



Ventura County

CHILD, YOUTH, AND FAMILY
WELLNESS SYSTEM

COMPREHENSIVE PREVENTION PLAN

JULY 2023



Table of Contents

Introduction: Building a Wellness System	3
Executive Summary	4
Governance in the Context of Shared Responsibility	6
Cross-Sector Collaboration and Partner Engagement.....	10
Parent Partner Voice and Choice for Co-Design	11
Tribal Consultation and Collaboration	11
Approach to Shared Governance	12
Blueprint for System and Practice Change	15
Integrated Core Practice Model (ICPM) Roll-Out.....	15
Wellness System Theory of Change/ CPP Logic Model	17
Approach to Comprehensive Prevention	20
Phased Approach to Comprehensive Prevention	22
Service Population – Primary, At Risk, Candidacy.....	24
Key Demographics/Profile Data	24
Comprehensive Prevention Key Components: Community Pathway, Service Array, Community Supporting, and Basic Income Supports	31
Community Pathway: Every Right Door/No Wrong Door	31
Service Array/Gap Analysis.....	36
Evidence-Based Practices and Model Fidelity Protocols	39
Basic Needs: Guaranteed Income Pilot	44
Spending and Sustainability Plan	46
Assurances	52
Acknowledgements	54
Signature Page	55

Attachments

1. VC AB 2083 MOU
2. WSSC Strategic Priorities
3. Wellness System Vision Brief
4. Wellness System Governance Structure
5. Ventura County Wellness System 1-pager
6. Ventura County Wellness System Meeting Inventory
7. Wellness System Theory of Change/ CPP Logic Model
8. Community Pathway Graphic
9. Social Network Analysis
10. Assurances Template
11. Glossary of Frequently Used Acronyms

Introduction: Building a Wellness System

WIGs (Wildly Important Goals), such as putting a man on the moon, have long been the norm in Ventura County. The most recent WIG with great potential for positively impacting children, youth, and families, is to leverage the Comprehensive Prevention Plan (CPP) presented here, in service of building a Wellness System. This plan “zooms in” to detail the components of the CPP, and also at times “zooms out” to connect those components to the larger vision of a Wellness System for children, youth, and families.

Wellness System Vision

Our **VISION** is to create a **Child, Youth, and Family Wellness System** by aligning government, community, and family stakeholders to maximize wellness and quality of life so all children, and their families, are safe, healthy, educated, and well with a sense of belonging, purpose, and opportunity to achieve their aspirations.

This “zoom in/zoom out” approach represents the long-standing efforts in Ventura County to shift practice from one of surveillance and compliance, to an aligned, integrated, and healing-centered network of systems that serve children, youth, and families. This plan provides an outline and analysis of the needs and strengths of Ventura County, and it provides a roadmap for achieving the vision of a comprehensive wellness system.

We are in an unprecedented moment with significant cross-system state and federal reform opportunities that will allow communities and public systems to invest in children and families well before crises occur. We believe that our strategies provide a comprehensive approach that focuses attention and resources not only on the prevention of family separation but more importantly to the overall wellness and flourishing of families in our community. Rather than operating from a mindset of “preventing bad things from happening to children,” Ventura County is leading with the vision of achieving child and family wellness centered in equity and social justice.

Community Language Vision

We want to help create a new system to help link county agencies with those in the community, where families feel safe and can receive support and education to get help with things they need when they need it, with the goal of being strong parents.



Ventura County
CHILD, YOUTH, AND FAMILY
WELLNESS SYSTEM

Executive Summary

Ventura County’s blueprint for wellness, based on the Integrated Core Practice Model, features a place-based approach. Through alignment and integration of public system and community providers, wellness activities are prioritized in communities that:

- (1) have been overrepresented in public systems (particularly Latinx and indigenous/immigrant families who are the most prevalent in our county’s target areas);
- (2) experience rates of poverty (associated with child neglect) significantly over the state average;
- and
- (3) are home to a significant number of underserved young children who are under five years old.

By leveraging requirements of AB 2083 and the Comprehensive Prevention Plan, Ventura County partners will move upstream to support wellness for healthy families and strong communities. Led by its Interagency Leadership Team, public and private partners, youth, and parents will co-design, co-implement, and co-lead the Ventura County Community Pathway, which will build on existing infrastructure.

The following summarizes the essential components of Ventura County’s Plan:

The **VC Community Pathway** (known as “Every Right Door/No Wrong Door”) presents an alternative to referring all families to public systems, regardless of the level of need. Building on existing infrastructure, trusted locations where families already go will serve as the network of “right doors” that together comprise the VC Community Pathway. Shared, sustainable funding will allow for the service array to be enhanced so that “Right Door” centers can equitably engage families relationally, assess for needed and desired services and supports, and confirm safety and disposition with Children and Family Services (CFS). All families, regardless of candidacy status, will be relationally engaged and provided with supportive and/or evidence-based services offered in the family’s preferred language (as culturally relevant and appropriate).

The goal is for an initial meeting with families to take place prior to escalation of a crisis, so that support can be initiated to help a family before making a call to the Child Welfare Hotline or Probation Agency. The VC Community Pathway represents a shift that enhances community supporting by providing age-appropriate, culturally relevant, trauma-informed, strength-based approach to building protective factors and fostering conditions for optimal wellness.

Neighborhood/Place-based Approach Approximately five years ago, Ventura County conducted a geographic analysis of data across public systems and found that half or more of the county’s total number of abuse and neglect referrals to child welfare, juvenile arrests, and behavioral health services came from residents of the five zip codes that make up the Oxnard Plain region. While the County’s plan for implementation of the Comprehensive Prevention Plan (CPP) involves ongoing and expanded primary prevention activities countywide, it also allows for targeting and prioritizing Oxnard neighborhoods. Subsequently the plan will expand to other “hot spot” communities, and eventually full implementation countywide. Target communities have high averages of overrepresentation, disproportionately high numbers of very young children, and extremely high rates of poverty.

Equity Imperative A primary focus of our shared work is to decrease disproportionate system involvement and to improve disparate outcomes among all overrepresented communities. In Ventura County, the Latinx and indigenous, immigrant families from Mexico have been identified as experiencing the most disproportionate outcomes. The data bears this out across the Probation Agency, Child Welfare, and other public systems, particularly in Oxnard and other target neighborhoods. County cross-sector leadership is committed to focusing on implementing strategies that will address this concerning trend.

In 2019, the poverty rate for Ventura County was 7.9%, in contrast to the statewide average at 11.8%. At the same time, the Kamala/McKinna neighborhood's poverty rate was 21.4%--more than double the state average, and triple the county average. Although poverty is not a cause of child neglect, it is associated with it and accounts for over 42% of all calls to Ventura County's hotline

Early Childhood Critical Windows The science of early brain development is influencing investment in early childhood programs in Ventura County. Recognizing that toxic stress damages developing brain architecture, and that the brain's capacity for change decreases with time, children 0 – 5 years of age are significantly represented in the target population for candidacy. Additionally, two of the three evidence-based practices selected for initial implementation (Nurse Family Partnership and Parents as Teachers) specifically address this population. The Early Childhood Coalition and other early childhood partners, along with the Partnership for Safe Families (Ventura County's CAPC) are all focused specifically on the needs of young children and their families through targeted and primary prevention activities.

Basic Needs/Guaranteed Income Pilot An emerging body of research has demonstrated that supporting families with basic needs, including economic supports, increases overall individual and family well-being and reduces the likelihood of child welfare involvement. To that end, Ventura County is developing a Guaranteed Income Pilot (GIP), which will provide time limited, no-strings-attached financial support to Family First Prevention Services (FFPS) eligible families in three zip codes in South Oxnard. Ventura County is also one of a small number of providers for a state funded guaranteed income project which will target transitional age youth. We will leverage the infrastructure developed through the state pilot in designing and implementing the FFPS GIP. This income support program is designed to augment existing benefits to help meet basic needs, lower parental stress, and reduce adverse impacts on children.

Generational Impacts Anticipated

The theory of change for the VC Wellness System specifically calls out and focuses on “**increasing wellness for generations to come.**” We believe that by creating and sustaining a Wellness System for all, we will end the intergenerational cycle of child abuse and neglect, end the generational cycle of “cradle to prison pipeline”; and end generational cycles of historical racism and institutional bias. As we relationally engage families as our partners, align and integrate services and supports, intentionally live out principled leadership and practice behaviors, together we will influence new cycles of wellness.

Governance in the Context of Shared Responsibility

Along with all California counties in response to Assembly Bill 2083, Ventura County developed and implemented a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. The development of the MOU included Children and Family Services (Child Welfare), Regional Centers, the County Office of Education, Probation, and Behavioral Health.

These partners determined that Ventura County would leverage 2083 MOU activities to help build the larger Wellness System. This means instead of just focusing on partnering with other agencies to better support children and youth in foster care, Ventura County is determined to build a wellness system focused on improving outcomes for *all* children and youth in the county.

In March 2021, Ventura County public system partners completed and fully executed the AB 2083 Memorandum of Understanding (See **Attachment 1**) and formed the **Ventura County Interagency Leadership Team (ILT)**. The purpose of the ILT is to align and integrate public systems and community providers for a Child, Youth, and Family Wellness System that is informed by parent/resident voice and reflected in a comprehensive continuum of prevention.

Inaugural ILT members included:

- Human Services Agency, Director
- Human Services Agency, Deputy Director, Children and Family Services
- Ventura County Probation, Chief Probation Officer
- Ventura County Office of Education, Superintendent
- Ventura County Behavioral Health Services, Director
- Tri-Counties Regional Center, Director

In 2022, the ILT expanded to include:

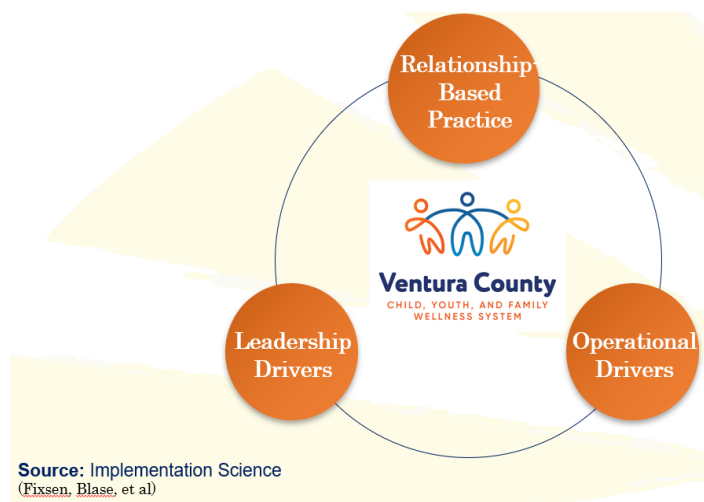
- Healthcare Agency/Ambulatory Care, CEO/Medical Director
- Healthcare Agency/Public Health, Director

NOTE: Signatures affirming the 2083 MOU are updated annually to confirm shared commitment, particularly with new members added or turn-over in leadership positions.

At the same time the Interagency Leadership Team was formed, members appointed their Deputy Directors or Senior Managers to form the Wellness System Steering Committee (WSSC). Initially comprised solely of public system partners, the WSSC has evolved into the **Wellness System Planning Committee (WSPC)** now composed of “system level” partners, regardless of whether they are public or private. These are partners that have a “macro” or coordinating role in our system building work, though all also provide some sort of service. Whereas the ILT holds responsibility for driving and capacitating adaptive change (while leveraging the CPP), the WSPC is primarily responsible for operationalizing AB 2083 priority tenets, which are strategically organized into four clusters, or areas of focus (see **Attachment 2**). The ILT and WSC conduct joint meetings or study sessions whenever needed for alignment and new direction.

Governance Structure

Public system partners have adopted an infrastructure consistent with Implementation Science¹, in particular the “drivers” of implementation (see graphic to the right). The ILT and WSPC both lead adaptive change, with the ILT primarily responsible for policy governance and resources, and the WSPC primarily developing operational strategies for system change. Both capacitate the organizational drivers that build competency in the workforce (practice change) as well as building out tangible system change to support the shift towards innovation.



In an effort to explicitly partner with the **County Board of Supervisors (BOS)**, the ILT developed the Wellness System Vision Brief (see **Attachment 3**) and made a unified presentation to the BOS. The Wellness System vision was well-received and set the stage for policy guidance and resourcing of Wellness going forward.

Another part of the VC Comprehensive Prevention Plan’s governance structure is the **Wellness System Collaborative (WSC)**, an evolution of the Essentials for Childhood (E4C) Collaborative, which predated the ILT and WSSC/WSSP, having evolved out of work in prior years through the Ventura County Citizen Review Panel. Like its predecessor (the E4C), the WSC is comprised of public system partners, leaders of community-based organizations (CBOs), the County’s Child Abuse Prevention Council (CAPC) Director, and parent representatives who are persons with lived expertise. Membership of the WSC will expand to include additional senior leaders of traditional and grassroots Community-based organizations (CBOs), Tribal and Faith-based partners, and Parent and Youth Leaders. The WSC is responsible for co-design, co-implementation, and co-leadership of the Comprehensive Prevention Plan, which they are committed to leverage into the County’s Wellness System. (*Note: Full engagement of community leaders, staff, parent and youth voice and choice is described in the next section.*) Similar to joint meetings with the WSPC, the ILT will also conduct joint meetings or study sessions with the WSC whenever needed for joint study and alignment.

