berkeley.edu/>

**% | Children
Allegations by Age**



Source: California Child Welfare Indicators Project (CCWIP). Retrieved February 10, 2023, from University of California at Berkeley CCWIP website. URL: <https://ccwip.berkeley.edu/>

Point-in-time counts provided in the CSA indicate that interactions with DPSS CSD have increased 21% over the last 5 years, especially for emergency response, no placement Family Maintenance (FM), post-placement FM, and Family Reunification (FR) service components (figure 12).

FIGURE 12

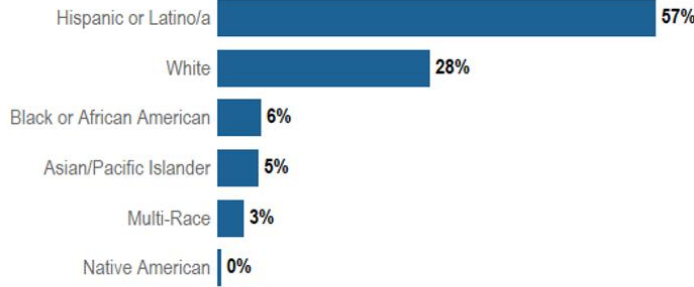
Service Component Type	Point In Time (Count)				
	Apr 1, 2018	Apr 1, 2019	Apr 1, 2020	Apr 1, 2021	Apr 1, 2022
	n	n	n	n	n
Emergency Response	178	212	289	329	392
No Placement FM	438	371	579	961	999
Post-Placement FM	451	347	381	531	473
Family Reunification	919	836	1,351	1,335	1,260
Permanent Placement	2,008	1,751	1,668	1,674	1,791
Supportive Transition	333	329	317	416	313
Missing	0	0	0	0	0
Total	4,327	3,846	4,585	5,246	5,228

As of 2021, the majority (57%) of the minors in Riverside County identify as Hispanic or Latino/a, and Hispanic or Latino/a children also represent the largest population of children with allegations (54%). However, Black or African Americans make up just 6% of minors in Riverside County but represent 14% of child welfare allegations (figure 13). In 2021, allegations per 1,000 children were almost two and a half times greater among Black families than among White or Hispanic families. Rates among American Indian/ Alaskan Indian families were double that of White and Hispanic families. These disparities have remained fairly consistent over time as well (figure 14). Disproportionality in the child welfare system is an acknowledged issue across the United States, and unfortunately remains an important issue to address within Riverside County.⁵ Riverside County acknowledges that Black and AI/AN children and youth are significantly overrepresented in the child welfare system, a disparity that DPSS CSD aims to address via Title IV-E prevention services.

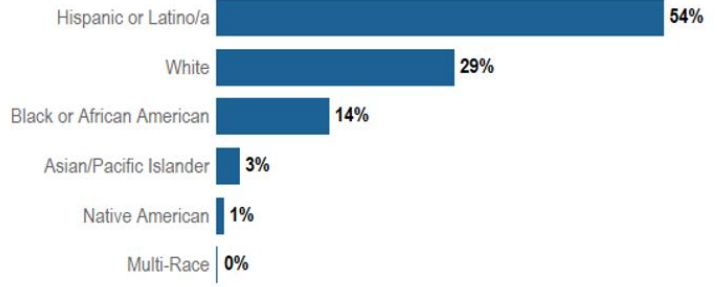
⁵ Annie E. Casey Foundation (2023, February 8). *Children in foster care by race and Hispanic origin in the United States*. <https://datacenter.kidscount.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin#detailed/1/any/false/1729,37,871,870,573,869,36,868,867,133/2638,2601,2600,2598,2603,2597,2602,1353/12992,12993>

FIGURE 13

% | Children
Population by Race/Ethnicity



% | Children
Allegations by Race/Ethnicity

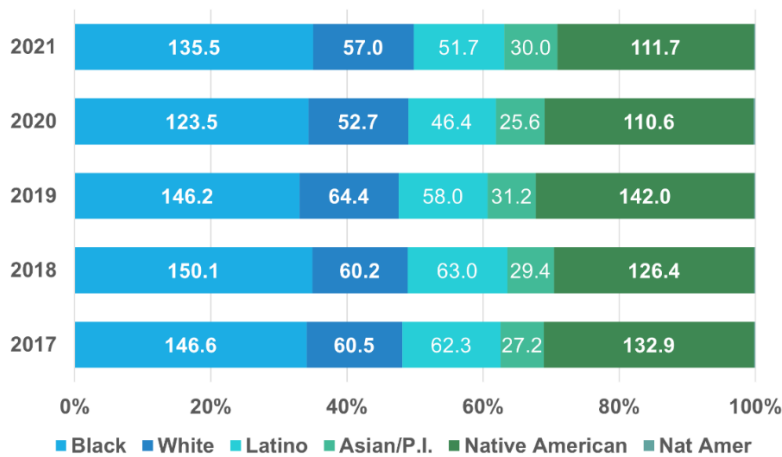


Source: California Child Welfare Indicators Project (CCWIP). Retrieved February 10, 2023, from University of California at Berkeley CCWIP website. URL: <https://ccwip.berkeley.edu/>.

Source: California Child Welfare Indicators Project (CCWIP). Retrieved February 10, 2023, from University of California at Berkeley CCWIP website. URL: <https://ccwip.berkeley.edu/>.

FIGURE 14

Riverside County
Allegation by Year
Stratified by Race
Incidence per 1,000 Children

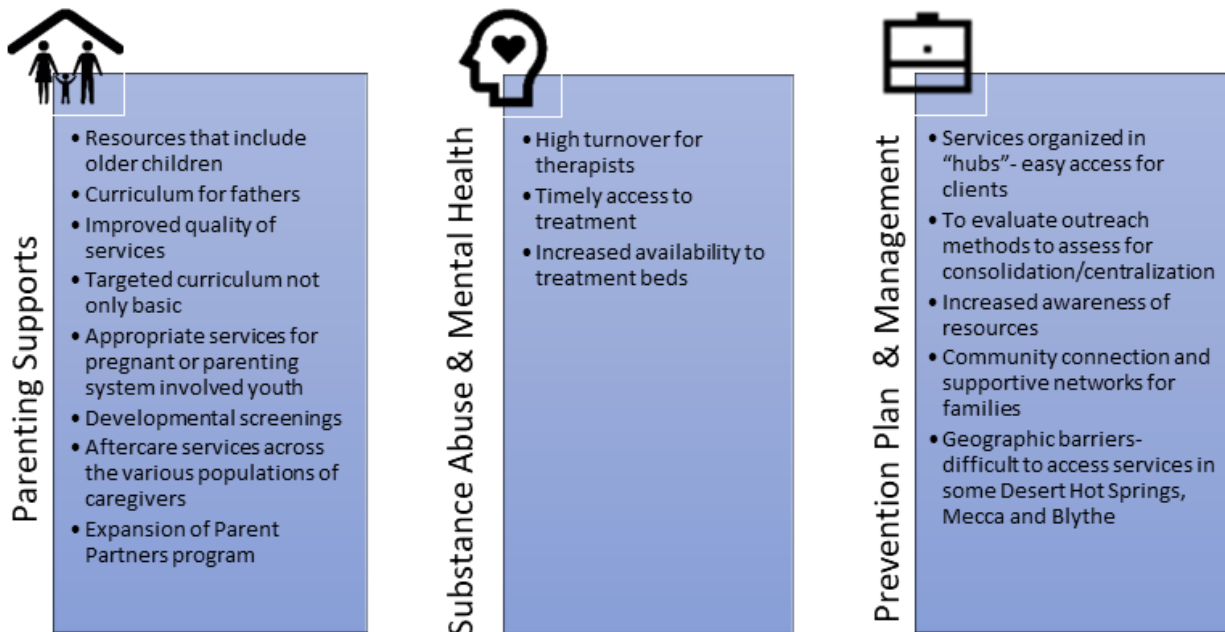


Further outlining needs identified for Riverside County’s youth and families, the CSA summarizes information shared in meetings, surveys, and focus groups. Overarching themes discussed include a need for: 1) basic supports (e.g., affordable and stable housing, transportation); 2) geographically located services; and 3) culturally appropriate services to prevent the entry of children into foster care. In alignment with the specific areas of impact for FFPSA Title IV-E services, key community members identified the most needed services as:

- Housing
- Behavioral/mental health services
- Parent education programs
- Domestic violence programs that are robust and impactful
- Visitation support services

Figure 15 highlights key areas of need for parenting supports, mental health services, and substance abuse services as well as important criteria for Prevention path and Plan management.

FIGURE 15



Service/Asset Mapping

Prevention services are provided in Riverside County by many organizations, from nonprofits to government agencies. The information gathered during the asset mapping phase reflects these existing partnerships and serves as a strong foundation to expand or add prevention services to maximize a three-tiered prevention continuum.

Our review of existing community resources and supports that strengthen families emphasizes the numerous prevention efforts in progress in Riverside County. Information was gathered from DPSS CSD partners and includes a list of contracted prevention services and/or in-house provided services. Additional research, survey results, and meetings with CBOs helped inform an expanded list of current prevention service offerings, funding amounts, and sources in Riverside County (see attachment A).