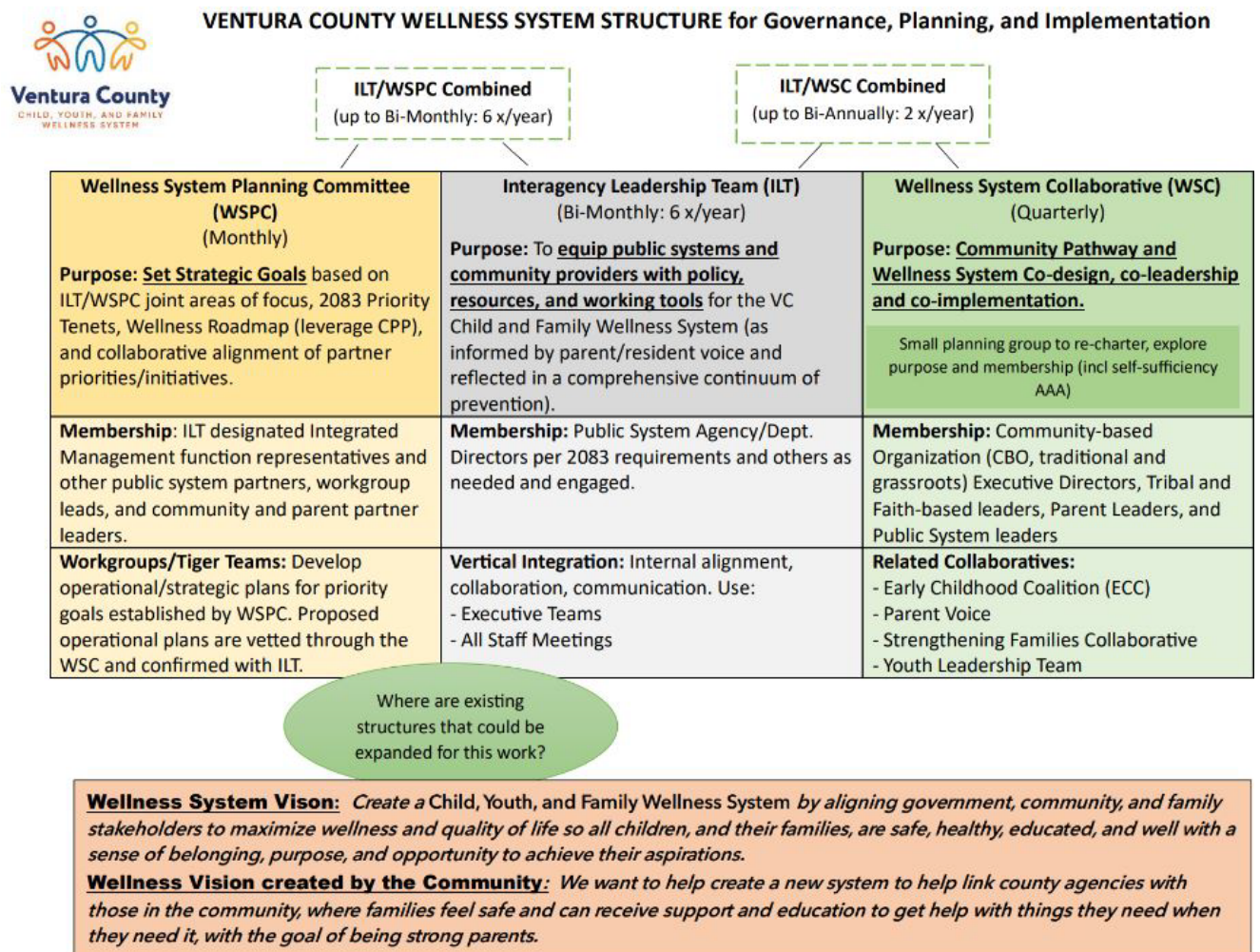
A Note on the Role of Parent Voice and Choice Best practice, the equity imperative, and ILT’s current commitment point to active youth and parent involvement in each of these structures. Through the Partnership’s Parent Voice CORE Team, any of these governance entities may request a one-time or ongoing engagement with a trained parent. Known as a Meaningful Engagement Opportunity (MEO), it is an opportunity requested from local community/county agencies for our Parent/Youth navigators to

¹ NIRN, Framework 3, Implementation Drivers. Fixen, Blasé 2008. Retrieved from <https://nirn.fpg.unc.edu/module-1/implementation-drivers>

engage in decision-making, policy & procedure development, and program quality assessment. Once requested, these opportunities must go through an application process to help the Partnership determine which Parent/Youth Navigator will best fit the opportunity. Before accepting the opportunity, the Parent CORE team must agree, and there must be compensation for the Parent/Youth Navigator to participate.

The partnering Title IV-E agencies have determined that all governance-related information for updates and decisions will be disseminated throughout the governance structure detailed in this plan. The E4C Collaborative was foundational for Comprehensive Prevention Plan development. Going forward WSC partners play a critical role in community and parent engagement which creates on-ramps for addressing race, equity, and inclusion along with disproportionate representation within Child Welfare and Probation systems as well as disparate health and social outcomes. Progress of the CPP and implementation are discussed in the ILT and WSC meetings which also creates opportunities for community leaders and family partners to provide input on implementation and services. Meanwhile the WSPC will work towards and communicate progress on system level changes necessary throughout the Wellness System.

The following depicts how the governance infrastructure described thus far is organized for change:



All entities that comprise the current governance structure are fully committed to and operate on the basis of **equity, community co-design, and community co-leadership**. This **Wellness System Governance Structure** (visually depicted above and in **Attachment 4**) will ensure that all required cross-sector collaborative partners have the opportunity to provide meaningful participation in decision making to guide efforts such as: training, implementation, selection of Evidence-Based Practices (EBPs), fidelity monitoring, and continuous quality improvement for the CPP.

Each of the governing structures depicted above (ILT, WSPC, and WSC) has or will establish systems and structures to conduct strategic and operational planning and implementation.

ILT members are accountable for horizontal (cross-agency) alignment and have chosen to organize their leadership around the four pillars of share governance, shared data, shared fiancé, and shared community. The IT will utilize their Executive Team(s), All Staff Meetings, and other vehicles for vertical (within Agency) coordination and alignment.

WSPC also relies on workgroups or time-limited task force teams at times referred to as “Tiger Teams” to develop strategic and operational plans to be vetted by the WSPC, and elevated to ILT when policy or resource decisions are necessary. Tiger Teams² are a popular and effective team structure for organizations that need a focused group of experts to manage technical deployments and solve complex issues.

WSC already has a network of associated structures, with each targeted towards an aspect of family strengthening and community building. These include:

- The **Early Childhood Coalition** (ECC) is a specialty population committee focused on families expecting a child or with a young child to improve access and utilization of supports that promote resiliency, wellness and prevent entry into the child welfare system. The ECC brings together cross-sector partners to develop strategies to improve coordination and data sharing across agencies in Ventura County. ECC is currently focused on Kamala/McKinna neighborhood.
- The **Partnership for Safe Families and Communities**, which operates as the county’s designated **Child Abuse Prevention Council** (CAPC), is a collaborative non-profit organization with over 40 years of experience providing inter-agency coordination, networking, advocacy, public awareness, and education to prevent child abuse, neglect, and family violence across the lifespan. Includes Parent Voice, Strengthening Families Collaborative, and Youth Leadership Network.

*The **Wellness System Meeting Inventory** (see **Attachment 6**) was developed and used as a foundational tool to reflect a high-level overview of the purpose and membership of various meeting configurations associated with the major Wellness infrastructure domains. It is currently being updated to reflect the reimagined governance structures.*

² For more information: <https://www.lucidchart.com/blog/what-is-a-tiger-team>

Cross-Sector Collaboration and Partner Engagement

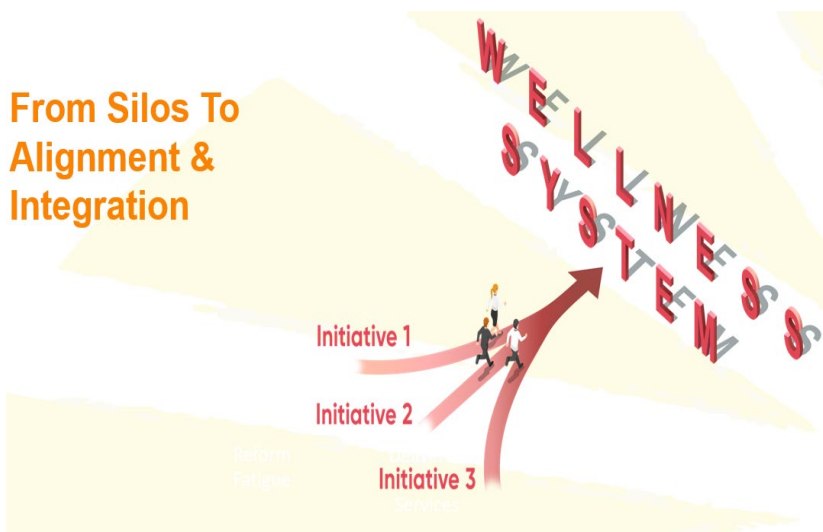
Building a Wellness System calls for an unprecedented level of collaboration and engagement from all Ventura County public systems and community partners; organizations who touch the lives of children and families; and parents and youth with lived expertise gained from system involvement. Achieving a child, youth and family wellness system is no easy feat and we know that the responsibility for building one must be shared.

No single system has the answers, capacity, or resources necessary to mitigate both person-specific challenges and the social conditions (i.e., poverty, inadequate housing, racism, unemployment, and community violence) that negatively impact the lives of children, youth, and families. (In addition to the Ventura County Wellness System Vision Brief, the Ventura County Wellness System 1-pager, **Attachment 5**, was developed as a partner and family engagement tool.)

The delivery of health and human services in Ventura County is changing. No longer is working in a silo within one's own agency tolerable. Collectively, we have acknowledged that such efforts are inefficient, costly, and at times have caused harm to families.

Siloed systems require families to repeat their stories, to be subjected to overlapping and at times conflicting service plans, and to work with system and community staff who are not on the same page. This lack of alignment often results in exacerbated trauma and ineffective interventions. Ventura County is purposeful, intentional, and strategic in working towards alignment and integration across public and community sectors to achieve improved outcomes for children, youth, and families for generations to come.

Because they are accountable to CDSS for **submission of the CPP**, CFS, in partnership with Probation, convened the Ventura County Wellness System Core Planning Group, which coordinated the development and implementation plan for the CPP. This team was comprised of CFS and other public system senior managers, as well as First 5 Ventura County and the county's capacity-building consulting team.



Parent Partner Voice and Choice for Co-Design

Ventura County partners believe that parents, youth, and their support networks know what they need and how best to build on their natural strengths so they can remain safely together and thrive. Public system and community-based leaders are actively engaging parents and residents to work together within the Wellness System infrastructure to design, develop and implement the various components. *Part of the alignment and integration will include cultivation of:*

- **Shared approach to compensating youth and parent partners**
- **Clear leadership development with career pathways for former system participants**

This work is being guided by our local Child Abuse Prevention Council's (CAPC) Parents' Voices Core Team, which is establishing common infrastructure for cross system parent leadership for the Wellness System. Parent leaders from this Core Team are taking the lead in engaging other parents to develop a Community Pathway that enables parents and families to access culturally derived, timely, relevant, and responsive services and supports that are located in their community, from organizations and community partners they know and trust.

Tribal Consultation and Collaboration

Respecting the unique needs of indigenous and tribal people, our approach to tribal consultation and collaboration is described here. Currently Ventura County does not have a federally recognized Native American tribe within the county borders. In light of this, Ventura County has not regularly engaged on a community level with the Native American population that reside within Ventura County. We are in the process of making changes that will positively affect our Native American population by actively engaging with the Owens Valley Career Development Center (OVCDC).

At this time, Ventura County Children and Family Services is collaborating with OVCDC to provide cross training on Agency Practice and Procedures and services available to the Native American population within Ventura County. We continue to improve partnership to help determine what culturally appropriate prevention services for Native American families need developing. As with all populations, continued conversations regarding appropriate services will include financial discussions amongst county partners to ensure that funds are made available to support the Native American population.

Ventura County Children and Family Services workers are responsible for helping to preserve tribal identity and family ties by seeking to determine if clients have American Indian heritage and by communicating with Indian tribes for supportive prevention services. The Child Welfare Social Worker, with assistance from the Department's Indian Child Welfare Act (ICWA) Point of Contact, makes every

The OVCDC is a dedicated American Indian organization operating under a consortium of Sovereign Nations. It is structured to provide the opportunity for improvement in the quality of life by focusing on education and self-sufficiency while protecting, preserving, and promoting their distinct culture in the spirit of positive nation building for Native people of today and generations of tomorrow. OVCDC is governed by the seven-member Paiute-Shoshone Owens Valley Board of Trustees (OVBT) consisting of the five member Bishop Paiute Tribal Council and one elected Trustee representing the Big Pine Paiute Tribe and one elected Trustee representing the Lone Paiute Tribe.

effort to obtain parent’s Indian ancestry information. A lens of cultural humility, tribal sovereignty, and a trauma-informed approach guide all interactions with the family from the first conversation.

Ventura County’s Comprehensive Prevention Plan will adhere to ICWA requirements and expand on them to include prevention services for all Native American families, not just those that are members of federally recognized tribes. Ventura County will enhance current inquiries for prevention services to include questions regarding Native American ancestry and referrals to culturally appropriate services. Ventura County will also utilize best practices for the implementation of the ICWA state plan.

Ventura County will continue to engage with OVCD and the Tribal Community as the Community Pathway is developed and implemented. OVCD will be an integral part of the Community Pathway and will even be considered a hub for families to self-refer if they are part of the Tribal Community in order to access needed services.

Approach to Shared Governance

Wellness Core Planning has established processes and activities that ensure governance information needed for decision-making is shared by cross-sector collaborative partners as follows:

- Member orientation and engagement: When there is a turnover and/or when it is critical to understand various perspectives, the lead/chair of entity reaches out to engage individual members.
- Alternates assigned for each member: If a member cannot attend a regularly scheduled meeting, the expectation and practice is that they send an alternate for their organization whom they brief in advance, and who briefs the member following the meeting.
- Interlocking agendas are regularly discussed and planned for. The intention is for each member to take key developments, questions, and co-design opportunities to their respective constituencies and bring back perspectives and input to the planning team. Interlocking agendas ensure alignment and interconnection such that all partners are hearing about and discussing the same issues at the same time.
- Vertical and horizontal communication (an inside/out approach): Members are expected to discuss current issues related to Wellness System with their supervisor, and with the staff they supervise. In this vertical way, members within an organization develop consensus and alignment. Horizontal sharing occurs on a regular basis within and outside of the meeting structure where cross-sector partners are present.

The recent impetus for an aligned effort to create the VC Wellness System stems from cross-sector partners (including CFS, Public Health, First 5 VC, CAPC and Behavioral Health) having co-developed a concept referred to as “Neighborhoods for Learning and Wellness” in response to a federal grant opportunity. The concept was competitive and ranked as a finalist but was not awarded funding, however partners remained committed to a phased implementation of the approach. This effort dovetailed with CPP planning in 2022 and focused on engagement of parents and residents within the target

neighborhood using an outside consultant and the Community Development Toolkit developed by FSG and Associates.

Governance Decision-Making Governance is currently conducted primarily through consensus building, with a default to the accountable Agency or organization holding final decision-making. The form of consensus is “gradients or levels of agreement” to determine how strongly a member is committed to the decision to be made. A member can request modifications or further discussion as needed to fully understand diverse perspectives. Adaptive decisions about policy and/or wellness financing are first routed through the ILT and/or BOS, with advisement and communication from the WSPC, WSC, and other collaborative groups as appropriate.

The Ventura County Wellness System Planning Committee is responsible to assure accountability and oversight by the County’s respective governing and collaborative bodies. The WSPC ensures that the required partners for cross-sector governance and collaboration will convene regularly to:

- Monitor progress of the VC Community Pathway/FFPS Program through its newly developed continuous quality improvement (CQI) system, using data to improve performance; and
- Provide input to be considered for incorporation into additional strategies and innovation needed to support the local VC Community Pathway/FFPS Program.

CQI System as a Governance Tool The current and expanded partners will be engaged in on-going monitoring of the FFPS Program through the established meeting infrastructure and community partner engagement strategies. As implementation continues, existing structures will be adapted to streamline monitoring for quality assurance purposes. A continuous quality improvement (CQI) system is currently under development by a cross-sector data and evaluation team.

The purpose of the continuous quality improvement system is to monitor progress, assure adherence to the Comprehensive Prevention Plan and Community Pathway specifically, and to gather and use data to improve performance and incorporate innovation and lessons learned. Critical in this CQI system will be specific structures to ensure effective and equitable implementation of the VC Community Pathway.

Decision-Making/Governance Process

Each leadership and collaborative body within the governance structure will be briefed at the appropriate level and input/direction will be facilitated as follows:

Governing Body	Governance Role
<p style="text-align: center;">Interagency Leadership Team (ILT)</p>	<ul style="list-style-type: none"> ▪ High-level monitoring of and accountability for the Wellness System ▪ Direct oversight of governance, and implementation of shared data, finance, and community services, supports, and engagement ▪ Identify initiatives that require alignment and integration; provide vertical direction to staff accordingly ▪ Initiate and provide policy and fiscal direction to WSPC and own staff ▪ Establish the function of “Wellness System Integration Management” ▪ As needed, elevate policy concerns and resource allocations to BOS

<p>Wellness System Planning Committee (WSPC)</p>	<ul style="list-style-type: none"> ▪ Primary role is to identify, operationalize, and capacitate strategic goals based on priorities (AB 2083 tenants, CPP, other public system initiatives) ▪ Identify workgroups or Tiger Teams (TTs) as needed and ensure capable representation from each relevant Agency/Dept ▪ Consider and give direction to (or validate) workgroup/TT proposals; elevate workgroup/TT strategies as information items to ILT ▪ Inform bi-directional communication to/from the entire Wellness System governance/collaborative infrastructure ▪ Elevates specific policy concerns and resource allocations needed (only when outside scope of authority) to ILT ▪ Directs bi-directional communication to/from the entire Wellness collaborative infrastructure
<p>Wellness System Collaborative (WSC)</p>	<ul style="list-style-type: none"> ▪ Serves as the VC Community Pathway (“No Wrong Door”) Advisory Group ▪ Aligns community-based and non-profit leadership and parent/youth voice ▪ Identifies culturally responsive and population specific resources and services needed ▪ Reviews and provides input on measurement strategies, key indicators and outcomes ▪ Continually assesses opportunities and challenges in assuring equitable participation

Flow of Governing Decisions The process for the required cross-sector partners to review and consult on necessary guidance and implementation decisions, provide feedback, and receive notification regarding the reasons recommendations that were incorporated or chosen not to be incorporated is as follows:

- **Wellness Integration Management** function will hold knowledge of activities and contributions to the governance and implementation structure throughout one’s organization, providing for thorough vertical and horizontal alignment.
- Wellness System Planning Committee will ensure **interlocking agendas** to promote updates and discussion with feedback loops. This means that each collaborative body will review/discuss the same priorities at their respective meetings and will have overlapping membership.
- The **“most responsible parties” (MRPs—those with statutory and/or fiscal responsibility)** will solicit input from all required and additional collaborative partners and hold final decision(s).
 - E.g., CFS is accountable to the OCAP for FFPS block grant spending (and therefore serves as the MRP). However, CFS considers itself a steward of public funds on behalf of the entire partnership and therefore solicits their input but holds the final decision.
- Issues and decisions made will be **shared with all participating partners** through the interlocking meeting structure/web/network.
- **Rationale will be provided** for decisions made on incorporation so that all partners understand and have a basis for further alignment and collaboration.

Blueprint for System and Practice Change

Ventura County has embraced the Integrated Core Practice Model (ICPM) as foundational to the development of its Wellness System. The ICPM serves as the unifying framework across child, youth, and family serving systems, aligning, and integrating leadership, practice, and cross-system initiatives. It has served as blueprint for the Interagency Leadership Team in development of a shared wellness vision for the county, provided a common language in the operationalization of our AB 2083 MOU, and has been a catalyst for the understanding and investment of public and community partners in moving towards a more integrated system. Finally, the ICPM has provided a common language in both the communication with and engagement of community partners and those with lived expertise as co-creators of systemic change.

The ICPM has informed our Comprehensive Prevention Plan as it serves to align staff and partners around “wholeness” and “us-ness” with a shared practice approach, supported by an aligned and integrated system. County-wide implementation of the California Integrated Core Practice Model (ICPM) is one of the 13 tenets in the AB 2083 MOU and is a priority for early implementation in the county. ICPM provides the shared values, core components, and standards of practice that are expected from leadership and those who serve children, youth, and families directly.

In Ventura County, the ILT (Interagency Leadership Team) and the Wellness System Steering Committee (WSSC) both link each of the priority tenets from the MOU with County priorities and align with Ventura County’s strategic plan. With that, county-wide ICPM training is linked to the priority focus on *Leadership and Practice*. The five key agencies mandated by AB 2083 are leading this effort while including other public agencies, community-based organizations, and people with lived expertise.

ICPM aligns and integrates initiatives, such as Continuum of Care Reform, Wraparound, Child and Family Teaming, CANS, and System of Care, CalAIM, Juvenile Justice Realignment, etc., building upon the collaborative, interactive practices that agency staff at all levels and partners provide children, youth, and families to improve accountability and outcomes.

Integrated Core Practice Model (ICPM) Roll-Out

ICPM as a blueprint for system and practice change is intended to impact every level of the workforce, in both public and community-based agencies. In June 2022, ICPM implementation was initiated with a group of 100 interagency leaders. The two and a half day training launch served to orient leaders to ICPM and their role in it. The County CEO lent support and also represented the Board of Supervisors.

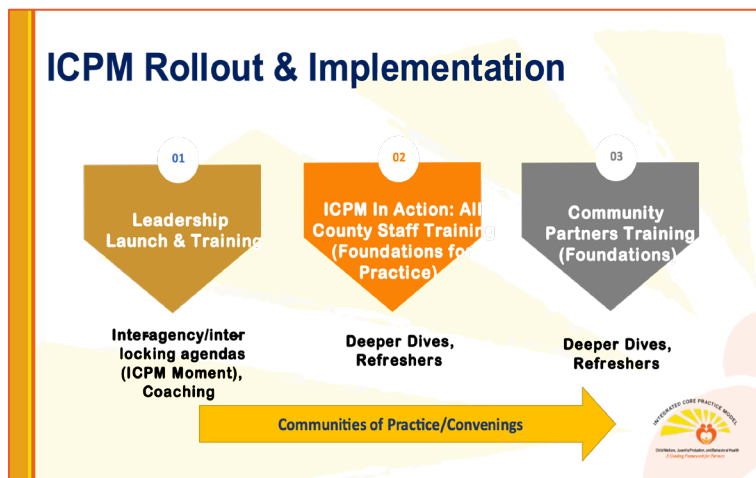
In the Fall 2022, another interagency ICPM event was held that introduced the next level of managers and supervisors to the ICPM framework and gathered input for the ICPM curriculum design and development for those involved in direct service to families.

Building on the initial launch of ICPM to County Leadership, a foundational ICPM curriculum has been developed specifically for public system partner supervisors and staff who have direct contact with families and has begun rollout in the Spring of 2023.

To cultivate local champions and build training capacity, each partner agency selected knowledgeable, experienced trainers to become part of the first trainer cohort being certified to deliver the ICPM curriculum. Reflecting the county-wide interagency commitment to ICPM implementation, the training was designed to be delivered by cross-agency trainer teams to diverse, multi-agency participants within each cohort. *The phased rollout is highlighted below.*

The overall objectives of the ICPM foundational training are:

- Shared vision and commitment to helping build Ventura County’s Child, Youth, and Family Wellness System (i.e., Comprehensive Prevention Plan)
- Understand what supports are available through teaming and collaboration to build the Wellness System
- Engage in a process of learning that helps translate new knowledge and skills into daily practice.



In addition to the foundational training delivery, other training and coaching opportunities are under consideration for design, such as ICPM leadership modules, deeper dives into the practice elements, refresher trainings, and Communities of Practice for trainers as well as those who completed the trainings, to ensure effective Transfer of Learning (translating knowledge and skills gained into everyday practice).

Additional Strategies for ICPM Integration:

- Elevate and integrate ICPM leadership behaviors across County and Community-based agencies to guide interagency interactions and collaborations;
- Inform practice, countywide, along ICPM values and principles;
- Incorporate ICPM training into onboarding for all new staff;
- Expand ICPM countywide training model to educate public system and community partners regarding fundamental, as well as emerging topics within the field;
- Develop and implement a Community Pathway in which: (1) candidacy assessment is consistently conducted with authentic engagement of children, youth, and families; (2) service planning and delivery occurs in the context of relationships and family voice and choice; and the ICPM core elements, values, and principles guide interaction with families;
- Utilize social media to inform the community about “Every Right Door”.

Wellness System Theory of Change/CPP Logic Model

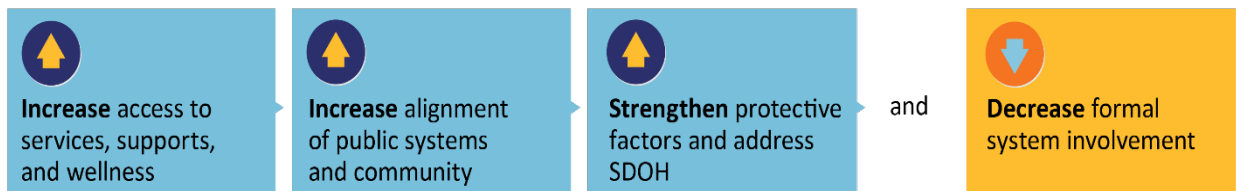
Together with ICPM informing system and practice change, the Theory of Change and Logic Model also serve as a critical part of the County’s blueprint.

Ventura County’s Theory of Change for the overall Wellness System (depicted below) is a simple, but powerful premise:

Theory of Change

IF we align public systems and community partners for integrated whole child, whole family, and whole community care, THEN children and families will have equitable **access to services, support, and wellness opportunities—and we will address social determinants of health (SDOH) and strengthen protective factors; decrease formal system involvement; and increase wellness for generations to come.**

To achieve a Child, Youth, and Family Wellness System in Ventura County, we will:



Connecting the Dots

The Wellness System Theory of Change is the fundamental premise and building block for Ventura County’s Comprehensive Prevention Plan (CPP).

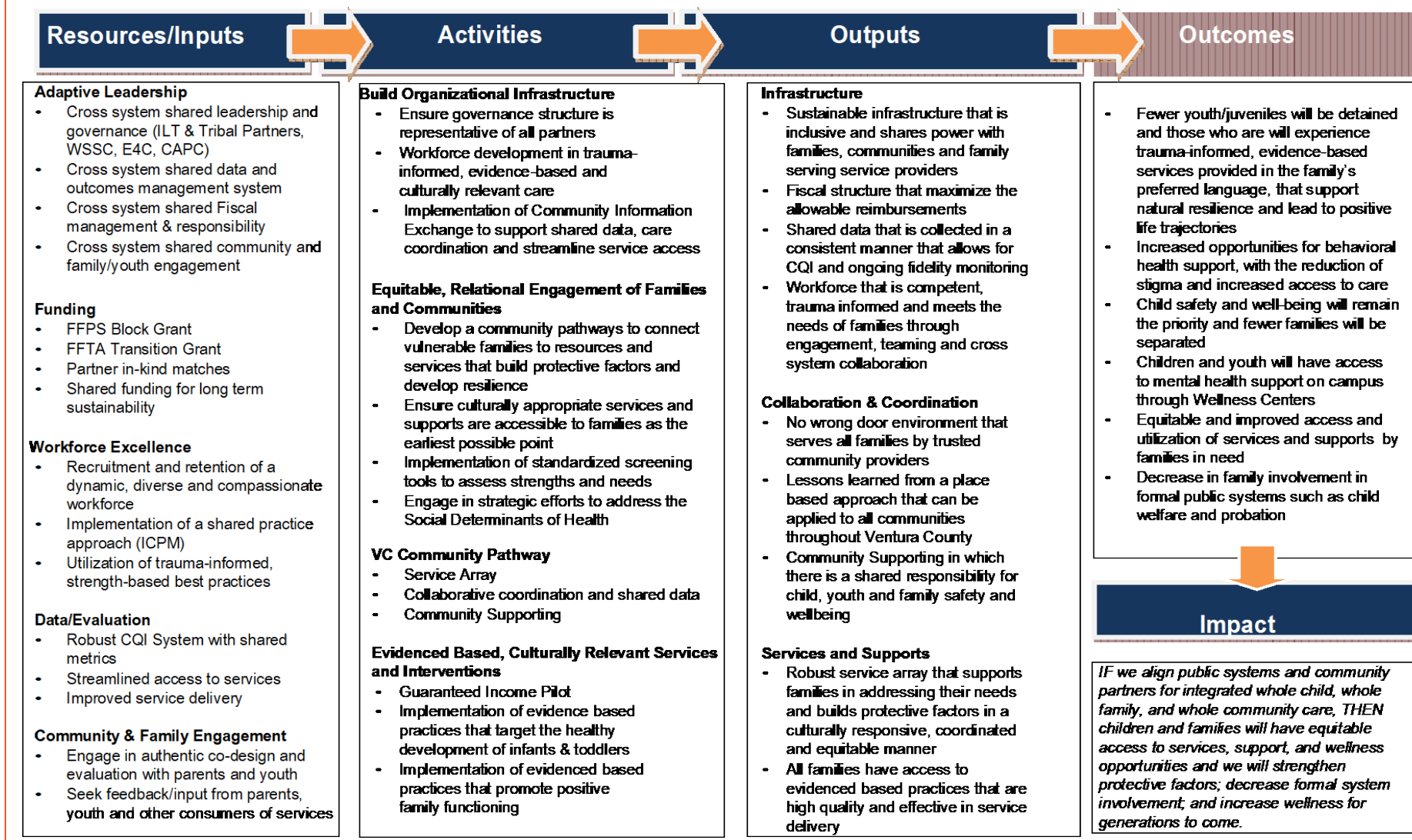
The CPP Logic Model (see **Attachment 7**) details the critical resources/inputs, activities and outputs that will produce anticipated outcomes and impact.

Working together to build a Child, Youth, and Family Wellness System is **the smart and right thing to do**. It is **smart** because it is evidence-based, cost-effective, and ultimately more efficient and effective than what we are doing now. It is the **right** thing to do because there is a moral imperative to increase equitable outcomes for the most vulnerable among us.

*It is anticipated that the following **will be different** as we begin to achieve our shared vision:*

1. **Fewer youth/juveniles will be detained**, and those who are will be helped to break the “cradle to prison” pipeline. They will experience trauma-informed, evidence-based services that will be provided in the family’s primary language, to support natural resilience and lead to wellness and positive life trajectories.
2. More opportunities for **positive behavioral health**, with faith-based leaders and behavioral health professionals coming together to reduce stigma and increase access to care.
3. Child safety will remain the priority, and **fewer families will be separated** as the aligned system shifts from “mandated reporter” to community “supporters” who share responsibility for child, youth, and family well-being.
4. Children and youth will have access to mental health support on campus through **Wellness Centers**.
5. There will be **equitable and improved access and utilization of services and supports** by families in need. The Priority Access to Services and Supports beta test in Ventura reduced wait time from investigation to receipt of services from an average of 85 days, to fewer than 10 days.