To gain a deeper understanding of the service array, baseline readiness, and capacity strengths and needs, DPSS CSD, in partnership with consulting firm ICF, disseminated a survey to public agencies and service providers. Fifteen organizations responded to the survey. The following is a summary of the findings:

1. Readiness

- 14 of the respondents indicated they were “very motivated” or “motivated” to partner on prevention
- 1 respondent indicated “neutral”

2. Implementation Strengths and Supports

- 15 respondents have existing partnerships that can support the prevention work
- 12 respondents have existing fiscal reporting systems
- 11 respondents have sufficient staffing resources
- 11 respondents currently provide prevention services
- 11 respondents have and use data tracking systems
- 10 respondents have a strong awareness of other programs provided in the community and positive working relationships with those service providers
- 7 respondents have no wait lists to receive services

3. Implementation Barriers

- 5 respondents have had or are experiencing staffing shortages

- b. 2 respondents have high staff turnover
- c. 1 respondent has a long waitlist for services

This survey helped Riverside County gain a baseline understanding of the services being provided to families, the providers' motivation to partner in FFPS, and implementation strengths and gaps. During implementation, capacity and readiness assessments will be conducted through subsequent surveys, interviews, and focus groups at certain intervals.

To determine available funding to serve primary, secondary, and tertiary tiers of prevention (figure 16), the following County agencies provided information:

- Riverside County DPSS
- Riverside University Health System – Behavioral Health
- Riverside University Health System – Substance Abuse Prevention and Treatment
- Riverside University Health System – Maternal, Child and Adolescent Health

FOR SOME SERVICES, INFORMATION COULD NOT BE SEPARATED OUT INTO DISTINCT CATEGORIES, SO THERE IS SOME OVERLAP BETWEEN TIERS. THE INFORMATION WAS COLLECTED AS A POINT IN TIME AND IS REFLECTIVE OF THE ORGANIZATION'S INTERPRETATION OF THE LEVEL OF PREVENTION. THE FISCAL INFORMATION THAT WAS GATHERED REFLECTS A ROUGH ESTIMATE OF A LITTLE OVER \$49.8 MILLION IN PREVENTION FUNDING.

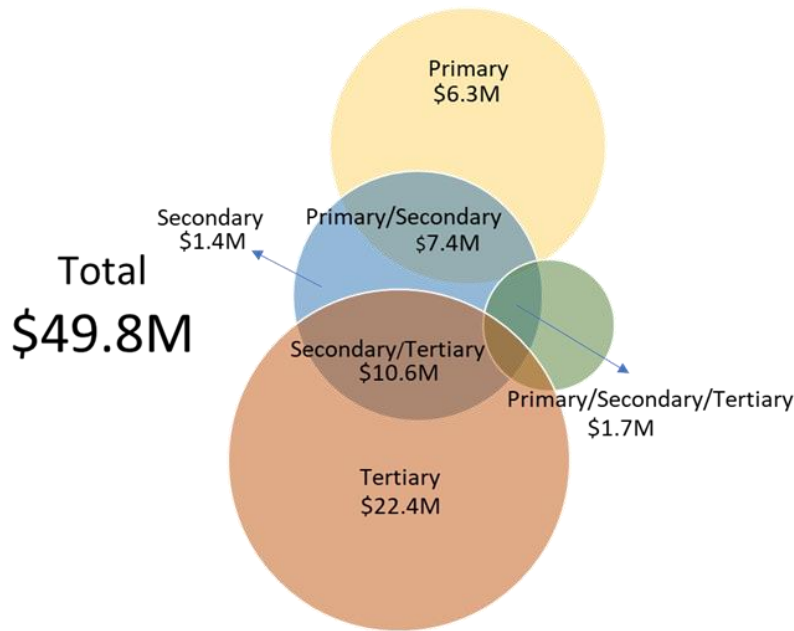
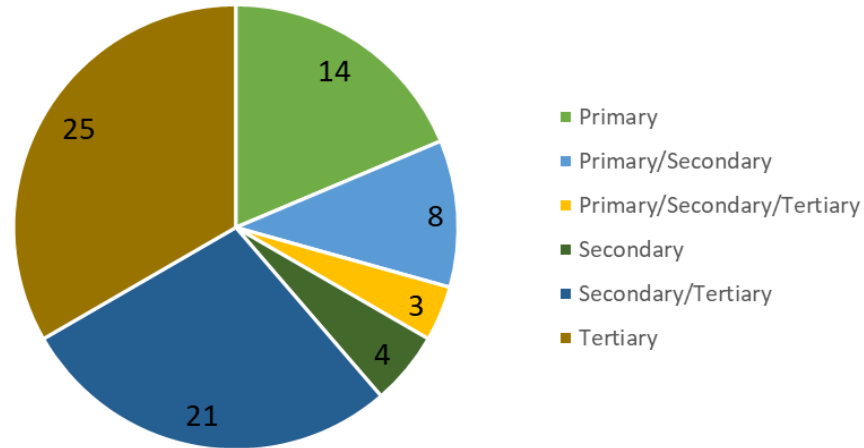


FIGURE 16: PREVENTION FUNDING

Seventy-five programs were identified as prevention services that are provided across varying service categories (figure 17).

FIGURE 17: PREVENTION SERVICES



The County’s commitment to prevention goes back decades, thanks to existing federal, state, and local programs such as:

- Title IV-B (IV-B)
- Child Abuse Prevention and Treatment Act funding
- Child Abuse Prevention, Intervention, and Treatment (CAPIT)
- Children’s Trust Fund (CTF)
- Child Welfare Services Outcome Improvement (CWSOIP)
- Community-Based Child Abuse Prevention (CBCAP)
- Emancipated Youth Stipends (EYS)
- Independent Living Program (ILP)
- Kinship Support Services Program
- Promoting Safe and Stable Families
- Emergency Response Enhancement Funds to support prevention services

The FFPSA’s authorization to use Title IV-E funds for prevention services stands to positively impact the County’s ongoing efforts to build a robust prevention continuum. With flexibility in the use of IV-E funds, culturally responsive practices can serve children, youth, and families in underserved populations to prevent neglect and/or abuse.

Figure 18 outlines the strategies Riverside County currently employs at each level of prevention, with those most impacted by FFPSA in bold.

FIGURE 18: CURRENT PREVENTION STRATEGIES

Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> • Reducing substance use • Reducing poverty, improving economic stability, transportation and access to supports • Increasing social connections within families and the community • Improving health and access to healthcare • Improving school readiness, neighborhood safety and play areas for children and youth • Increasing communication and public awareness strategies for education, engagement, and outreach • Increasing access to concrete supports such as childcare, food and housing 	<ul style="list-style-type: none"> • Increasing accessibility to community-based resources for families needing support • Offering parent education programs • Providing home visiting programs that provide support and assistance to expecting and new parents • Providing respite care for families that have children and youth with special needs • Increasing access to family-centered substance use disorder (SUD) treatment services • Connecting families to public assistance programs such as Medi-Cal, WIC, Calworks and CalFresh 	<ul style="list-style-type: none"> • Providing family preservation or reunification services • Providing permanency planning • Providing independent living supports for youth in transition to adulthood • Providing post adoption caregiver support • Providing Kinship/care support services. • Offering parent supports that help parents strengthen positive parenting behaviors and attitudes • Providing behavioral health and health services for children, youth, and families • Providing parent mentoring programs to families in crisis. • Providing counseling, substance abuse treatment, and crisis intervention for at risk youth, including those that cannot access services through Medi-Cal.

In our review of current prevention strategies, we determined which EBPs identified in California’s five-year prevention plan are Title IV-E reimbursable. We also identified other available practices rated as Promising, Supported, or Well-Supported in the Title IV-E Prevention Services Clearinghouse. Appendix C presents a summary of each EBP, its funding source (if known), provider(s) of the service, and an indication of a current contract by the Title IV-E agency for the service. DPSS CSD’s initial approach will be to evaluate existing provider capacity and contract use and establish clearly defined, communicated, and prioritized pathways for services already available in the community. Later phases of development and implementation will determine what kind of additional services are needed to meet the needs of the referral population. This will include expanding existing contracts and/or adding new, evidence-based services.

Pathway to Prevention Services

In September 2020, Riverside County DPSS CSD implemented the Comprehensive and Timely Investigations project to collect relevant data, conduct interviews, and analyze this information to determine how practices can be improved to meet the needs of children and families. The findings led to the development of three strategic goals:

1. Timely investigations
2. Improved thoroughness of referrals from Central Intake Center (CIC)
3. Coordination of services for families that do not meet the threshold for a child maltreatment investigation

This last goal led to the development of the Prevention Services program and unit. Phase 1 of FFPSA implementation is focused on expanding and fully operationalizing the Prevention Services program.

Broadly defined, prevention services stand between universal and indicated prevention services (secondary and tertiary). Universal services are those that are widely available to the general public to prevent child maltreatment from ever occurring. Indicated services are the targeted and specific services offered and delivered to families where child maltreatment has occurred or is at imminent risk of occurring. Selected services are those made available to families with identified risk factors for child maltreatment, but maltreatment has not yet occurred.

The hypothesis of the Prevention Services program is that when social workers spend adequate time engaging with families, comprehensively assess their needs, and effectively refer families to services according to their needs, there is a significant reduction in the occurrence of child maltreatment. The goal is to engage with families before there is an indication that child maltreatment has taken place.

Existing prevention funding will continue to support the current array of services and will be leveraged to ensure a continuum of prevention services are available at all levels (primary, secondary, and tertiary) of prevention. This will be accomplished through existing and/or new contract amendments, agreements between internal agencies, existing funding such as grants, and federal, state, county, local, or other funding. As EBPs are identified, contracts will be adjusted to allow CBOs or family resource centers the necessary fiscal support to adequately serve FFPSA candidates. Ongoing fiscal discussions, fiscal-readiness focus meetings, CBOs and family resource center fiscal information, and fiscal CQI

processes will further identify when adjustments are needed and when they can be leveraged to selected EBPs. Title IV-E FFPSA funding will supplement, not supplant, any existing funding to assist in further funding prevention services or activities. Table C reflects some areas where this blending of funding could occur to support prevention services for a child or family. See appendix D for the policy and procedures of the Prevention Services Unit.

TABLE C

Steps to Receive Prevention Services	Actions	Fund Sources
Initial Phase		
<ul style="list-style-type: none"> ▪ CSD Hotline <ul style="list-style-type: none"> – Child Abuse and Neglect referrals 	<ul style="list-style-type: none"> ▪ SDM Hotline Tool to determine a referral to be evaluated out (EVO) ▪ Evaluate family situation using criteria to determine if the family would benefit from prevention services 	<ul style="list-style-type: none"> ▪ Office of Child Abuse Prevention (OCAP) ▪ Promoting Safe and Stable Families: <ul style="list-style-type: none"> – Family Support – Family Preservation ▪ CBCAP ▪ CAPIT ▪ Emergency Response Enhancement
<ul style="list-style-type: none"> ▪ Prevention Services – Provides a prevention and community-linked access point: <ul style="list-style-type: none"> – Conduct a strength and needs assessment – Determine eligibility for FFPSA candidacy – Meet with the family to confirm they will opt in for prevention services – Make referral to CBO or public agency for provision of evidence-based program 	<ul style="list-style-type: none"> ▪ Prevention Services staff will: <ul style="list-style-type: none"> – Validate family meets the criteria for Prevention Services (PS) services – Inform reporter – Establish eligibility based on candidacy – Confirm the family is willing to participate in services 	<ul style="list-style-type: none"> ▪ Emergency Response Enhancement funds existing staff ▪ Potential future funding for expansion of PS teams if warranted ▪ FFPSA administrative costs: <ul style="list-style-type: none"> – Establish eligibility – Assess the family's functioning – Case management – Information and referral
<ul style="list-style-type: none"> ▪ Engaging and overseeing the family in FFPSA – Existing Contracted Service Provider: <ul style="list-style-type: none"> – Create a prevention plan with the family (CBO/ Public Agency and PS staff) – Provide oversight of case management for the prevention plan – Provide an EBP and/or other needed service and case management ▪ Monitor for safety and risk 	<ul style="list-style-type: none"> ▪ Work with the family to create a prevention plan outlining the requirements to maintain the child in the home ▪ Ensure that case management services are supporting the family 	<p>Use of existing funds that support prevention services/ potential future funding for expansion of existing contracted services</p> <ul style="list-style-type: none"> ▪ FFPS State Block Grant funds ▪ Assess the family's functioning ▪ Case management ▪ Information and referral

Steps to Receive Prevention Services	Actions	Fund Sources
<ul style="list-style-type: none"> ▪ Implementation Team: <ul style="list-style-type: none"> – Conducts administrative functions to support contract requirements – Ensures the Prevention Plan effort are meeting requirements 	<ul style="list-style-type: none"> ▪ Provide oversight of case management and safety monitoring ▪ Coordinate and collaborate with involved partners and agencies ▪ Provide feedback and reviews CQI 	<ul style="list-style-type: none"> ▪ FFPSA administrative costs are claimed for: <ul style="list-style-type: none"> – Provision of oversight and management of contracts – Working closely with CBOs providing technical assistance and support – Ensuring consistent and ongoing quality improvement <p>Assess when termination is needed, either voluntarily or involuntarily</p>
Future Phases that incorporate Title IV-E EBP's approved by CDSS		
<ul style="list-style-type: none"> ▪ Engaging and overseeing the family in FFPSA – Service Provider: <ul style="list-style-type: none"> – Create a prevention plan with the family (CBO and PS staff) – Provide oversight of case management for the prevention plan – Provide an EBP and case management – Monitor for safety and risk 	<ul style="list-style-type: none"> ▪ Work with the family to create a prevention plan outlining the requirements to maintain the child in the home ▪ Ensure that case management services are supporting the family ▪ Review and assesses for potential safety risks to the child 	<ul style="list-style-type: none"> ▪ Potential future funding for expansion of existing contracted services or new EBPs ▪ FFPSA administrative costs: <ul style="list-style-type: none"> – Establish eligibility – Assessing the family's functioning – Case management – Information and referral ▪ FFPSA services cost: <ul style="list-style-type: none"> – Provide the EBP – Assess ongoing case management
<ul style="list-style-type: none"> ▪ CBO begins engaging with the family upon receipt of the referral to provide identified services: <ul style="list-style-type: none"> – Provides data – Ensures EBP is being provided and monitors costs of services, outcomes – Establishes and maintains relationships and contracts with service providers – Ensures EBP fidelity – Provides oversight of the contract scope of work – Oversees program delivery – Submits claim to the state for reimbursement 	<ul style="list-style-type: none"> ▪ CBO actions: <ul style="list-style-type: none"> – Ensure collection and maintenance of FFPSA data – Submit timely invoices with data requirements included – Conduct internal monitoring of compliance with contract requirements 	<ul style="list-style-type: none"> ▪ FFPSA administrative costs are claimed for: <ul style="list-style-type: none"> – Data collection and reporting beyond the child's eligibility for FFPSA – Verification and documentation of program eligibility ▪ Additional activities may include: <ul style="list-style-type: none"> – Referral to services – Preparation and participation in judicial determinations – Development of case plan – Rate setting

Steps to Receive Prevention Services	Actions	Fund Sources
		– A proportionate share of agency overhead

During Phase 1 of implementation, the Riverside County Prevention Pathway Team and Implementation Team will review data from multiple sources to inform expansion decisions regarding entry points for families. It is the intention of CSD to start identifying families for prevention services through the hotline during Phase 1. This will allow CSD the time to fully develop and operationalize case management and tracking processes. Phases 2 and 3 will introduce additional prevention services entry points.

Theory of Change/Logic Model

The implementation of prevention services offers an opportunity for CSD and contracted service providers to continue their work toward early intervention, supporting communities, and increasing services for families to achieve positive outcomes and reducing the need for child welfare involvement. As outlined in the logic model, CSD will build upon their current resources and enhance their infrastructure (e.g., policy, data collection, contracts), practice supports (e.g., technical assistance), and collaboration (e.g., planning, communication) to support an array of prevention services aligned with the needs of children and families throughout Riverside County, with the ultimate goal of supporting safe and stable families.

The FFPSA logic model for Riverside County can be found in appendix E. This logic model broadly depicts the activities and anticipated outcomes associated with the CPP. Specifically, the logic model highlights:

- 1) Key implementation drivers (i.e., infrastructure, practice supports, collaboration and coordination, and services) and inputs
- 2) The activities of the FFPSA Implementation and Prevention Pathway Teams and their associated outputs
- 3) Anticipated system, and child and family outcomes

Spending and Sustainability Plan

Riverside County DPSS CSD currently plans to use the State FFPS Program Block Grant to support the following:

- Administration costs associated with allowable prevention planning and implementation activities
- Addition of three data evaluation positions
- Expansion of contracts with existing providers of the following services:
 - Wraparound
 - SafeCare
 - Counseling and anger management
 - Domestic violence counseling
 - Parenting supports
 - Substance use disorders
- Automation of data tracking for existing prevention services

Beginning with early implementation and through readiness and capacity assessments of existing contracted service providers as well as other community providers of EBPs, additional determinations can be made as to how both State FFPS Block Grant funding and Title IV-E prevention funding can enhance the existing array of prevention services specific to the needs of the community. DPSS CSD will additionally evaluate for potential expansion of Prevention Services staff. DPSS CSD currently has a Request for Proposal process open to the public, specifically requesting evidence-based services in the areas of parenting supports, domestic violence, substance use and mental health. Once the proposal process closes, DPSS CSD will evaluate for potential services that can be supported with State FFPS Block Grant or Title

IV-E prevention funding with an effective begin date of July 01, 2023. Attachment B outlines additional details for a proposed spending plan.

With further exploration of the capacity for RUHS-MCAH's Healthy Families America, Parents as Teachers, and Nurse Family Partnership programs, as well as services offered through First 5, Family Resource Centers, and the education system, DPSS CSD can evaluate beyond a referral pathway for potential blending of funding to maximize available services and linkage to authorized Title IV-E prevention services. Further collaboration with existing community providers will lead to opportunities for enhanced service integration. Through this collaborative effort among agencies, the county will have an opportunity to further blend funding, ensure payor of last resort, and maximize resources to ensure the sustainability of prevention services throughout Riverside County. Once Riverside can draw down Title IV-E prevention dollars, some funding currently spent on FFPSA eligible prevention services can be shifted to support other CPP efforts that cannot be funded via FFPSA. As outlined earlier, the implementation of the CPP will be rolled out in stages over the course of the Plan.

DPSS CSD will use a CQI process to conduct ongoing fiscal reviews throughout implementation to determine if funding adjustments are needed to support the implementation. This could result in adjustments or changes in how the State FFPS Program Block Grant funds or other funding will be spent.

Additional Assurances

- A description of the coordination with the local Mental Health Plan to ensure adherence to federal requirements that Title IV-E remains the payer of last resort.

CDSS and the California Department of Health Care Services remain committed to strengthening California's child welfare and mental health systems through Pathways to Well-Being, with objectives that include:

- Facilitating the provision of an array of services delivered in a coordinated, comprehensive, community-based way, combining service access, planning, delivery, and transition into a coherent and all-inclusive approach, which is referred to as the ICPM.
 - These more intensive services are referred to as Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care.
- Clarifying and providing guidance on State and federal laws and policies as needed so that counties and providers can understand and consistently apply them.