Logic Model – Ventura County Comprehensive Prevention Plan



Approach to Comprehensive Prevention

The Ventura County Comprehensive Prevention Plan (CPP) is designed to address the entire continuum (or levels) of prevention and will be implemented using a phased approach. The CPP is built on an ecological model that will not only serve federal candidates (following FFPS guidelines) but will also serve those who do not meet candidacy criteria when they seek support through the Community Pathway. Additionally, at the primary or universal level, some prevention/wellness activities will impact or be available to all children youth and families; and at the tertiary level children and families already involved with public systems will be served with the intention of lowering risk of recidivism.

Ventura County is using a data-informed approach, building on recent success and identified need. In particular, there has been a reduction over time in the number of “open cases” for both child welfare, as well as probation. Young children, however, are still entering care at unacceptably high rates, and once in care, are experiencing long stays.

CFS Open Cases While the overall child population in the county has been stable, Children and Family Services (CFS) has experienced a significant downward trend in the number of open child welfare cases in Ventura County. This may be due, at least in part, to our dedication to prevention of family separation for multiple years as evidenced in the strategic priorities of the Child and Family Services department:

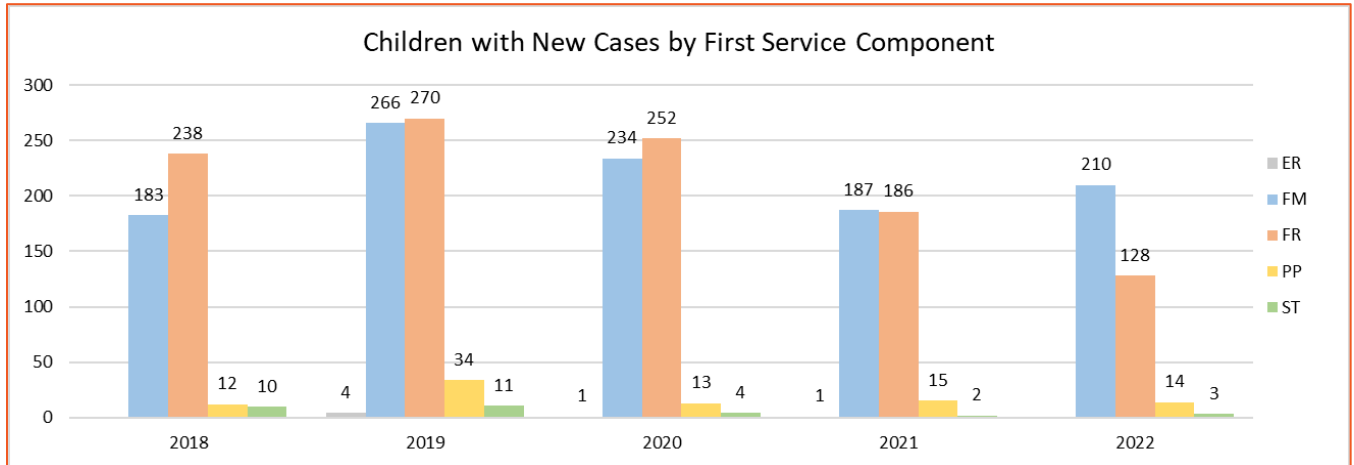
- Preventing family separation
- Safely reuniting families as fast as possible
- Ensuring children and youth who cannot safely return home have lifelong and unconditional family connections

The figure below displays point-in-time data over the past five years, highlighting the 31% decrease in the number of children with open cases and the 37% decrease in the number of children in out of home care at the start of each calendar year.

	1/1/2018	1/1/2023	Reduction
Children with open cases	1103	760	31%
Children in out of home care	810	512	37%

Data Source: CCWIP, 2022 Quarter 4 Extract

These successes have augmented a reduced reliance on family separation when opening a new case is necessary. In 2018, the majority of children with new cases had a first service component of Family Reunification (FR), which indicates separation. However, in 2022, the majority of children with new cases had a first service component of Family Maintenance (FM), which indicates in-home cases. (See table below.)



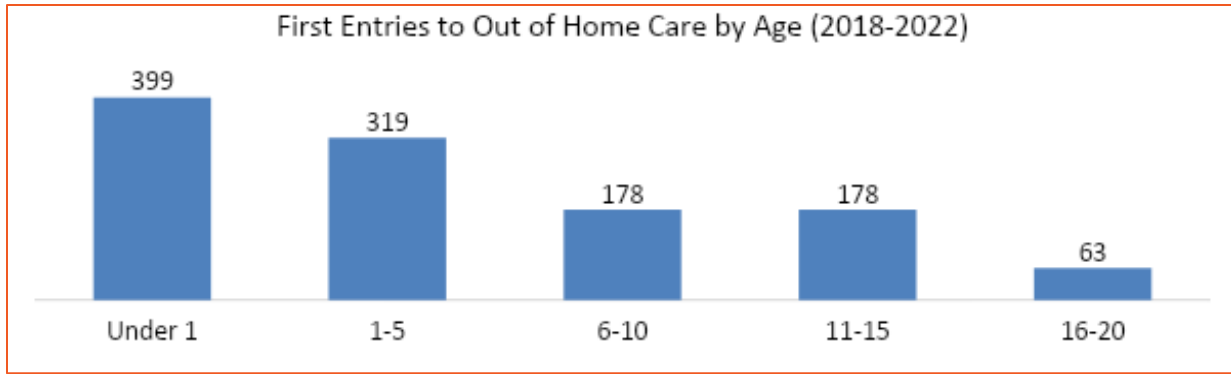
Data Source: CCWIP, 2022 Quarter 4 Extract.

Probation Open Cases The Ventura County Probation Agency has experienced a similar decline in the number of youth in care. Thirty-nine (39) probation youth were in care on January 1, 2018 compared to just six youth as of January 1, 2023, representing an 85% reduction. This decrease is largely impacted by the preventative practices implemented during this period.

Young Children with Long Stays There remains an imperative to reduce family separation overall, including for families with young children. Over the past five years, Ventura County has experienced a shift in the composition of children in out of home care by age. On January 1, 2018, children 0-5 made up our largest population followed by age groups 11-15, 16-21 and 6-10, respectively. However, recent point-in-time counts have shown that youth ages 16-21 have now become the majority of the out of home care population followed by age groups 0-5, 11-15 and 6-10, respectively.

The shift in age composition highlighted above is directly correlated with the proportion of cases in different service components. As of January 1, 2023, more than half of open cases were in the Permanent Placement (PP) or Supportive Transition (ST) service component. Within these, the largest populations are children under 5 years old (26%) and those 16 - 21 years old (46%). Many of the latter are the “long stayer” youth who have spent extended periods of their lives in out of home care. The best way to reduce the numbers of children and youth in PP and ST is to support their families earlier and prevent their entry into the child welfare system.

Though total entries and the proportion of very young children in out of home care have decreased, infants have consistently shown much higher rates of removal overall. Over the last five years, 35% of new entries to out of home care have been infants under the age of one and more than 60% of infants with a newly opened case have been separated from their families. This highlights the need for strategies focusing on families with young children.



Data Source: CCWIP, 2022 Quarter 4 Extract.

Phased Approach to Comprehensive Prevention

Ventura County will build on these reductions by serving all eligible FFPS candidacy populations through a phased approach, which will prioritize categories of families disproportionately represented in the child welfare system by ethnicity, community, and age. Specifically, Ventura County has a high proportion of children and their families impacted by the child welfare system who are Latinx, elementary school age or younger, and concentrated in certain communities within the county.

Three phases of implementation of the VC Comprehensive Prevention Plan are in development. *Target population/FFPS candidates served by respective evidence-based practices will be phased in as follows:*

Target Populations		
Phase 1	Phase 2	Phase 3
Children with substantiated or inconclusive child abuse allegations where no case was opened. Youth on informal probation (654.1 and 654.2)	Probation youth subject to a petition under section 602 of the Welfare & Institutions Code (WIC)	Children whose guardianship or adoption is at risk of disruption
Children living in a household with at least one parent who has substance use disorder	Pregnant and parenting foster youth, including fathers, as categorically eligible for prevention services	Children or youth experiencing other risk factors combined with family instability or safety threats
Substance exposed newborns	Trafficked children/youth	LGBTQ Youth
Children exposed to domestic violence	Children in families receiving Voluntary or Court-Ordered Family Maintenance services	Children who have siblings in foster care Homeless or runaway youth

Evidence-Based Practices and Service Enhancements		
Phase 1	Phase 2	Phase 3
<ul style="list-style-type: none"> ▪ Nurse-Family Partnership*: pregnancy less than 28 weeks gestation who are first time moms, with an income cap of 322% FPL. ▪ Parents as Teachers*: pregnancy up to the child’s 1st birthday. ▪ Foster Youth Transitional Stipend Pilot (FYTSP) ▪ Community Pathway Development 	<ul style="list-style-type: none"> ▪ Motivational Interviewing * ▪ Community Pathway Hub and Family Centers Identification ▪ GIP Pilot for “hot spot” areas <p>Probation Youth:</p> <ul style="list-style-type: none"> ▪ MRT (Moral Reconation Therapy) ▪ Wraparound ▪ Evening Reporting Centers 	<ul style="list-style-type: none"> ▪ Family Check-Up * ▪ Community Pathway Implementation

* Approved Evidence-Based Practices from the CA 5-year plan

The candidate population prioritized for services was selected based on definitions gleaned from the FFPSA and narrowed by local characteristics of families that place them at higher risk of referrals to Children and Family Services. Ventura County analyzed existing child welfare population data to identify common risk factors among those children most referred to the child abuse hotline. Additional information was collected from the 2022 Ventura County Self-Assessment, US Census Bureau, 2022 Community Health Needs Assessment (CHNA), and Child and Adolescent Needs and Strengths (CANS) to identify characteristics of the population of interest.

Neighborhoods to be Impacted by Phase

Given Ventura County’s commitment to a place-based (neighborhood approach) the design and implementation of the VC Community Pathway (aka network of “Every Right Doors”) will scale up as follows:

Phase 1: Oxnard

Phase 2: Other geographic “hot spots” with high saturation

Phase 3: Countywide

Service Population – Primary, At Risk, Candidacy

The following section lays out the data-supported context and rationale for the VC Community Pathway, FFPS candidacy population, and evidence-based practices to proactively support the identified need. It begins with a profile and demographics for the potential universe of children and youth in Ventura County. Current child welfare trends overall for reduction of entries into foster care and juvenile justice by age, geography, ethnicity will also be provided. The data vividly illustrates significant disproportionality by ethnicity and age, showing that very young children and children who are of Latinx and/or immigrant descent are the most over-represented.

Disaggregated geographic data that demonstrates where the over-represented children and youth reside will also be presented, making the case for our place-based, neighborhood approach. Finally, this section will conclude with a discussion of other challenges that are risk factors for entry into care, such as unmet basic needs, domestic/intimate partner violence, behavioral health concerns, including mental health issues and substance use disorders.

Key Demographics/Profile Data

According to the United States Census, the total population for Ventura County as of July 2022, is 832,605. Ventura County is comprised of 10 main cities, along with other unincorporated areas and communities. The most populous city in Ventura County is Oxnard at 200,415 residents as of July 2022, nearly one quarter of the population of the entire county. In 2020, children under the age of 18 comprised roughly 23% of the total population.

Populations to be Served

Referrals for prevention services will be assessed on a case-by-case basis as no one risk factor in isolation determines eligibility for FFPSA. However, based on the current data analysis, there is an estimated 1,600 potential FFPSA eligible children annually throughout Ventura County. This estimate is a projection based on the historical number of children that fell within one of our candidacy populations that were not provided services for FY 2021-22.

Rationale for Candidacy Populations based on

FY 2021/22 Referrals to CWS

38% resulted in **substantiated or inconclusive child abuse allegation** in which no case was opened. In these circumstances, referrals were closed, and families may not have participated in services to address circumstances possibly leading to a future referral.

59% percent had an allegation of general neglect.

Of these, co-occurring risk factors of **parental substance abuse and domestic violence** were present in 32% and 34% of referrals, respectively.

Children ages 0-5 represented 32% of all closed referrals with substantiated or inconclusive allegations; 41% for parental substance abuse; and 40% for domestic violence referrals for FY 21-22. (The data reflect percentages for all unique clients/children referred to the hotline, independent of a case opening.)

The **methodology** used to identify priority areas for ‘risk of entry’ into the child welfare system was to collect filtered data from Child Welfare Services/Case Management System (CWS/CMS) on **most recurring risk factors** for all unduplicated children referred to the child abuse hotline for Fiscal Year (FY) 2021-2022. See sidebar for breakout of referrals received by Children and Family Services (CFS).

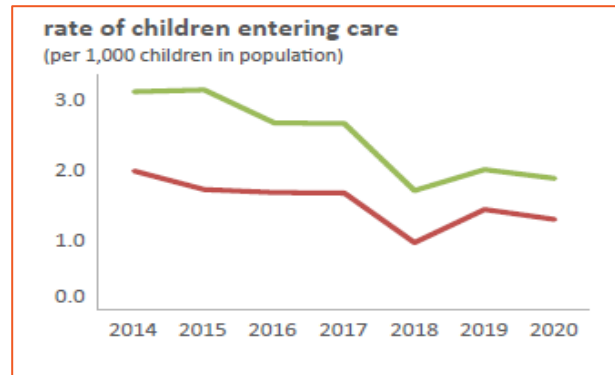
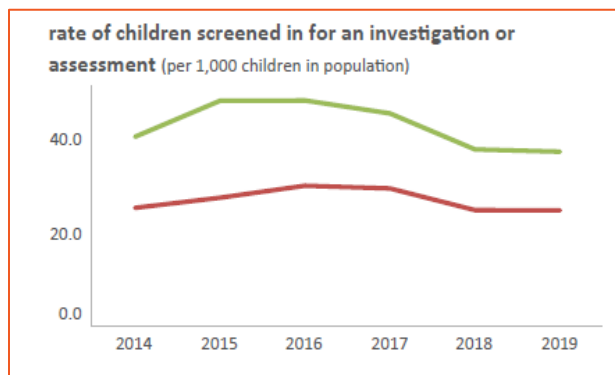
Focused target population element – Ethnicity: Latinx Families

Ventura County has historically seen a disproportionate number of Latinx children, youth and families that touch public systems. As seen in the table below, this discrepancy is pronounced in the child welfare and probation systems, with Latinx children and youth making up a large majority of those in out of home care.

Race/Ethnicity*	County Overall	CFS (as of 1/1/23)	Probation (as of 1/1/23)
Latinx	42.8%	71.1%	66.7%
Caucasian/White	44.9%	23.2%	33.3%
Asian/Pacific Islander	7.3%	2.0%	0.0%
African American/Black	1.7%	3.5%	0.0%
Native American/Alaska Native	0.2%	0.0%	0.0%
Other	0.2%	0.2%	0.0%

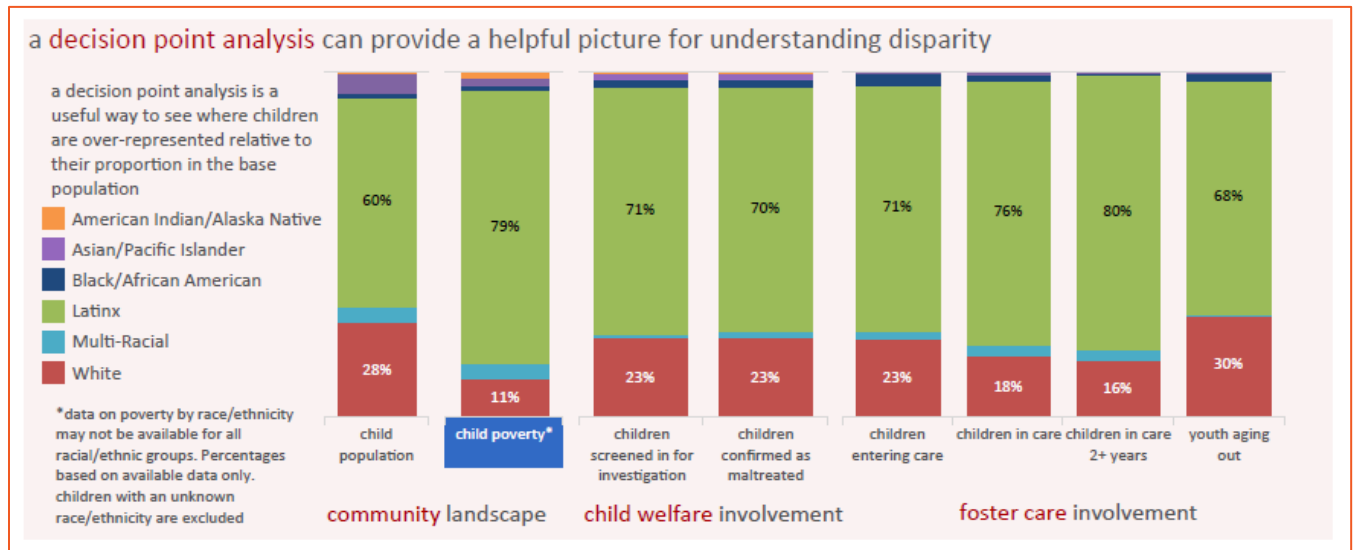
* Distribution of Race and Ethnicity (2020)

As demonstrated in the graphs below, Ventura County child welfare data provided by Casey Family Programs shows that Latinx children 1) have higher rates of child welfare investigations, and 2) are separated from their families at a higher rate than white children.



(Green = Latinx, Red = White/Caucasian)

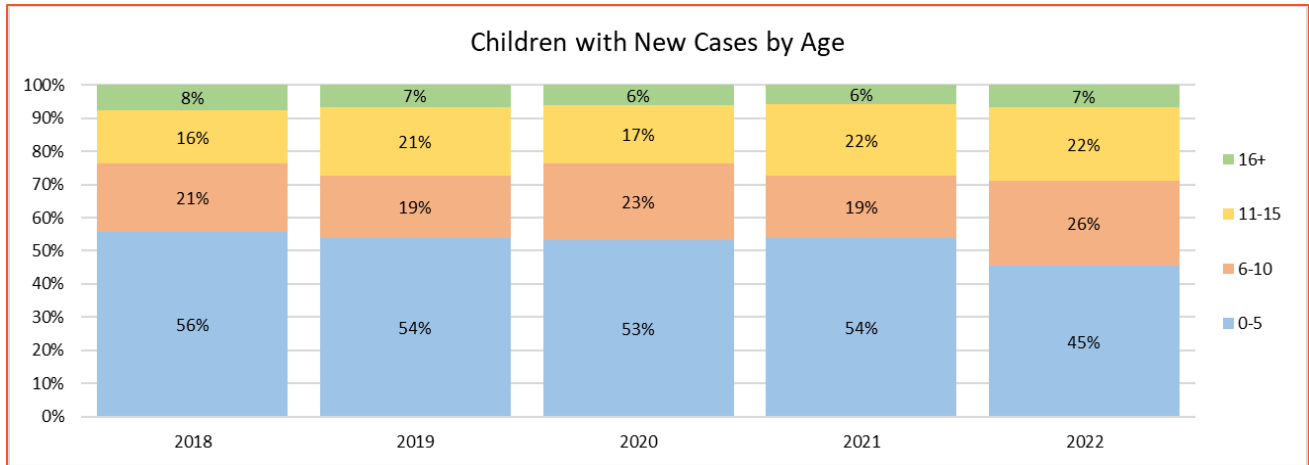
Furthermore, the *visual below* illustrates how the disproportionality of Latinx families becomes even more pronounced as they move through the child welfare system, with increasingly higher percentages at each stage of child welfare involvement. Latinx families in our county also tend to have higher rates of poverty and poorer outcomes once they touch the child welfare system.



These data highlight the imperative to develop culturally relevant strategies that focus on reducing the disproportionate involvement of Latinx families in Ventura County child welfare and probation systems.

Focused target population element – Age: Young Children

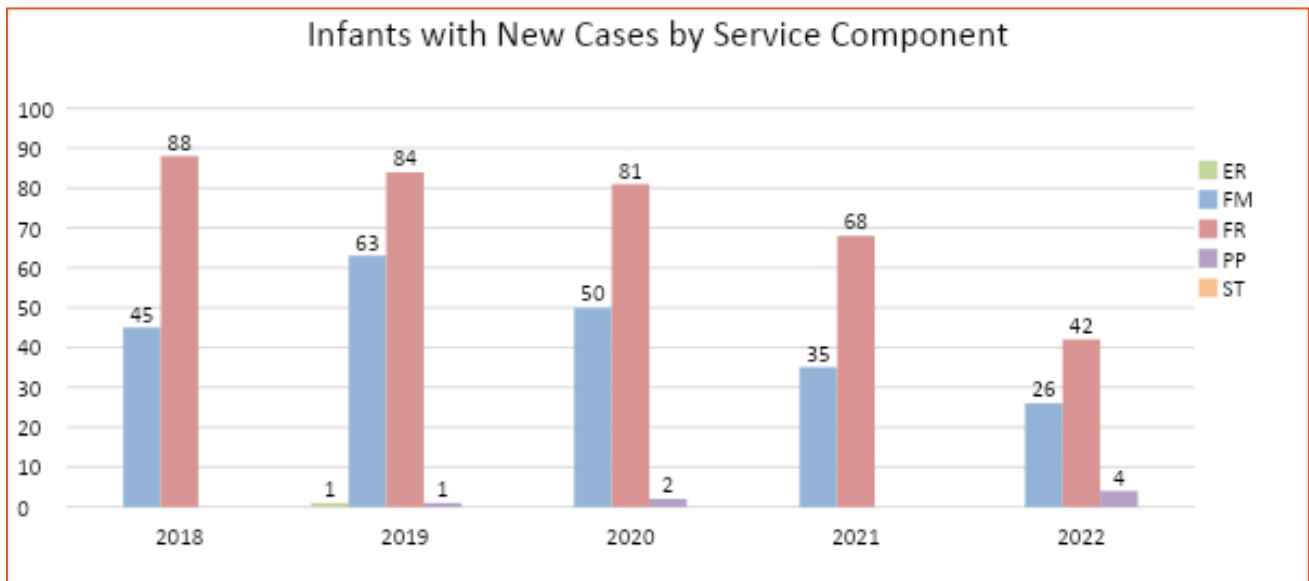
A disproportionate number of referrals AND entries are comprised of families with young children, similar to the ethnicity subsection above. Though 10- to 14-year-olds make up the largest group of those under 18 years old in the county, young children enter the child welfare system at disproportionately high rates, highlighting the need for local FFPS and community pathway strategies that augment our local early childhood and elementary school infrastructure. While the proportion of the youngest children with new cases has dropped slightly the overall percentage of children under 10 years old with new open cases has remained above 70%.



Data Source: CCWIP, 2022 Quarter 4 Extract

The city of Oxnard has the largest proportion of children under the age of 18, as well as children under 5 (32% and 31% of Ventura County children respectively), with Thousand Oaks, Simi Valley, and Ventura all following with similar percentages (13-15% each).

As noted above, in a majority of newly opened cases, family separation has not been necessary. However, this has not held true for the county’s youngest children, as illustrated in the table below. A majority of children under one year, when a CFS case is opened, continue to be removed from their families:



Data Source: CCWIP, 2022 Quarter 4 Extract

Focused target population element – Geography: Oxnard, “Hot Spot” Neighborhoods

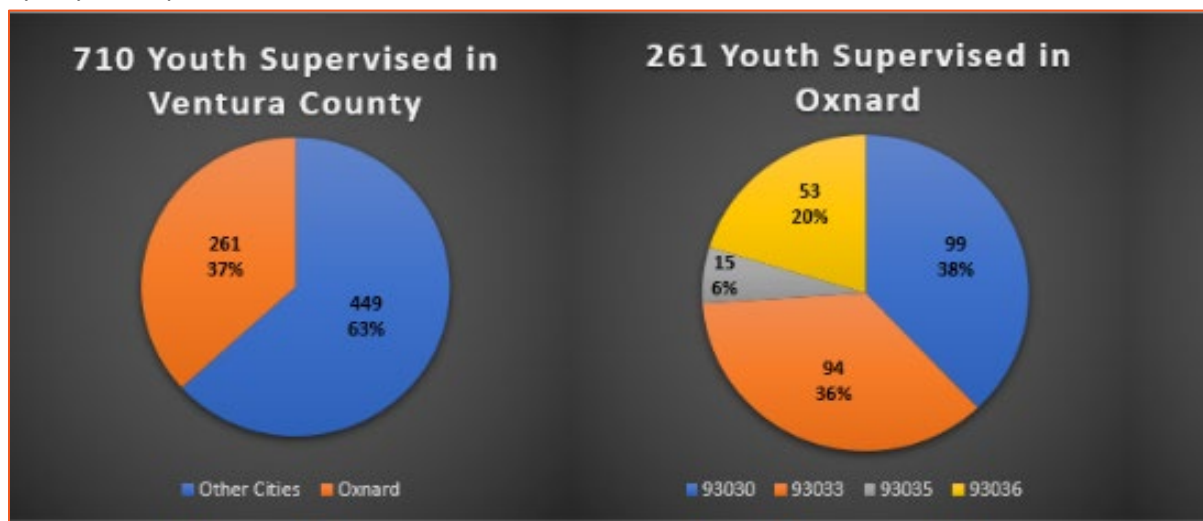
Oxnard has the largest population of any city in Ventura County. As a sizeable portion of residents experience poverty, Oxnard also has the largest percentage of children receiving assistance. The city has high sustained rates of poverty, homelessness, 2-1-1 interactions, as well as domestic violence calls. Since the Citizen Review Panel data were released in 2015, CFS has targeted Oxnard for intervention and innovative practices, including the pilot program **Neighbors Together (NT)**.

Neighbors Together has piloted best practices and culturally relevant strategies to improve outcomes for families in Oxnard, specifically the 93030, 93033, and 93036 Oxnard zip codes. NT was created after the Ventura County Citizen Review Panel conducted a study of outcomes from all system and domains and consistently found that Latino children from these zip codes were disproportionately represented in the child welfare system.

The purpose of NT is to incorporate best practices, enhance family engagement, and collaborate and coordinate service delivery with community partners, to better serve and improve outcomes for families, and reduce the rate of removal from the south Oxnard community. The learnings from these practices will be incorporated (and adapted as appropriate) into the Community Pathway and CFS work in other communities across the county.

CFS is continuing to expand Neighbors Together, including the expansion of the Healthy Start program to four additional schools in the Oxnard and Port Hueneme communities, as well as providing support to three additional schools. NT zip codes had a higher percentage of Family Preservation cases open each year compared to other Ventura County zip codes. NT zip codes averaged 66 cases opened and an average total of 187 cases opened each year. Other zip codes in the county had an average of 71 FP cases opened and an average total of 279 cases opened each year.

Ventura County Probation Agency’s (VCPA) target population has been selected as those families and youth who reside in zip codes 93030, 93033 and 93035. The figure below displays the number of youth supervised by Ventura County Probation in 2022. A total of 710 youth were supervised with the largest proportion (37%) residing in the city of Oxnard. See graphic below of Probation Youth Supervised in 2022 by City and Zip Code.



This population was selected based on the definitions outlined in the FFPSA, findings from the Juvenile Justice Plan, and data collected by probation. VCPA used the methodology from the Juvenile Justice Plan 2022-2025 which was composed of assessments, feedback from different stakeholders, focus groups and interviews. Secondary data from the California Department of Justice, California Department of Education, Ventura County Public Health was used to understand the youth population in the county to those in the state.

GIS Mapping Technology: Hot Spot Data

The Human Services Agency continues to use mapping technology to create dynamic Microsoft Power BI (Business Intelligence) dashboards and ArcView GIS maps to provide in-depth insight into areas of focus throughout the county.

In 2016, GIS mapping was used to examine the allegations and entries into care by location, revealing the Oxnard/Port Hueneme area as an area of concern with nearly 50% of all family separation linked to those cities even though Oxnard is home to only 32% of the under 18 population. Currently, GIS mapping is being used to visualize the distribution of child welfare referrals, removals, and cases within the three zip codes of Oxnard (93030, 93033 and 93036). Further analysis revealed that the majority of referral, removals, and open cases are not only from these zip codes, but areas of high concentration are linked to specific neighborhood blocks within these zip codes (hot spots).

Calendar Year 2022 (CFS)	Ventura County	Oxnard	NT Zip Codes (93030, 93033, 93036)	City of Ventura	Simi Valley
Referrals	8001	36%	33%	16%	11%
All Removals	198	45%	39%	19%	4%
New Cases	355	44%	39%	18%	8%

CFS and our public system partners each have data which demonstrates the same trend: The majority of the families we all serve come from the same location – the three NT zip codes in Oxnard. For this reason, Ventura County system partners intend to start CPP innovations, best practices, and pilot programs in these areas. While any family in the county who needs prevention services will have access, many pilot programs will begin in Oxnard, such as the guaranteed income pilot, with the hope to expand this program to other parts of the county.

Using the Casey Family Programs, Community Opportunity Map (COM), we can take a closer look at Oxnard and these neighborhoods to analyze the social determinants of health. Within the zip code of 93033, the neighborhoods of South Winds and Kamala/McKinna are located. According to the COM, 93033 has 22% of the families with children under 5 living in poverty. The Kamala/McKinna area is higher at 29% and the South Winds neighborhood is much higher at 40%. La Colonia neighborhood located in 93030 shows 30% of children under the age of 5 are in poverty there compared to the entire zip code at

19%. More than targeting zip codes, much of the wellness system work will begin by targeting these particular hot spot areas within the city of Oxnard with service provided through the community pathway as well as the GIP project.

Focused target population element – Children in care with tribal affiliations or ICWA eligible children

There are no federally recognized Native American tribes in Ventura County. Point-in-time data regarding the number of children in care with tribal affiliations or who are eligible for ICWA show that there were 11 Native American children as of October 1, 2016, and 1 child as of January 1, 2022.