In alignment with Pathways to Well-Being, CSD and Riverside University Health System (RUHS) are partnering to ensure that the mental health needs of children involved with the child welfare system are met in a timely and effective manner. CSD and RUHS have a long history of partnering on joint efforts to serve children, youth, and families. The two departments are leading efforts such as AB 2083, Continuum of Care Reform, and Therapeutic Foster Care, ensuring that the goals of child welfare and mental health align with what is best for children and families.

This shared approach to working with children and families is also reflected in the local Mental Health Plan (MHP) as stated: MHP must adhere to the requirement that Title IV-E must be considered the "payer of last resort," meaning that Title IV-E will pay benefits secondary to all other public and private third-party payers who have an obligation to pay for such benefits. Based on this requirement, Riverside County services provided under FFPSA that are Medi-Cal eligible and provided through a RUHS contract shall be billed to Medi-Cal, making Title IV-E the payer of last resort.

- Plans for meeting the workforce and training requirements established under the state plan.

During implementation, contracted providers and agency staff will be trained on their roles and responsibilities to support the FFPSA program. Trainings will be created around the strengths and needs assessment, prevention planning, the data collection and quality assurance process, and fiscal reporting and claiming processes.

A third party to provide training, as well as fidelity monitoring support such as coaching calls, training, and the online fidelity review, will be secured to support a strong implementation within the Prevention Services unit.

There will be training designed and delivered to meet fiscal and data collection and reporting requirements. An overview training will be developed on Title IV-E funding expectations, with an emphasis specific to the FFPSA.

- Additional training will be provided to all prevention partners and will include the following:

- Mandated reporter training
- Strength and needs assessment
- Trauma and post-trauma well-being
- Cultural competence
- Documentation and data collection
- Overview of CSD in relationship to prevention services
- Mental health, substance use, intimate partner violence
- Implicit bias awareness
- Training from those with lived experience, especially from individuals within the populations that may be served by prevention services

- A description of how counties will ensure that all EBPs, whether delivered via contracted entity or by local Title IV-E agency staff, will adhere to model fidelity protocols.

There are existing structures within the Title IV-E agency administration body to monitor contract performance. Contracted service providers are required to capture evaluation data, delineated by funding source, noting the specific service provided, and the assessment tool. In addition, contracts require maintenance of fidelity to evidence-based programs. The DPSS-Program Development Region (PDR) regularly facilitates joint operational meetings (JOMS) with contracted agencies. These JOMS also involve other units such as Contracts, Fiscal, and Evaluation to review contract compliance and program implementation. This monitoring consists of evaluating whether providers are meeting the contract requirements and that deliverables are being carried out per the agreed upon scope of services. In addition, the DPSS Internal Review Group (IRG) randomly selects contracts on an annual basis for monitoring. Corrective actions may be taken if non-compliance issues are discovered.

- Assurance that the agency will monitor child safety, including conducting periodic risk assessments. Local Title IV-E agencies that contract with CBOs for services will also describe the process for how safety monitoring and periodic risk assessments will be overseen. Agencies must include language within service contracts that describes this process to ensure that roles and responsibilities are clear.

Certain professions are mandated by law to report suspected child abuse and neglect. Mandated reporters are people who encounter children and families through their job. Per Penal Code Section 11657.1, mandated reporters are required to report suspected child abuse to a child protective services agency by filing a Mandated Reporter form within 36 hours of submitting an oral report.

The approved service provider is responsible, by contract, for conducting a thorough and accurate assessment of the child and family to determine the most appropriate prevention services. An assessment for safety and risk is conducted routinely throughout service participation. The service provider must complete all tracking and reporting requirements as deemed necessary by DPSS for reimbursement. The service provider will also be required to review the family and child's prevention plan with the family, child (if appropriate), and PS staff at pre-determined intervals during prevention services.

- Assurances of all other requirements under the state Title IV-E Prevention Program Plan approved by the federal Administration for Children and Families (ACF).

Assurances Template

Family First Prevention Services (FFPS) Program Assurances

County of Riverside

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

Child Safety Monitoring Assurance

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the County of Riverside, Department of Public Social Services, Children's Services Division, 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 CBOs, assure how safety will be monitored and the oversight of periodic risk assessments conducted by the CBOs. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

Workforce Development and Training Assurance

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the County of Riverside, Department of Public Social Services, Children's Services Division, assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community-based and Title IV-E pathways.

Trauma-Informed Service Delivery Assurance

The County of Riverside, Department of Public Social Services, Children's Services Division assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child is provided under an organizational structure and treatment framework that involves understanding, recognizing, and

responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

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

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), the County of Riverside, Department of Public Social Services, Children's Services Division assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five-Year Prevention Services State Plan, the County of Riverside, Department of Public Social Services, Children's Services Division assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

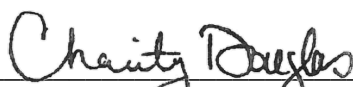
Assurance of Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the County of Riverside, Department of Public Social Services, Children's Services Division 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.

6/20/23



(Date)

(Signature of Authorized CWS Representative)

Not applicable – Probation is not opting in

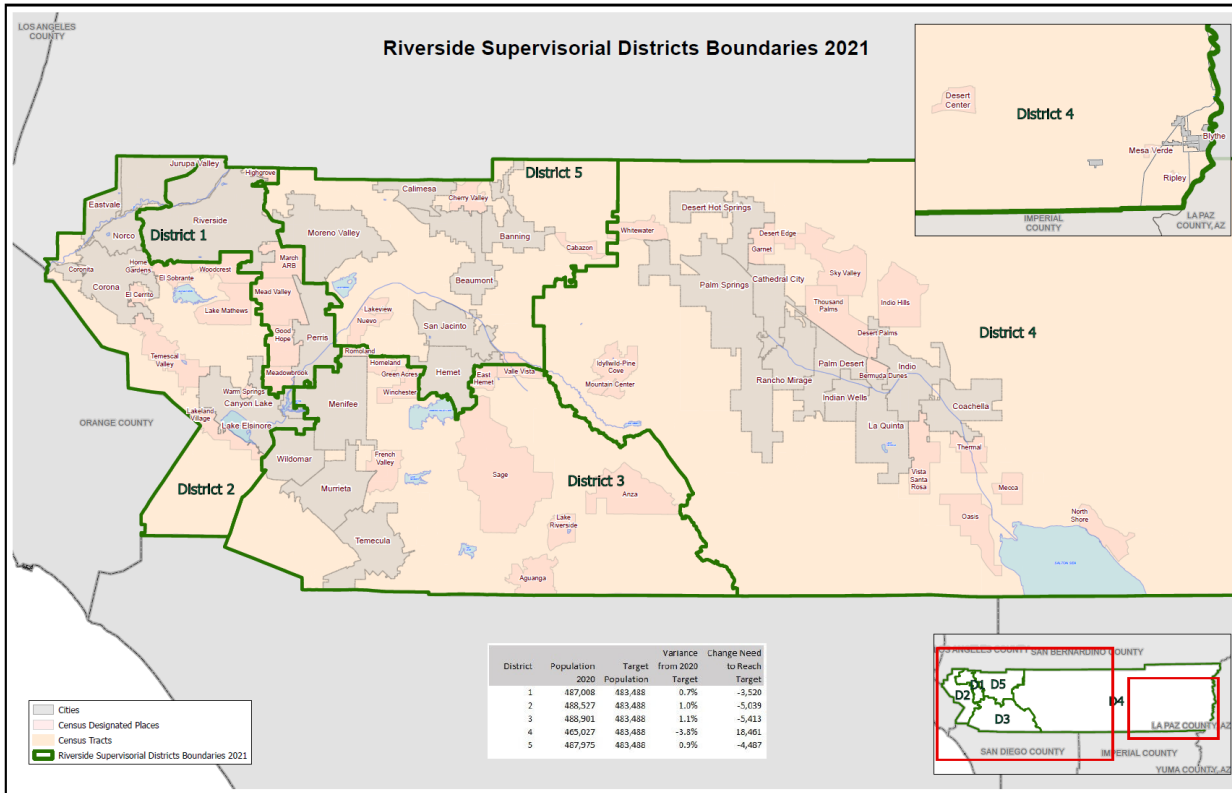
(Date)

(Signature of Authorized Probation Representative)