Comprehensive Prevention Key Components: Community Pathway, Service Array, Community Supporting, and Basic Income Supports

Prior sections of this plan provided an overview/synopsis of Ventura County’s Comprehensive Prevention Plan with supporting data, and an overview of the governance, collaborative infrastructure, and theory of change. The plan will now specify how the candidacy population (and all VC children and youth) will be served by the VC Community Pathway. The Service Array that addresses all levels of prevention and corresponding evidence-based practices selected, along with Community Supporting and the Guaranteed Income Pilot will all be discussed.

Community Pathway: Every Right Door/No Wrong Door

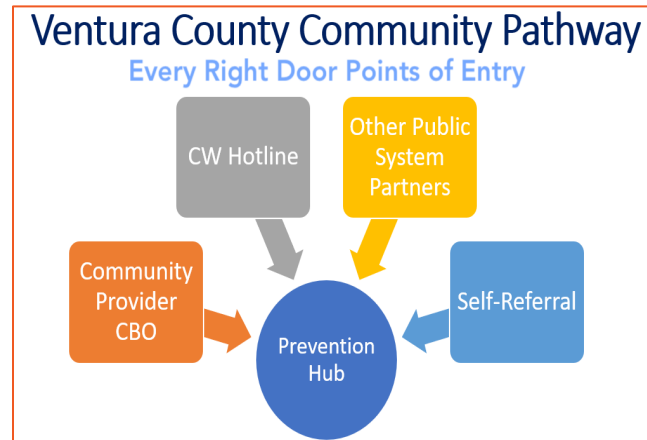
Ventura County is committed to creating and implementing a “no wrong door” approach for the VC Community Pathway. Ventura County partners are calling it an “every right door” approach because the goal of the community pathway is for families to have multiple entry points to find the help they need when they need it which means that natural and existing entry points will be identified. Ventura County is fortunate to already

have trusted family centers that could provide streamlined entry points for families. Most notable are the Neighborhoods for Learning sites; Wellness Centers in local Oxnard high schools and middle schools; Healthy Start locations; child care centers, primary care health care providers, as well as other trusted community sites such as tribal hubs, grassroots community-based organizations, local places of worship; and Boys and Girls Clubs.

Points of Access *The graphic below depicts potential points of access that lead to the “prevention hub” or in Ventura County vernacular, “Every Right Door”.* Some may be virtual, while others may be physical locations. A family may walk in or self-refer; a community-based organization could refer a family or encourage the family to reach out, and finally referrals could come from public system partners, including the child welfare hotline. (In this case, a call may have been made to the hotline, but while the circumstances are not a safety issue, it is clear the family has service needs.

Community Pathway Development

Ventura County is actively working with parents with lived expertise in public systems to develop a Community Pathway that enables parents and families to access culturally derived, timely, relevant, and responsive services and supports, that are located in their community, from organizations and community partners they know and trust. The Community Pathway development is currently in the planning stages and is being aligned with the Community Pathway Recommendations from the California Child Welfare Council Prevention and Early Intervention (PEI) Committee. As stated previously, the development of the pathway is informed by parent and resident voice and choice, and in direct partnership with parents and residents.



Working directly with parents to develop the VC Community Pathway reflects ICPM principles and values, and is responsive to the evolving mandate for co-design, co-implementation, and co-leadership. Parents are the experts on what is needed and how what is provided could be received in a respectful, engaging manner. Community-based Organizations, tribal partners, faith-based community, and public system partners are teaming up and working in concert with actively involved parents.

The process involves:

- **Parent led and parent conducted focus groups**
Participating parents are asked what types of supports they need for their families to be healthy and well. The goal will be to orient all the parents to the mission and goal of the community pathway.
- **Parents provide guidance** about both the structure as well as the engagement and practice strategies of the pathway. This helps identify the “end user” experience through the Community Pathway.
- **Cultivate parent leadership** There are three paid professional parent partners, through our local CAPC, taking on the role of core parent leaders. They have each been matched with other non-professional parents (meaning that they are not currently working for non-profit service providers) who have lived expertise within the child welfare system. The core parents act as role models and coaches to those who are new to the process, while working alongside child welfare.
- **Parent compensation** Parents are compensated as feasible now, with a goal to provide fair and equitable compensation to all parents and community residents to come together to contribute.

Design Questions for Parent Partners:

- *Please tell us about your neighborhood: What do you feel good about? How could it be better?* (This question is about how it feels to be in your neighborhood or community.)
- *What are some things that could be improved or changed so that you get the services and supports that you and your family need from community or county agencies?* (This question is about accessing services and getting what they need.)
- *What could county and community agencies do to become a trusted partner in this neighborhood?* (This question is about feeling ok and safe to go to an agency to ask for help.)
- *How can community and county agencies learn about a family’s situation in a supportive and respectful way?* (This question is about how you are treated when you are working with an agency, and about relationships with people from the agencies.)

The goal is to have the functionality of the VC Community Pathway be parent developed as they should be the designers of how they would want to interact with different providers in obtaining services they have identified would be most helpful to their family. There will be an ongoing process to obtain information from families in the community by participating in town halls and focus groups. (See focus group questions in the sidebar above)

Thus far the following design guidance has emerged:

- Be clear about and communicate the purpose of the engagement: that parents and residents are valuable assets to the community and bring innate wisdom and deep understanding of what is possible;
- The Community Pathway must be available when and where the best fit is for parents and residents;
- Power must be shared, and power differentials must be directly addressed;
- Inclusive, respectful engagement and facilitation allows for diverse viewpoints and range of expression.

What the VC Community Pathway Looks Like The vision is to have trusted, existing entities within the community, partner with each other to form hubs for families to self-refer or be referred to obtain services, referrals, or concrete goods in times of need. The Community Pathway will support access by all families to primary and secondary prevention strategies, services, and supports that address basic parental and child needs and build on a family’s protective factors in a culturally responsive manner, as well as access for eligible families to the evidenced-based practices implemented by the county under FFPSA Part 1. Some examples could be referrals and linkages to housing or basic needs supports, mental health services or referrals to Nurse Family Partners or Parents as Teachers.

The County’s Wellness System Memorandum of Understanding (AB 2083 MOU) directly supports Community Pathway implementation. Existing and expanded services and supports of Community Pathway entities will be integrated, leveraged, and maximized through operationalization of the MOU tenets, including improved information and data sharing, increased alignment, and coordination of services, shared and streamlined financial and resource management, and common metrics and outcomes.

This place-based approach to building the VC Community Pathway is equity-focused and responsive to parent and resident vice and choice. A concrete example is the development of “prevention hubs” as a “no wrong door/every right door” approach to assisting parents and residents to access services and supports (in the context of relational engagement) without having to go through CFS as the gateway. This provides an alternative pathway when there is a need or risk identified but does not meet the criteria for suspected child abuse and neglect.

Flow of VC Community Pathway Services and Supports

This chart describes the flow of the VC Community Pathway (and is color coded to the flow map that follows on the next page):

	No Wrong Door/Every Right Door Points of Access (Relational engagement begins here!)
	Determination of strengths and needs (including screen for candidacy criteria and safety issues)
	IF children/youth/family does NOT meet candidacy and there are no safety concerns: -They are offered peer support, skill building, and facilitated access to services and supports
	IF potential candidacy,
	THEN Administrative review by CFS or Probation Agency: -If candidacy is approved, relational engagement, services and supports offered, and FFPS EBPs
	-If candidacy is not approved, family still receive relational engagement, services and supports

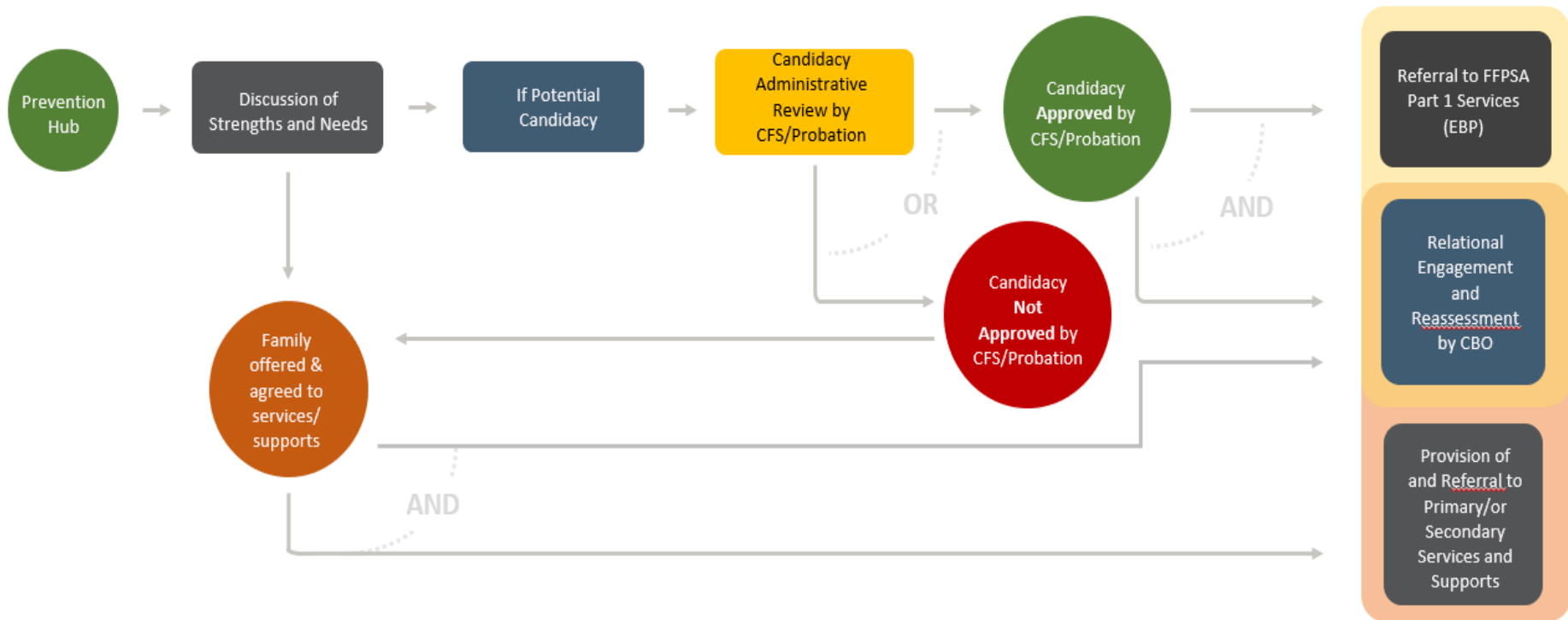
*See next page (and **Attachment 8**) for a depiction of the flow of the VC Community Pathway, whether accessed virtually or through an in-person engagement.*

VC Community Pathway Ongoing Support Consistent with recommendations recently issued by the Prevention and Early Intervention (PEI) Committee of the California Child Welfare Council, Ventura County will support the training, technical assistance and development required to enable public agencies and community partners to build the needed workforce, resources and administrative capacity to effectively deliver the full-service array, including evidence-based practices, to be offered through the VC Community Pathway. The communication plan will include engagement of providers so that they can understand the full range of available services and supports in order to make appropriate referrals.

It will also include ICPM trained staff at these identified hubs or trusted locations, on practice approach and services that are available within the county to address family needs. There will also be a safety assessment conducted and necessary referrals made to the child welfare hotline if needed. In this way partners stand by the commitment made in the AB2083 MOU for streamlining of screening, assessment, and entry to care along with a vision for coordination of services as stated in the MOU, it is the vision of the county, “That system partners will be more intentional with spending and training for building up community provider capacity to address disproportionality, disparities, and inequities across systems.”

The vision for the VC Community Pathway is that it will become part of a system with a holistic approach based on collaboration and family engagement that will explore ways to streamline and integrate the screening and assessment processes used by each of the partner agencies. This will be coordinated in such a way to reduce any redundancy and support unified assessments of child, youth, and family service needs, and ensure that we are minimizing impact on families.

Ventura County Community Pathway Flow of Services & Supports



Service Array/Gap Analysis

With the full intention of enhancing a comprehensive array of services that addresses all levels of prevention, Ventura County’s Child Youth and Family Wellness System conducted asset mapping and gap analysis of the services and resources currently available and accessible to county residents, specifically in the Oxnard region. The goals of the asset mapping and gap analysis were to inventory the existing service array across multiple service types, such as behavioral health, mentorship, case management, parenting support, kinship/adoption/guardianship support, domestic violence and more, as well as understand what types of services may not be available or accessible enough to meet community need.

A two-part resource scan was used to identify services that are available to families in Ventura County. The initial scan gathered programs and services that are currently funded through the County of Ventura public systems, and the second identified programs and services that were not county funded but known to be resources for families seeking services in Oxnard.

Methodology Asset Mapping and Gap Analysis included scanning and organizing existing resource lists, web searches, and stakeholder interviews with 5 community-focused organizations selected to speak to community needs and assets, specifically in the Oxnard area.

Service Array Findings Part 1: Funded by Ventura County Public Systems

Most of the programs identified through the initial scan (county funded) were focused on mental health and child mentorship followed by case management, parenting support, domestic violence, or anger management support. The majority of these programs are funded by Children and Family Services, Probation, and Public Health.

Service Array Findings Part 2: Community Offered Services Not Funded by Ventura County Public Systems Most services identified through the second part of the resource scan (not county funded) were focused on mental health, substance abuse/recovery, parenting support, childcare, and housing services. Additionally, there were a handful of child developmental support services, healthcare/insurance supports, and legal support services.

The resource scan indicated that Ventura County has an abundance of behavioral health and parenting services provided by various community organizations. As implementation of the Wellness System progresses, we will focus on addressing barriers to accessibility, such as location, cultural responsiveness, awareness of unique community need, and capacity/waitlists. Additionally, the resource scan did not uncover any existing services or support from faith-based organizations, nor any partnerships between county-funded services and faith-based organizations.

The **following Service Array Chart** provides a listing of services currently available as identified through parent and youth partner input, collaborative conversations, Social Network Analysis (see **Attachment 9**), CSA findings, and interviews with providers by prevention level, that can serve as a basis for linkages to services and supports through the VC Community Pathway.