Appendices

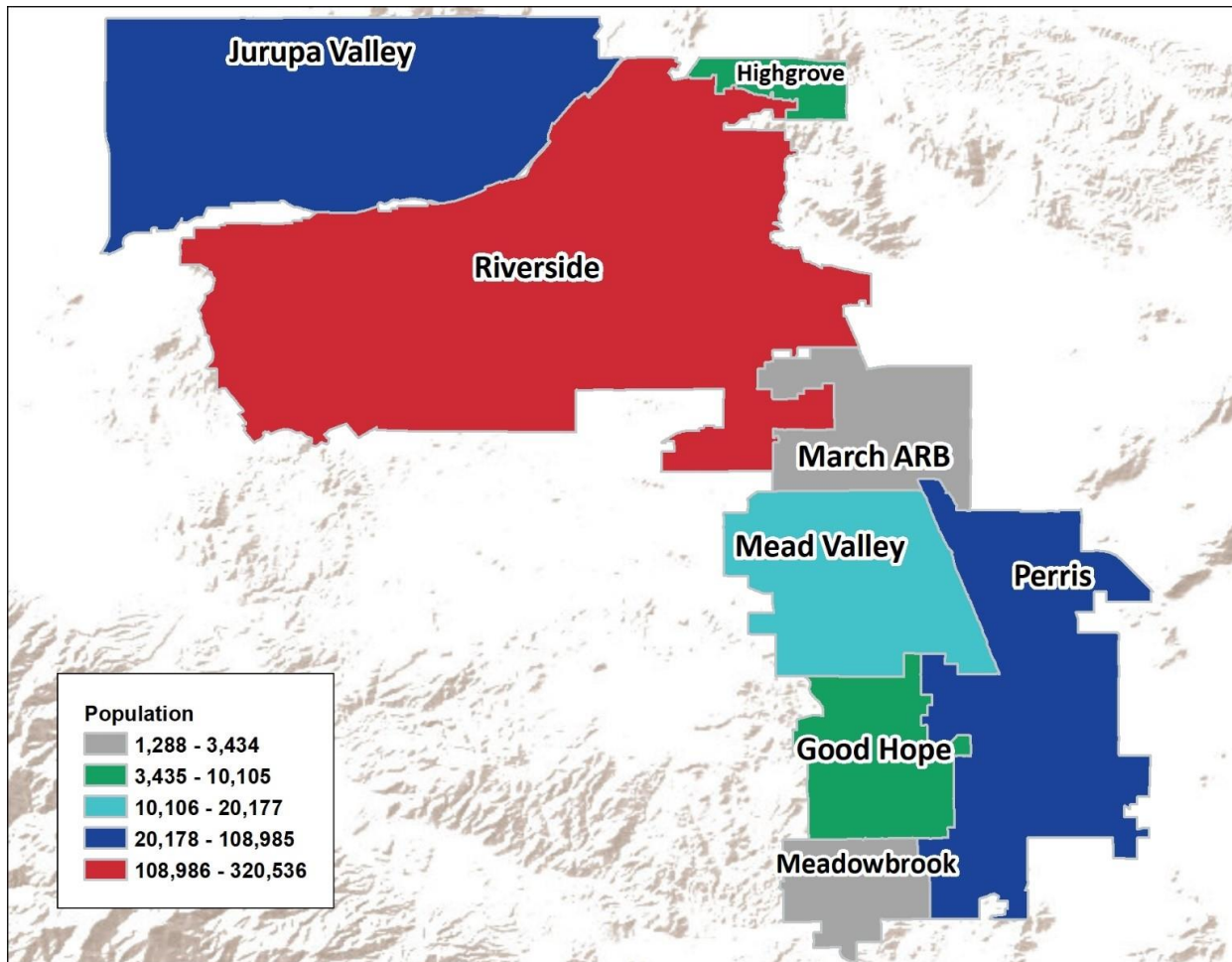
Appendix A

Map of Riverside County, Divided by Supervisorial Districts



Map of Riverside County, District 1

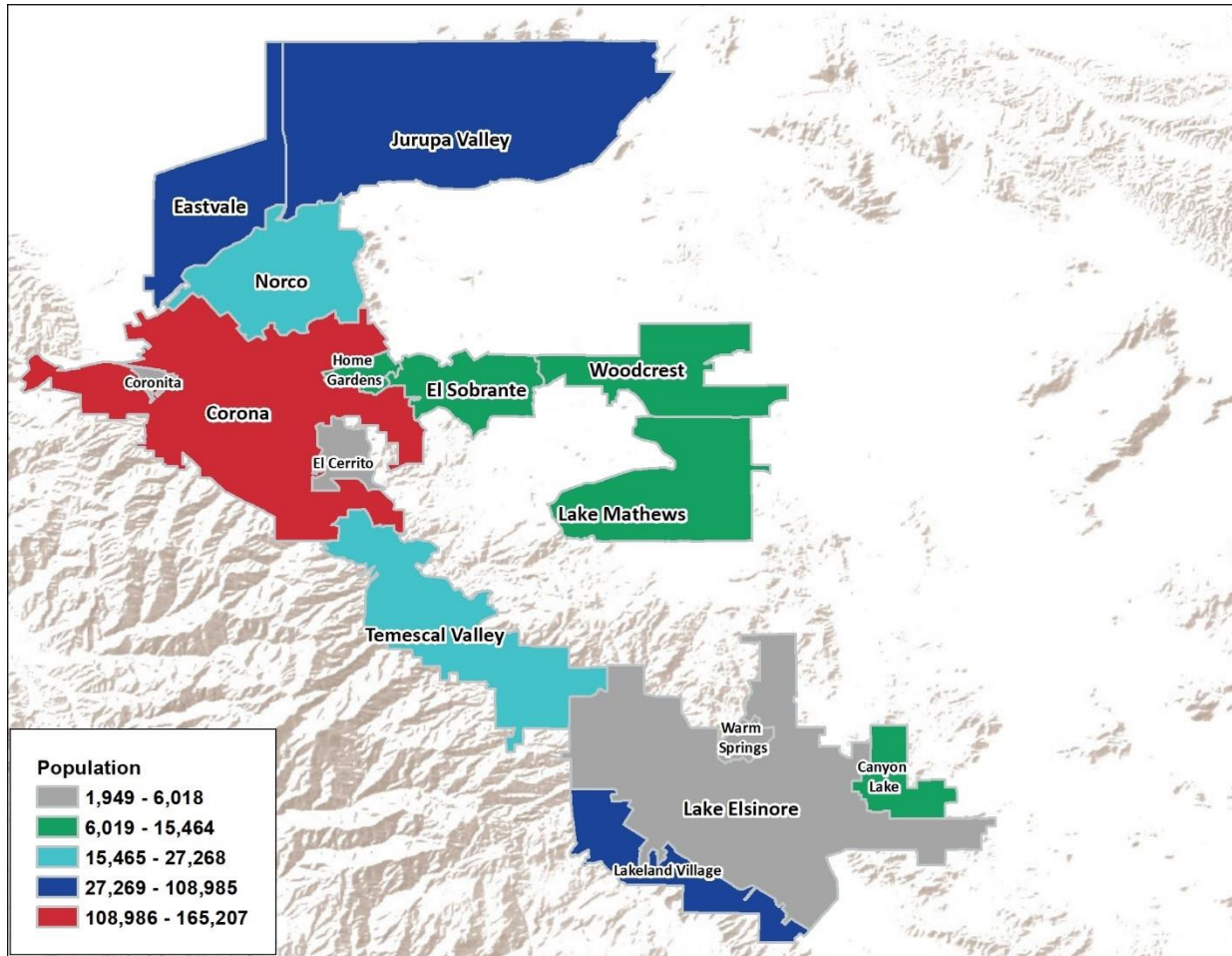
The map below illustrates the cities and Census Designated Places (CDPs) of District 1. The map illustrates the district's five CDPs (Good Hope, Highgrove, March ARB, Mead Valley, Meadowbrook) and three cities (Jurupa Valley, Riverside, Perris) by population size.



Source: American Community Survey – Five-Year Estimates. (2016–2020). Map created by Health Assessment and Research for Communities (HARC).

Map of Riverside County, District 2

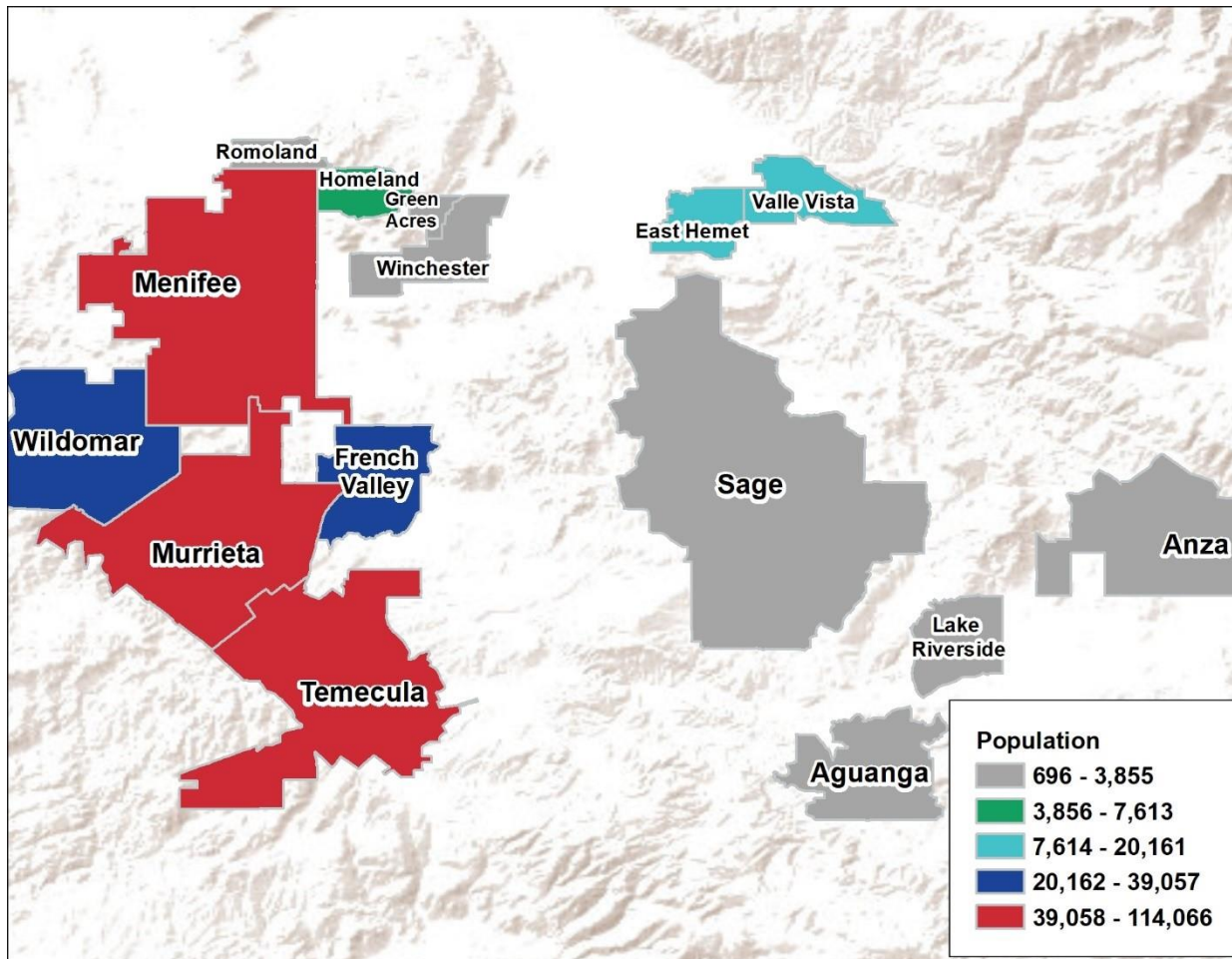
The map below illustrates the cities and CDPs of District 2. The map illustrates the six cities (Canyon Lake, Corona, Eastvale, Jurupa Valley, Lake Elsinore, and Norco) as well as the nine CDPs (Coronita, El Cerrito, El Sobrante, Home Gardens, Lakeland Village, Lake Mathews, Temescal Valley, Warm Springs, and Woodcrest) of District 2 by population size.



Source: American Community Survey – Five-Year Estimates. (2016–2020). Map created by HARC.

Map of Riverside County, District 3

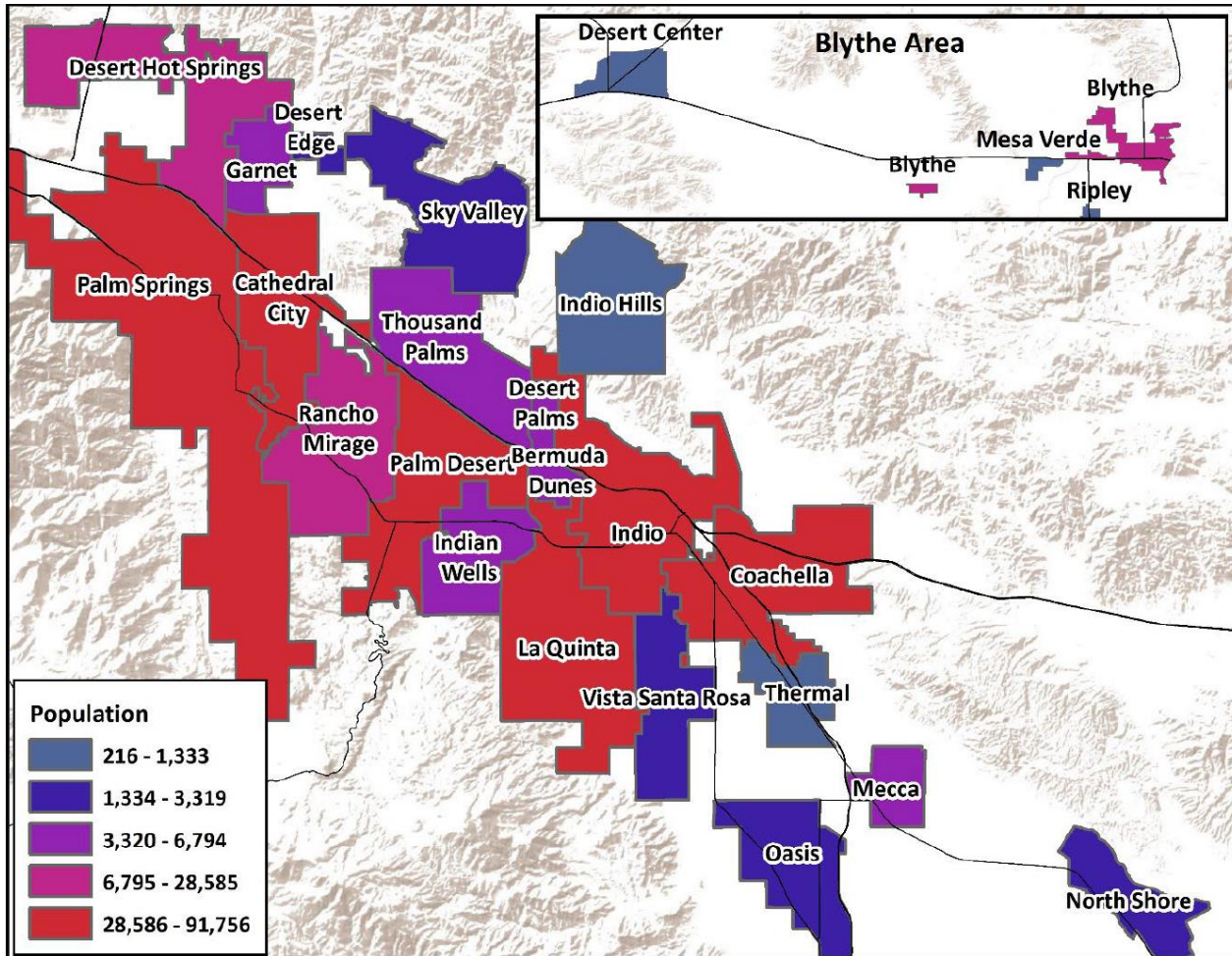
The map below illustrates the cities and CDPs of District 3. The map illustrates the District's four cities (Menifee, Murrieta, Temecula, and Wildomar) and 11 CDPs (Aguanga, Anza, East Hemet, French Valley, Green Acres, Homeland, Lake Riverside, Romoland, Sage, Valle Vista, Winchester) by population size.



Source: American Community Survey – Five-Year Estimates. (2016–2020). Map created by HARC.

Map of Riverside County, District 4

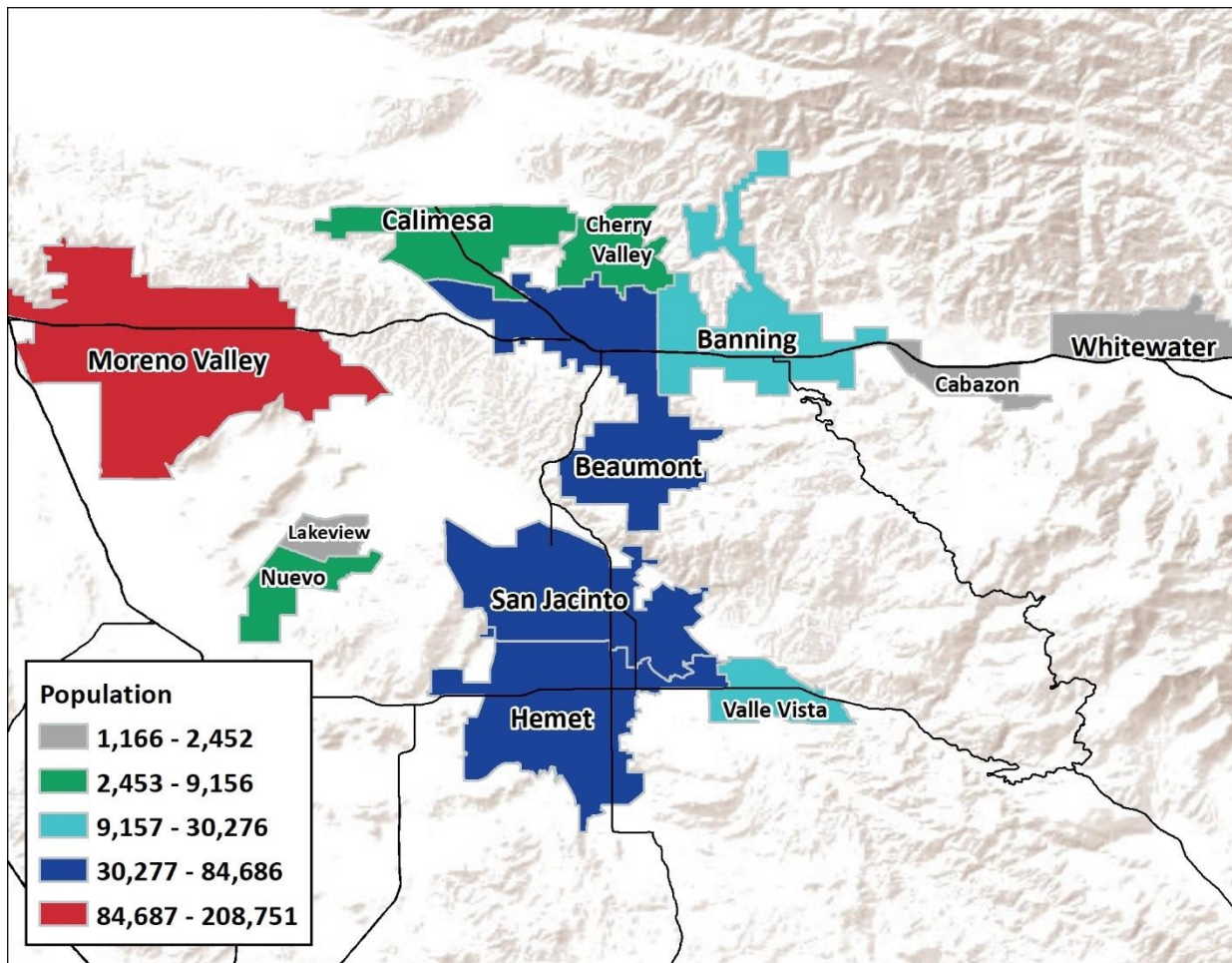
The map below illustrates the cities and CDPs of District 4. The map shows the major population center of the Coachella Valley, along with an inset that includes Blythe and surrounding communities. The map illustrates the district's 10 cities (Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) and 15 CDPs (Bermuda Dunes, Desert Center, Desert Edge, Desert Palms, Garnet, Indio Hills, Mecca, Mesa Verde, North Shore, Oasis, Ripley, Sky Valley, Thermal, Thousand Palms, and Vista Santa Rosa) by population size.