Services Available through the Community Pathway by Prevention Level

SOCIAL DETERMINANTS OF HEALTH	ECONOMIC STABILITY	EDUCATION	HEALTH & HEALTH CARE		NEIGHBORHOOD & BUILT ENVIRONMENT	SOCIAL & COMMUNITY CONTEXT	NON-CLIENT FACING ADMIN & SUPPORT
Protective Factor	Concrete Support in Times of Need	Social and Emotional Competence of Children Knowledge of Parenting and Child Development	Parental Resilience Concrete Supports in Times of Need	Social And Emotional Competence of Children Parental Resilience	Concrete Support in Times of Need	Social Connections Parental Resilience	
Service Need	Job training/placement, Food security, Housing, Childcare Cash support Title IV-E Child Welfare Svcs	High school graduation, Enrollment in higher ed., Literacy and language, Early childhood education & dev., Parent education Title IV-E Child Welfare Svcs	Access to care (curative & primary), Health literacy Support for Medically Fragile Title IV-E Child Welfare Svcs	Access to care, Behavioral health literacy Behavioral health support Title IV-E Child Welfare Svcs	Access to healthy food, Housing quality, Community safety, Clean environment Title IV-E Child Welfare Svcs	Civic participation, Social supports and networks, Equity and advocacy Title IV-E Child Welfare Svcs	Develop Prevention Program Infrastructure
Service Examples	Job training and placement programs, Financial literacy programs, Food banks/co-ops, VC 211, Utilities assistance, Rent assistance, FRCs, Tax and legal support Subsidized childcare, WIC/Calfresh, CalWORKS, Tribal TANF, VC Housing Authority, Transitional Housing (RAIN) GIP/Youth GIP, ER Bridge/Childcare, Youth Housing Navigator, STEPS (employment services)	First 5 Neighborhoods for Learning, Tutoring/GED Support, School counseling, ESL education, Head Start, Transitional Kinder, Parenting classes, FRCs, VC Promise Program, Help Me Grow (infant screening), Parent Baby Playgroups, Public Awareness Campaigns Special Education, Regional Center, Welcome Every Baby (WEB) home visiting program, IEP/504 plans, VCOE wellness centers, Healthy Start Foster Youth Liaison (VCOE), CW Parenting classes (contracts), United Parents, ILP Classes	Health insurance/Gold Coast, Transportation, Wellnesseveryday.org, MHSA Education and outreach, Medication management, School-based health, FRCs, Vaccination clinics, Emergency clinics, CalAIM Screening Medi-Cal, WIC, IHSS, Regional Center, Help Me Grow (infant screening), Nurse Family Partnership, Forensic Hubs (Safe Harbor), Public Health Home Visiting Services, Naxolone overdose kits THRIVE, RX for Kids	Health insurance to cover therapy/counseling, Psychoeducation (stress, anger mngmt), Medication mnmgt/treatment, FRCs, Logrando Bienestar Outreach Network of Care (Parent Voices), Sex offender tx (probation), Crisis Lines, Parents as Teachers, Inpatient and outpatient SA Tx (and SA prevention), DV Prog., Respite care, Rapid Integrated Support & Eng. (RISE), Mobile crisis response team, Carelon (Tx Mild/moderate) Day reporting centers (prob.), CSEC programs, Adoption Support, CW Mental Health Contracted Services, Wraparound, FURS, Teen anger mgmt. (prob.), JJ complex MH serv., Crisis Stabilization Unit, EPSDT, CW Subsystem VCBH, DUI	Access to grocery stores, Support for merchants, healthy food operations, Mutual aid programs, Community safety initiatives, Legal aid, MICOP, El Concilio, Clear air initiatives, Community beautification Restorative Justice Diversion/early intervention probation programs, CSEC programs	Neighborhood councils, Leadership development, Citizens Review Panel, Neighborhood events, Before and after school programs, FRCs, Community participation in data plans, Advocacy organizations, Peer mentoring, Big Brothers/Big Sisters, Promotoras y promotores, Father engagement, Youth Programs Parent advisory councils Cultural Brokers/Interpreters, Parent Partners, CASA's, Family Engagement Specialist, Family Finding	CQI/Evaluation Planning Training Admin Capacity building CAPCs Community Information Exchange (CIE)

SOCIAL DETERMINANTS OF HEALTH	ECONOMIC STABILITY	EDUCATION	HEALTH & HEALTH CARE		NEIGHBORHOOD & BUILT ENVIRONMENT	SOCIAL & COMMUNITY CONTEXT	NON-CLIENT FACING ADMIN & SUPPORT
Funding	<u>Child Welfare</u> State General Fund AB 153 CAPTA CBCAP PSSF Title IV-B <u>Social Services</u> WIC CalFresh CalWorks Federal Grants Family Stabilization funding	<u>Child Welfare</u> State General Fund AB 153 CalTrin CAPTA CBCAP PSSF Title IV-B <u>Education</u> Local Control Funding (formula allocation) AB 114 Federal MH allocations Special Education Core Funding Federal IDEA allocation SB 504	<u>Child Welfare</u> State General Fund AB 153 CAPTA CBCAP PSSF Title IV-B <u>Public Health</u> CDC County, state, and federal funding	<u>Child Welfare</u> FFTA State General Fund AB 153 CalTrin CBCAP PSSF Title IV-B <u>Behavioral Health</u> SAMHSA Block Grants Some Medi Cal Services Non-Specialty MHS MediCal EPSDT LEA MediCal MHSA Prevention and Early Intervention Prop 64 Cannabis	<u>Child Welfare</u> State General Fund AB 153 CBCAP PSSF Title IV-B <u>Probation</u> Youth Offender Block Grant Juvenile Justice Crime Prevention Act Grant State and Fed Law Enforcement Grants 4E Fed/JJCPA and YOBG	<u>Child Welfare</u> State General Fund AB 153 CAPTA CBCAP PSSF Title IV-B <u>Probation</u> Youth Offender Block Grant Juvenile Justice Crime Prevention Act Grant State and Fed Law Enforcement Grants 4E Fed/JJCPA and YOBG	<u>Child Welfare</u> State General Fund FFTA AB 153 CAPTA CBCAP PSSF Title IV-B
Eligible populations	General population, Youth, Families raising children Low SES families, Homeless families CSEC/Youth AB 12 Youth Children and Families in the CW system	Kids 0-5, All Students and the Professionals who serve them Students who do not sufficiently benefit from primary strategies, School communities with particular risk factors Students experiencing a life crisis or have developed chronic problem behaviors Children and Families in the CW system, CSEC Youth	General population, Youth, Families raising children People who have been exposed to risk factors, People with injury/disease CSEC Youth, Pregnant and parenting foster youth, Children and Families in the CW system	General population, Youth, Families raising children Children, youth, and their caregivers with early onset, developmental or other indicators of risk, Victims of trauma not otherwise in care Those suffering with more intense mental health issues, CSEC Youth, Children and Families in the CW system, Probation youth	General population, Youth, Families raising children Juveniles referred to juvenile court for low level offenses Probation youth, Children and Families in the CW system, CSEC/Youth	General population, Youth, Families raising children Juveniles referred to juvenile court for low level offenses Probation youth, Children and Families in the CW system, CSEC/Youth	Child welfare professionals, Probation professionals, CBOs, Technical Assistance providers, Trainers, CQI/Evaluation professionals
Applicable EBPs	FCU NFP PAT MI MRT	FCU NFP PAT MI MRT	FCU NFP PAT MI	FCU NFP PAT MI MRT	FCU NFP PAT MI MRT	FCU NFP PAT MI MRT	

Primary Prevention: Activities directed at a general population to strengthen communities and improve child-welfare being by focusing on the social determinants of health.

Secondary Prevention: Activities offered to populations or families where multiple risk factors are present, such as poverty, parental substance abuse, young parental age, caregiver or youth mental health issues, exposure to violence, and parental and child disabilities.

Tertiary Prevention: These services provide supports and resources to children and families involved in public systems to prevent re-entry and recurrence.

Evidence-Based Practices and Model Fidelity Protocols

Following the California Department of Social Services (CDSS) vision for “integrating a statewide system that supports families to provide safe, stable and nurturing relationships rather than solely being focused on the protection of children and families who have already experienced abuse or neglect”, efforts were made to identify, collect, and organize information about what particular evidence-based programs may assist families from entering dependency or reentering dependency within Ventura County.

A Landscape Scan is a way of collecting and measuring all available resources in a particular geographic area. More specifically to the purpose of Ventura CFS, the Landscape Scan of evidence-based practices (EBP) is an attempt to find where existing pockets of practice may meet needs that have otherwise been overlooked in the general child welfare population. The Landscape Scan is also useful in that it will collectively organize services among agencies who may intersect with one another (e.g., Probation and Mental Health), and who may even have similar capacity to provide EBP’s across each other’s client populations.

Public Agency/Contracted EBP Scan

After developing a master list of eligible well supported evidence-based programs from the Federal evidence based clearing house, agency staff asked public agencies (including probation, public health, and mental health agencies to begin collecting information on what evidence-based programs they currently provided. Follow up emails and contact with specific personnel overseeing individual programs within each agency were also conducted. In this process, it was determined that some of the evidenced-based programs were conducted by agency staff themselves, such as mental health-based practitioners.

Evidence-based practices, for the purposes of the Landscape Scan, were recognized and included in the scan results based on their being matched to the list of well-supported programs on the California Evidence-Based Clearinghouse and the Title IV-E Prevention Clearinghouse. Programs currently being provided locally include: Nurse-Family Partnership®, Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavior Therapy (CBT), Motivational Interviewing (MI), Triple-P (4 and 5), Parents as Teachers (PAT), Trust-Based Relational Intervention (TBRI) and Seeking Safety. Several of these are already being provided and will be expanded as part of Ventura County’s CPP.

Community/Contracted EBP Scan

In partnership with Harder & Company Community Research, the Social Policy Institute at SDSU conducted a short telephone and mail survey in the Ventura County region to assess for any private agency contractors who provide services to populations that fall within our candidacy group. The mail and telephone survey did not reveal previously unknown interventions existing in the Ventura County landscape screening results.

More than 30 interventions were identified within Ventura County in both private and public agency settings. Most of the interventions (75% or more) were either not identified as evidenced-based or were self-described as evidenced-based but not on the approved list for the California Evidenced-based Clearinghouse.

After screening and matching specific treatments to the identified target population of interest (1- children in closed referrals with substantiated and inconclusive allegations, 2- children in homes with allegations of substance abuse and in homes with domestic violence for CFS; and 3- Probation youth subject to a petition under section 602 of the W&I Code) the County arrived at the recommendation to implement the evidence-based practices Motivational Interviewing (MI), Nurse-Family Partnership® (NFP), Parents As Teacher (PAT) and Family Check-Up as part of the CPP. [Note: MI can be implemented in case management for tertiary prevention including in Family Preservation.]

Evidence-Based Practice Descriptions

Evidence-Based Practice	Intended/Candidate Population	Description
Nurse Family Partnership	Pregnant moms less than 28 weeks gestation who are first time moms, with an income cap of 322% Federal Poverty Line.	Nurse-Family Partnership® (NFP) is an intensive, strengths-based, trauma- and violence-informed community health program whose goals are to improve the health and lives of first-time moms and their children living in poverty. Specially trained registered nurses regularly visit first-time moms-to-be (adolescents and adults), starting early in pregnancy and continuing through children's second birthday.
Parents as Teachers	Pregnant moms up to the child's 1st birthday.	Parents as Teachers (PAT) is an evidence-based home visiting model that promotes the optimal early development, learning and health of children by supporting and engaging their parents and caregivers. The Parents as Teachers model offers a cohesive package of services for families with young children and is framed around four dynamic components: Personal Visits, Group Connections, Child Screenings, and Resource Network.
Family Check-up	Families with children from age 2 through 17 and for prevention and treatment needs.	The FCU model is a family-centered intervention that promotes positive family management and addresses child and adolescent adjustment problems. The intervention does this through reductions in coercive and negative parenting and increases in positive parenting.
Motivational Interviewing	Adolescents and adults	MI is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself, as well as in combination with other treatments.

Cultural Adaptations of EBPs

The co-created strategy to engage other organizational partners, impacted communities, and those with lived experience in discussions regarding ways in which services can be adapted to be culturally responsive to the needs of the population served is as follows:

- **Services and supports will be neighborhood specific.** As laid out in prior sections, CFS has conducted GIS mapping to identify communities from which the most referrals to public systems are coming. Each neighborhood will have their own community collaboration comprised of public system, community-based, parent and youth members for specific planning and customization of the service array through the Community Pathway.
- Recruitment of **community-based grassroots organizations and faith-based communities** has been active and ongoing. This allows for input from organizations during scheduled collaborative meetings as well as input from persons with lived expertise.

If needed, culturally responsive adaptations to evidence-based practices will be formed. The team would be responsible for conducting research on adaptations that have been successful in other communities, soliciting broad input, and planning for implementation with continuous quality improvement.

Shift to Community Supporting

In addition to developing and implementing the VC Community Pathway, the County plans to reimagine our approach to mandated reporting and making the shift to innovate and initiate one of community supporting.

The figure on the following page shows the *disposition by referral source* of all referrals to the hotline in Ventura County for 2021. The results show that the vast majority of calls from education staff, legal staff, and the medical field are unsubstantiated.

Report Source to Disposition (2021) | Ventura, California

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%.

Report Source Description	Disposition Grouped	# of children	% of children
Education	substantiated	27	5%
	unsubstantiated	492	95%
Legal	substantiated	446	32%
	unsubstantiated	955	69%
Medical	substantiated	130	14%
	unsubstantiated	804	87%
Family/Friends	substantiated	26	10%
	unsubstantiated	225	90%
Others	substantiated	178	20%
	unsubstantiated	726	81%
Anonymous	substantiated	23	5%
	unsubstantiated	436	95%
Unknown	substantiated	36	10%
	unsubstantiated	315	90%

Report Source

Education includes school personnel and child care providers

Legal includes law enforcement and criminal justice

Medical includes medical and mental health personnel

Family/Friends includes parents, neighbor, other relative

Others includes alleged victim, social services personnel, substitute care providers

Disposition groupings

Substantiated: Substantiated; Indicated or reason to suspect

Alternative Response disposition: AR-victim; AR-not a victim

Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting

No finding: closed - no finding

Unknown: other; unknown



safe children | strong families | supportive communities

casey.org

Current mandated reporter trainings encourage mandated reporters to contact the child welfare hotline *whenever* they suspect any child abuse or neglect at all. This is a departure from the WIC code that calls for reports of “reasonable suspicion” and is a very singular way of thinking about something as complex as family dynamics in the context of cultural norms. It can lead to what one author describes below:

“The child welfare system is designed to detect and punish neglect on the part of poor parents and to ignore most middle- class and wealthy parents’ failings. Although the meaning of child maltreatment shifted from a social to a medical model, it retained its focus on poor families. The system continues to concentrate on the effects of childhood poverty, but it treats the damage as a symptom of parental rather than societal deficits.” -Dorothy Roberts, Shattered Bonds³

What is often categorized as "neglect" are the very needs that social workers can help fulfill⁴. Ventura County maintains that we can revamp mandated reporter training to be inclusive of support and wellness with a connection to our community pathway through community supporting training.

We can do this by also adopting the recommended practices of *Safe and Sound*⁵ to include a list of local family support organizations in mandated supporter trainings and to leverage the Community Pathway to prioritize support to families first. Calls to the hotline will never be discouraged but for those families who are facing poverty, substance abuse issues or other general neglect categories, we may be able to prevent system involvement by making referrals to the VC Community Pathway to streamline access to services and concrete supports in time of need. Social workers and community partners can encourage community supporting through training on appropriate referrals and supports that can be made for families such as linkages to mental health supports, housing and basic need supports.

Working with partners through the VC Community Pathway, the County intends to impact lack of education and resources for mandated reporters. We want to build a system that supports a family’s success without punishing them for poverty related issues or concerns.

With an “every right door” approach, referrals can be made to trusted community entities along with government partnerships to provide families with services and supports to help strengthen their family prior to a call to the hotline.

In February 2023, The Partnership for Safe Families, Ventura County’s Child Abuse Prevention Council (CAPC) led the way with a training entitled “Mandated Reporter/Community Supporter” training. This training introduced the concept of community supporting to over 100 attendees. In the future, the VC Community Pathway will be shared with attendees of community supporting training.

Next steps to full implementation of the community supporting approach include building out the infrastructure for triage (assessment) of requests for services and supports. Ventura County is looking at other California counties, notably San Diego, that have established a Community Response Guide⁶ in partnership with Evident Change.

³ Roberts, Dorothy E., "Shattered Bonds: The Color of Child Welfare" (2001).

⁴ SSWUN NYC Mandated Reporting Group, 2020.

⁵ https://economics.safeandsound.org/static_reports/Shifting.from.Mandated.Reporting.to.Community.Supporting_brief.pdf

⁶ <https://evidentchange.org/community-response-guide/>

A **Community Response Guide (CRG)** has the potential to help communities work together to develop accurate, equitable reporting practices specific to their needs. Many of the CRGs available or in development include decision trees for concerns related to neglect or abuse and are linked to a regularly updated information on services and supports available. CRGs are intended to function as a real-time decision aid that could help reporters and concerned community members to consider a wider range of local options to help families, rather than simply calling the hotline whenever they do not know where else to turn.

Basic Needs: Guaranteed Income Pilot

Ventura County Public Health (VCPH) maintains a robust and comprehensive data dashboard located on their website www.healthmattersinc.org. The data is organized according to social determinants of health by county as well as by city. As Oxnard is the largest city within Ventura County, it is not surprising that it has the highest number of risk factors in multiple areas. One indication of the ongoing need for basic income support would be the “households with children who receive SNAP (Supplemental Nutrition Assistance Program) benefits” category. According to the website, from 2017-2020, 73.9% of those households receive SNAP benefits which is much higher when compared to the rest of the county at 58.7% and California at 56.8%.

Another indicator of Basic Need includes data reflected in the 2022-2025 Ventura County Probation Agency’s Juvenile Justice Master Plan, authored by a non-profit social research firm. It shows that transportation was identified as a significant barrier for youth and families. This resulted in many of the youth being unable to engage in programming/services. This concern raised by stakeholders was like the findings reported by the Burns Institute (BI) (that probation violations were common outcomes due to transportation issues) that could potentially be addressed through basic income supports.

Data from 2-1-1 also bear this out. Ventura County’s 2-1-1 provides the community with access to numerous resources of 460 agencies and more than 2,000 programs. In 2020, 62,931 clients were served by 2-1-1 via a combination of phone calls, website visits, and text messaging (both automated and two-way). Due to the impact of the COVID-19 pandemic, the number of clients served was more than double the number served in 2016 (30,832). The majority of clients reached out to 2-1-1 for housing related services (31.7%), food (10.5%), income support (10.3%), and mental health services (9.8%).

Linkages and Resource Navigator Program In the past year, Ventura County has been reinvigorating its Linkages program, through a strengthened partnership with child welfare and self-sufficiency programs within the county Human Services Agency.

Through Linkages, child welfare social workers screen incoming families to assess whether they are eligible for, but not receiving, public benefits, such as Medi-Cal, CalFresh and CalWORKs. Referrals for families in need of benefits are sent to the self-sufficiency team, which works with families to ensure they are enrolled when eligible. Staff also identified that some families may have more extensive needs and/or they may require additional support in accessing benefits. To address this, we have established a “resource navigator pilot,” in which a dedicated benefits specialist works with families that have higher needs to provide additional support and case management.

The pilot has specifically targeted CFS families in the Neighbors Together program, who live in the same community where we will initially implement the Community Pathway. We will explore how to build in both Linkages and Resource Navigator strategies into our prevention plan strategies as well.

Guaranteed Income Pilot (GIP) In many ways, the proposed Guaranteed Income Pilot (GIP) is an extension of Linkages. The Interagency Leadership Team’s *Shared Finance Team* is developing a plan to maximize prevention revenue including Block grant funds and other identified prevention funding to support this endeavor. Once demonstrated successful, this pilot could be expanded for more years and to more locations outside of identified Oxnard zip codes. Extending unrestricted funds to eligible participants is based on the belief, born out by emerging research, that families know what they most need and will use extra funds to support their families.

Guaranteed Income Program Pilots⁷ show that in addition to spending cash on food and home goods, parents who can spend more money on children’s needs (including child care) have reduced levels of stress (which in turn has positive effects on babies’ and children’s development). A recent wave of pilots across the U.S. builds the case for a guaranteed income at the local, state, and federal level.

The evidence gathered through pilots tells the story of those struggling to achieve economic security and helps inform guaranteed income policy, which if data-informed, must be distributed from a trusted source (not a government program), and must be extended with “no strings attached” as to how the funds may be spent.

It is similarly anticipated that unconditional cash will have a range of important benefits for participants in the Kamala/McKinna neighborhood, including improved health, income security, and employment. And while the economic benefits are most obvious, positive impacts on well-being, belonging, and self-worth are also anticipated outcomes of our guaranteed income pilot.

Probation Specific Strategies

Ventura County Probation Agency (VCPA) will contract with an outside provider, Interface Family and Children Services, to facilitate Moral Reconciliation Therapy (MRT) for prevention services. Moral Reconciliation Therapy is a systematic treatment strategy that will be implemented as a prevention service to fill the identified service gap amongst the high-risk population identified. MRT is an effective systematic, cognitive-behavioral approach that seeks to decrease recidivism amongst juvenile offenders. It treats a wide range of issues including anti-social behaviors, substance abuse, trauma, job skills, and other issues. The program is implemented in groups utilizing workbooks directly targeting specific criminogenic risk factors. MRT seeks to change how offenders make decisions and judgments by increasing moral reasoning. MRT has shown its effectiveness in directly confronting and favorably altering the criminological needs of participants. Antisocial behaviors, beliefs, and attitudes are the initial target of the approach. VCPA will utilize no more than \$50,000 of the State Block Grant. This amount will cover any expenses incurred for executing this service need.

In the 2022-2025 Ventura County Probation Agency’s Juvenile Justice Plan, authored by a non-profit social research firm, transportation was identified as a significant barrier for youth and families. This resulted in

⁷ <https://guaranteedincome.us/#pilotschart>

many of the youth being unable to engage in programming/services. This concern raised by stakeholders was similar to the findings reported by the Burns Institute (BI) in that probation violations were common outcomes due to transportation issues.

More specifically, there is a current preventative gap in service in the continuum of care of youth from school to after school services/centers. This gap can be addressed by incorporating a safe transportation component for youth in targeted communities with limited transportation options and/or those families who rely on dual incomes and are unable to provide transportation themselves. VC Probation Agency will continue to explore options for implementing transportation for youth, however, no funding will be allocated until a viable implementation plan for that component is established.

One such possibility is to continue to explore utilizing existing relationships school districts have with transportation related services (EverDrive and Hop Skip) to coordinate the pick-up and drop-off of youth to an afterschool program or to one of the Boys and Girls Clubs in Ventura County.

Afterschool programs generally take place during after school hours and are designed to decrease the amount of time youth are unsupervised. The afterschool programs are listed in the Clearinghouse as a promising practice for child self-perceptions, school bonding, school grades, positive social behaviors, problem behaviors, reading scores and math scores. Afterschool programs aim to prevent youth from engaging in delinquent behavior during unsupervised periods of time, and by coordinating transportation through the school districts, we can provide a safe and welcome place for youth after school hours and into the early evening.

VCOE will measure the following outcomes against the established baseline:

- Graduation rates for participating seniors
- Attendance rates for all participating students
- Percentage of completed rehabilitation plans for participating students
- Whether there was a decrease in referrals to continuation programs
- Participation/enrollment rates in afterschool programs
- Complete Pre/Post Survey of participating students

Spending and Sustainability Plan

Ventura County has high aspirations for a Wellness System that will be long standing and provide hope and support to promote resilience and wellness for families, with the CPP as a key element of this vision. The County is using a two-pronged approach to resourcing the CPP, and the Wellness System more broadly. First, we will strategically utilize short-term state and federal funds for CPP planning, capacity building and implementation, as well as augmentation of primary and secondary prevention strategies. Then, in implementing services for potential candidates, we will maximize federal Title IV-E leveraging opportunities under FFPSA, for both eligible administrative and child-specific service delivery costs.

Furthermore, we will work with system partners to promote long term sustainability by identifying services complementary to the strategies in the CPP, specifically within the community pathway. The expectation is that funding for these services can be blended and braided and maximized, particularly to

leverage federal funding streams such as Title IV-E and Title XIX. The county’s Interagency Leadership Team will lead the development of these strategies, with support of consultants with expertise in cross system funding strategies.

Capacity Building and Initial Service Expansion

Funds from the federal Family First Transition Act (ACL 21-47), State Block Grant funds—FFPS Program Block Grant (ACL 22-23) and Emergency Response Enhancement Funds (ACL 22-93) are being used to build system and program capacity and expand existing services and supports to families at risk of child welfare involvement as outlined in the table below. Some activities would potentially be reimbursable through both FFTA and Block Grant funding. In those cases, we will determine how to strategically maximize the available funding within the timeline parameters of each funding source. *The county’s funding approach to capacity building and initial service expansion is summarized in the table below:*

Capacity Building Funding

Activity/Service	Amount	Block Grant	FFTA	ER Enhancement	Other
Consultation and capacity building - Administration activities for expanded services - Comprehensive Prevention Planning - Workforce development/ICPM training	\$ 3,800,000	X	X		
Expanded services for child welfare involved FFPSA candidates	\$ 700,000	X			
Moral Reconciliation Therapy for Probation youth	\$ 50,000	X			
Guaranteed income pilot	\$ 1,800,000	X			Grant funds will also be solicited
Evidenced-based services expansion and capacity building	TBD	X	X		Still developing estimates
Expansion of existing contract services for families in CFS Emergency Response program	\$ 220,800			X	
Parent Leadership Activities	\$ 39,000	X			
Total funding available		\$ 3,747,671	\$811,459	\$ 823,668	

Source: Combined CFS and Probation allocation.

The specific elements of this spending plan for Child Welfare and Probation are as follows:

- Approximately \$3,800,000 towards external consultation and capacity building for the following allowable activities:
 - Administrative activities to expand prevention services capacity, including measuring implementation readiness for comprehensive prevention services.
 - Comprehensive prevention planning
 - Prevention services-related training and workforce development activities, including those beyond what is funded by the state, namely training on the Integrated Core Practice Model
 - Capacity building for service array expansion related to the Community Pathway
- Up to \$3 million for contracted delivery of direct services beyond those included in the state's Five-Year Prevention Plan or the Title IV-E Prevention Services Clearinghouse that fill service gaps.
 - \$700,000 towards services for in-home mental health treatment, domestic violence counseling, and peer support as part of a service delivery array for candidates involved with child welfare.
 - \$50,000 towards Moral Reconciliation Therapy (MRT) for probation involved youth. MRT is an effective systematic, cognitive-behavioral approach that seeks to decrease recidivism amongst juvenile offenders. It treats a wide range of issues including anti-social behaviors, substance abuse, trauma, job skills, and other issues.
 - \$1.8 million for the piloting of a Guaranteed Income Program (GIP). 85% of CWS referrals (or % of inconclusive and unsubstantiated) are for neglect. The GIP will target poverty, which is correlated with neglect. It will serve approximately 150 families in areas shown to be disproportionately affected by structural barriers. This program will be supported by both Probation and Child Welfare. Grant funds will also be solicited for the GIP.
 - Block Grant funding and/or FFTA will be used to support implementation of Evidenced Based Practices: expansion of Nurse Family Partnership, expansion of Parents as Teachers, addition of Motivational Interviewing, and addition of Family Check Up. Funding will also be utilized for capacity building with grassroots and other well-known providers to begin the process of implementing the EBPs.
 - The recent increase to the Promoting Safe and Stable Families allocation will be used to add candidates to domestic violence counseling services starting fiscal year 2023-2024.
 - Finally, the ER Block Grant from ACL (All County Letter) 22-23 will be used to expand existing contracted services to families referred through the CFS ER program to mitigate imminent risk to removal through safety planning and linkage to services.

Implementation and Cross-System Strategies

Upon implementation of CPP services, several strategies will be utilized to maximize funding and promote sustainability:

1. **Leveraging of Title IV-E for eligible services:** Two evidence-based programs are already available in the community: Nurse Family Partnership (NFP) and Parents as Teachers (PAT). They are currently being offered by Public Health and funded by a variety of public funding sources. CFS is partnering with Public Health to leverage the existing administrative and programmatic infrastructure and expand these services to FFPSA candidates, which will specifically include families with young children. It is also important to note that the CPP proposes expanding existing child welfare contracted services for family reunification, although these are not currently available in the community at large.

The funding for EBPs identified for FFPSA (MI, Nurse Family Partnership, PAT, Family Check-up) are for agency-based services that are expected to work in partnership with public agencies included on the application: Ventura County Behavioral Health (VCBH), Ventura County Probation Agency (VCPA), Ventura County Healthcare Agency and HSA Children and Family Services.

The requirement for CARES to be utilized as the documentation mechanism to claim Title IV-E prevention funds for these EBPs is a barrier to the sustainability of our CPP services, until the claiming structure is in place in 2026. This anticipated delay in being able to access Title IV-E prevention funds will likewise delay the full ramp-up of our plan.

2. **Building on primary and secondary strategies:** Ventura County plans to proceed in building a network of support by leveraging the services of the Wellness System Partners for primary and secondary populations. Ventura County currently has dedicated funding for services and supports for children and their families through Federal, State, and local funding. The bulk of the child welfare related funding (state and federal) is directed and allocated through the Office of Child Abuse Prevention (OCAP). Funding received from OCAP includes Promoting Safe and Stable Families (PSSF), Community Based Child Abuse Prevention (CBCAP), Child Abuse Prevention and Treatment (CAPIT), and Children's Trust Fund. These funds will continue to support primary and secondary wellness promotion and child welfare prevention activities. Additionally, other systems currently fund primary and secondary strategies which will be leveraged and integrated into the community pathway approach, including early childhood programs through First 5 Ventura and others, child care and school wellness centers. Partnerships with other public agencies and CBOs will also leverage their existing funding from intergovernmental revenue sources.
3. **Maximization of Cross System Funding:** A key pillar in our development of a Wellness System is Cross System Shared Fiscal Management and Responsibility. The Interagency Leadership Team is developing a local funding inventory, which will focus on the identification of public funding across systems that can be utilized to support primary and secondary services for families such as mental health, substance use disorder services, education, housing, and maternal and child health. With a goal of maximizing funding for the Prevention Plan, the ILT will also examine existing resources

and funding to determine if blending of resources or funding across systems or programs is possible, as well as identify any funding that could be utilized as a match for Title IV-E funds available through FFPSA. The analysis will seek to integrate and blend resources from both traditional and non-traditional public and community partners. Additionally, we are exploring how new initiatives can enhance and support sustainability of the community pathway, such as through