Source: American Community Survey – Five-Year Estimates. (2015-2019). Map created by HARC.

Map of Riverside County, District 5

The map below illustrates the cities and CDPs of District 5. The map illustrates the six cities (Banning, Beaumont, Calimesa, Hemet, Moreno Valley, and San Jacinto) as well as the six CDPs (Cabazon, Cherry Valley, Lakeview, Nuevo, Valle Vista, and Whitewater) of District 5 by population size.



Source: American Community Survey – Five-Year Estimates. (2016-2020). Map created by HARC.

Appendix B

Participating Partners

Agency/Organization	Team Member
ICF Project Director	James Coloma
ICF Implementation Project Lead	Simon Pipkin
ICF Fiscal Expert	Jennifer Barnette
ICF Implementation Expert	Jennifer Cannell Pyle
ICF Evaluation Expert	Kate Stephenson
Department of Social Services	Harry Freedman
Department of Social Services	Rachel Zorn
Department of Social Services	Monica Bentley
Department of Social Services	Chris Rosselli
Department of Social Services	Wilson Segura
Department of Social Services	Ben Slagter
Department of Social Services	Michelle Wohl
Department of Social Services	Yobani Ortiz
Department of Social Services	Sal Perez
Department of Social Services	Nichol Torres
Department of Social Services	Gergis Kirnalious
Department of Social Services	Jennifer Bates
Department of Social Services	Leanne Tortez
Department of Social Services	Gilbert Barron
Department of Social Services	Jennifer Strout
Department of Social Services	Cindi Palmer
Probation Department	Rachel Ligtenberg
Family Service Association	Shannon Gonzalez
Family Service Association	Dariana Ortiz
First 5	Piera Causley
First 5	Tammi Graham
Parent Partner (Lived Expertise)	Roger De Leon
Riverside University Health System, Behavioral Health	Janine Moore
Riverside University Health System, Behavioral Health	Miranda DeShields
Riverside University Health System, Behavioral Health	Kelly Grotsky
Riverside University Health System, Public Health	Stephanie Bryant
Riverside University Health System, Public Health	Mahdere Negash

Appendix C

Riverside County Evidence-Based Services Inventory

**Riverside County
Evidence-Based Services - as of February 2023***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Riverside)
Cross-cutting	Motivational Interviewing	All ages	A method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes.	Two or more sessions, as needed throughout case	Well supported			√	Cox Romain Psychological Services; McKinley Children's Center
In-home Parenting	Parents as Teachers	Expecting parents or parent of ages 0-2	A home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment.	The frequency of meetings can range from biweekly to monthly, based on need.	Well supported		PH- State funding;MH Services Act-Prevention and Intervention funds	√	Maternal Child and Adolescent Health (MCAH) at Riverside University Health Systems-Public Health (RUHS-PH); Jurupa Unified School District and Blindness Support Services
In-home Parenting	Nurse Family Partnership	First time, low-income mothers and their infants ages birth-2 years	Intensive, strengths-based, trauma- and violence-informed community health program .	Through the child's 2nd birthday	Well supported		MIECHV Block grant, TANF, Medicaid, tobacco settlement revenue	√	Maternal Child and Adolescent Health (MCAH) at Riverside University Health Systems-Public Health (RUHS-PH); First 5 Riverside
In-home Parenting	Healthy Families America	Parent/caregiver of children ages 0-5	Home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences.	Services begin as early as prenatally and continue for a minimum of three years at one time per week. After six months may move to less frequent visits.	Well supported		PH- State funding	√	Maternal Child and Adolescent Health (MCAH) at Riverside University Health Systems-Public Health (RUHS-PH)
In-home Parenting	Effective Black Parenting	Parents/caregivers of 0-17	Parenting skill-building program created specifically for parents of African-American children.	15-sessions	Promising				Cox Romain Psychological Services

*Results are based on public agency inventory included as plan exhibit, administered survey results and web research)

**Riverside County
Evidence-Based Services - as of February 2023***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Riverside)
Mental Health	FFT	Parents of children 11-18	Program aims to address risk and protective factors that impact the adaptive development of 11- to 18-year-old youth with behavioral or emotional problems.	12 sessions over the span of 3 to 6 months	Well supported		Mental Health Services Act – Prevention and Early Intervention funds	√	RUHS-BH Prevention and Early Intervention
Mental Health	Parent-Child Interaction Therapy (PCIT)	Parents of children 2-7	Program aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship.	One or two 1-hour sessions per week for 14 weeks	Well supported		Mental Health Services Act – Prevention and Early Intervention funds	√	RUHS-BH Prevention and Early Intervention (PEI) and First 5 Riverside: Set 4 School
Mental Health	Intensive Care Coordination Using High Fidelity Wraparound/High Fidelity Wraparound	Children and youth birth to age 21	An individualized, team-based, collaborative process to provide a coordinated set of services and supports.	Multiple phases of service delivery lasting from 1 to the determination services are no longer needed	Promising	√	WRAParound funding		Olive Crest
Mental Health	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Parents/care givers of children ages 3-8	Treatment for children and adolescents who have symptoms associated with trauma exposure.	Usually administered in 12 to 16 sessions. However, it can be delivered in as few as 8 sessions	Promising				Cox Romain Psychological Services; McKinley Children's Center; MFI Recovery, Inc.

*Results are based on public agency inventory included as plan exhibit, administered survey results and web research)

Riverside County
Evidence-Based Services - as of February 2023*

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Riverside)
Mental Health	Brief Strategic Therapy	Caregivers of children ages 6-17 who display at risk behaviors.	A structured family systems approach for children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency.	4-6 months	Well supported			√	Cox Romain Psychological Services
Mental Health	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	ages 8-15	3rd through 8th grade students who screened positive for exposure to a traumatic event and symptoms of posttraumatic stress disorder with a focus on exposure to community events.	Ten 45-minute group sessions typically held once per week.	Promising		Mental Health Services Act – Prevention and Early Intervention funds		Cox Romain Psychological Services; Operation SafeHouse
Mental Health	Bounce Back	Students K-5th grade .	Bounce Back, an adaptation of CBITS for younger children, is a school-based intervention for those having experienced stressful and traumatic life events.	10 weeks	Promising		Mental Health Services Act – Prevention and Early Intervention funds		Future RFP
In-home Parenting	SafeCare	Parents/caregivers of ages 0-5	In-home parent training program that targets risk factors for child neglect and physical abuse in which parents are taught skills in three module areas.	Weekly sessions of approximately 1-1.5 hours each for 18-20 weeks	Supported	√	CBCAP, CWSOIP		(Contracted) California Family Life; MarSell Consulting & MHS; (Not contracted for this service) Cox Romain Psychological Services; John F. Kennedy Memorial Foundation

*Results are based on public agency inventory included as plan exhibit, administered survey results and web research)

**Riverside County
Evidence-Based Services - as of February 2023***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Riverside)
Mental Health/ Parenting	Triple P-Group	Parents/care givers of children up to age 12	Targets for parents who are interested in promoting their child's development or who are concerned about their child's behavior problems.	Each session is 2 hours for 4 in-person sessions	Promising		Mental Health Services Act – Prevention and Early Intervention funds		Carolyn E. Wylie Center
Mental Health	EMDR	All ages	Treatment for children and adults aimed at minimizing distress associated with traumatic memories and other adverse life	The length of treatment must include at least 2 sessions but depends on the specific	Supported				MFI Recovery, Inc.
In-home Parenting	Family Spirit	Young American Indian mothers (ages 14-24) who enroll during the second trimester of pregnancy	A culturally-tailored home visiting program designed for young American Indian mothers (ages 14-24) who enroll during the second trimester of pregnancy	As long as possible, from 28 weeks gestation until 3 years postpartum	Promising				<i>Still trying to determine provider- 2019 California Dept. of PH report indicates there is a provider in Riverside County</i>
In-home Parenting	Guiding Good Choices	Parents/care givers of children ages 9-14	Guiding Good Choices® (GGC), formerly known as Preparing for the Drug Free Years (PDFY), aims to prevent teen substance use and risky behaviors by training parents to develop positive parenting and family management skills.	(4) 2–2.5 hour sessions.	Well supported		Mental Health Services Act – Prevention and Early Intervention funds		TBD-future funding opportunity

*Results are based on public agency inventory included as plan exhibit, administered survey results and web research)

Appendix D

DPSS CSD Prevention Services Policy

Section I: Prevention Services

Children's Services Handbook
Module 2, Chapter 1, Section D
Release Date: 08/24/2022

1. Introduction

Prevention Services (PS) has the primary goal of preventing child maltreatment through the provision of voluntary services and resources. The Social Services Practitioners (SSP) contact families with PS referrals with the purpose of identifying stressors and assisting families with community-based services and resources. All referrals submitted to PS are thoroughly screened to meet criteria prior to assignment.

1.1 In This Policy

This section covers the following topics:

Topic Number	Topic Title	Page Number
2	Potential Prevention Services (PS) Referrals	2
3	Staff Responsibilities	4

2. PS Referrals

2.1 PS Referral Criteria

Referrals assigned to PS must be approved by the PS supervisor and meet the following criteria requirements:

- Allegations do not meet statutory definitions of abuse or neglect according to the [Structure Decision Making \(SDM\) Hotline Tool](#)
- Family must reside in Riverside County, and
- Concerns can be addressed through local community services to include but not limited to the following:
 - Family law/custody issues
 - School attendance/truancy/delinquency
 - Low-risk substance abuse
 - Nonviolent domestic disputes
 - Incurable youth/runaway/ bullying/ behavior issues
 - Food insecurity
 - Housing instability
 - Financial insecurity

Refer to the [Module 2, Chapter 1, Section D EVO](#) policy for additional information.

2.2 Identifying a Potential PS Referral at Centralized Intake Center (CIC)

The CIC supervisor is responsible for identifying potential PS referrals. Prior to evaluating out a referral, the CIC supervisor assesses the referral for suitability in PS by completing the following tasks:

- Ensures the referral meets the PS criteria
- Documents the reasons for requesting an PS consult for the referral in the decision response tab in CWS/CMS
- Submits the referral to PS supervisor by giving a secondary assignment to the PS unit CAD inbox in CWS/CMS

Upon receiving secondary assignment to the referral, the PS supervisor completes the PS consult. During an PS consult, the PS supervisor completes the following tasks:

- Reviews the referrals
- Ensures the referral meets PS criteria
- If approved, sends the CIC supervisor and CIC regional manager (RM) an email approving the referral's reassignment to the PS unit
- Converts the referrals into EVO PS referral in CWS/CMS
- Documents the reassignment of EVO PS referral in the PS tracking log used for all EVO referrals that are received
- Assigns the EVO PS referral to a PS SSP

2.3 Identifying a Potential PS Referral in Investigated Services (IS)

When the information found in a referral does not require an in-person contact (**example:** the family has custody issues or there is an undocumented child in the care of a relative where there is no indication of the abuse or neglect of the child), the referral is assessed for reassignment to PS before the referral is evaluated out.

When a potential referral for PS is identified, the IS supervisor completes the following tasks:

- Reviews the referral, case history, criminal history
- Verifies the SSP has not had contact with the family or has an open Juvenile Dependency case, as PS will not accept the referral if either has occurred
- Ensures the referral meets PS criteria
- Documents the reasons for requesting a PS consult for the referral in the decision response tab in CWS/CMS
- Sends an email requesting PS consult to the RM **no later than the next business day** from the date the referral was assigned
- Gives secondary assignment of the referral to the PS unit upon RM approval

Upon receiving secondary assignment, the PS supervisor completes the following tasks:

- Reviews the referral with secondary assignment in PS CAD inbox
- Approves or denies the referral for reassignment to the PS unit
- Sends the assigned RM an email with approval or denial of the referral
- Schedules a team-based consultation when there is a question about the referral meeting the PS criteria

PS Approved Referrals – When the PS supervisor accepts a referral for PS, the IS supervisor must convert the referral into an EVO referral.

Upon receiving an EVO referral from an IS supervisor, the PS supervisor converts the referral to an “EVO PS” in CWS/CMS and assigns the PS referral to a PS SSP the same day of approval.

3. PS SSP Responsibilities

3.1 Reviewing a PS Referral

When a PS referral is assigned, the PS SSP is responsible for reviewing and documenting the following information in CWS/CMS:

- Prior child welfare history to include:
 - Date of referral
 - Brief description of the allegation(s)
 - Findings/disposition
 - Safety and risk factors
 - Prior dependencies, including voluntary services

- Intervention and services previously offered
- Evaluation of parent/guardian(s)' follow through with prior referrals/services
- Criminal history
- Language
- Reporting party information

3.2 Client Language

CSD has an obligation to provide effective bilingual and interpretive services to all non-English speakers or individuals with limited English proficiency.⁶ Prior to contacting a family, the PS SSP must secure an interpreter if the parent's or legal guardian's preferred language is known. Bilingual or interpretive services provided to the family are documented within the contact note.

For in-person contacts, the PS SSP identifies the parent/legal guardian's preferred language for oral and written communication and documents their preferred language by having the parents/legal guardians complete and sign the [DPSS 3167 Declaration of Language/Special Needs](#) at initial contact.⁷

Refer to [Department Policy \(DP\) 21-116 Customer Contact and Communication Resources](#) for additional information and instructions on securing a certified interpreter.

3.4 Recording of Interviews

Department of Public Social Services (DPSS) policy generally permits individuals to record their own interactions with DPSS employees. However, due to the confidential nature of child welfare investigations and the inability of CSD to prevent the distribution of audio/videotaped interviews, the recording of CSD interviews has been identified as a safety risk, and the CSD interviews may not be recorded.⁸

Should any party request to audio or videotape an interview, the PS SSP must decline the request. If it is discovered that an individual is recording an interaction without the PS SSP's consent and refuses to stop recording, the PS SSP courteously and professionally terminates the interview and immediately notifies the supervisor.⁹

Note: Many law enforcement agencies now use body-worn cameras. PS SSPs should remain cognizant that all actions and statements made in the presence of officers may be recorded and subject to use during administrative review, civil, or criminal hearings. PS SSPs may not refuse to be recorded when jointly conducting an investigation with law enforcement.

Refer to [Department Policy \(DP\) 17-010 Recording Private or Confidential Communications](#) for additional information.

3.5 Requirements to Enter a Residence

Prior to entering the home of the parent/legal guardian, the PS SSP must have parental consent.

⁶ [California Department of Social Services \(CDSS\) Manual of Policies and Procedures \(MPP\) Division \(Div.\) 21-115](#)

⁷ CDSS ACL 03-56 Language Services; CDSS MPP Reg. 21-116

⁸ [Department Policy 17-010](#)

⁹ [PC § 632](#)

Consent must be given by the parent/guardian, or other adult, if that person has clear authority to do so. If consent is given by an adult other than the child's parent/guardian, the individual must live, or appear to live, at the residence and have capable mental abilities and language skills. The PS SSP must have a good faith belief that the individual has the authority to consent.

Consent may be actual (verbal) or implied (non-verbal). In both instances, the assigned SSP must be able to clearly articulate through documentation the statement made to support the action taken.

CSD staff need to be aware of the following:

- A spouse or cohabitant may consent to entry even if the other spouse or cohabitant objects
- If the parent/guardian withdraws their consent after the assigned SSP has entered the home, the assigned SSP must leave immediately
- Consent must be freely and voluntarily given; not be obtained by duress, coercion, or force

Note: A parent/guardian's failure to object to entry is not sufficient documentation for implied consent. Consent should be evident, either verbally stated or through an implied behavior (**example:** waving to come inside, nodding head in agreement, etc.).

3.4 PS Contacts Requirements

The PS SSP must initiate contact with the family within two days of assignment and document in CWS/CMS all contacts with any person or agency completed on behalf of the family within 48 days from the date of contact. If there are any safety concerns noted at the time of the interview, the SSP documents the action taken.

Note: A safety assessment is only conducted on open referrals. An EVO PS referral is for the purpose of providing services to families.

An PS referral requires the PS SSP to make contact with the parents/guardians to assess the needs of the family. The SSP attempts **three (3)** telephone contacts prior to attempting any of the following:

- In-person contact, which is completed when:
 - Telephone contact is unsuccessful,
 - There is a valid address, and
 - The referral is high risk, or
- A letter is mailed to the parents when both telephone and in-person contact is unsuccessful

Note: Contact with the child takes place if the referral requires information from the child only.

Virtual meetings are conducted upon request by the parents/guardians.

Contact with services providers occurs when there is need for the PS SSP to share a family member's information for the provision of services. The parents/guardians authorize the sharing of their information by signing the [CSD 3776 Client Advisal/Consent for Release of Information](#). The PS provides a copy of the CSD 3776 to the services provider via encrypted emails prior to the sharing of information.

Refer to [Module 1, Chapter 1, Section B Confidentiality of Child Welfare Records](#), [Department Policy 19-003 Privacy and Security of Personally Identifiable Information](#) and [Attachment 5: Sending Encrypted Messages](#) for more information on PII and encryption.

3.5 Engagement and Service Provision

Parents/guardians may be unfamiliar with PS at initial contact. Providing the parents/guardians with a general understanding of the program will help them gain insight into voluntary community-based services available for their family. During the engagement and services provision, the PS SSP completes the following:

- Assesses the needs of the family
- Offers voluntary community services to the family
- Documents whether the family declined or were provided services

3.6 Documenting Contacts in CWS/CMS

All contacts with the family are documented in CWS/CMS. Each contact reflects the following:

- Date of contact
- Name of the person contacted
- Type of contact (**example**: telephone, in-person, or correspondence)
- Language preference
- Consents obtained (**example**: release of information or consent to enter home)
- Associated services
- Services offered and to who
- If services were accepted or declined

3.7 Requirements for Closing an PS Referral

The assigned SSP completes the following tasks when closing an PS referral:

- Creates a Closing Summary in the associated services tab to include:
 - All parties contacted
 - Whether the family accepted or declined the referrals
 - A list of the identified needs of the family
 - All referrals provided to the family
- Generates an investigation narrative to include:
 - All contact narratives and applicable staffing, and
 - A closing summary
- Gives secondary assignment of the referral to the PS supervisor when submitting the referral for closure
- Supervisor approves EVO referral for closure

Appendix E

Riverside County Logic Model

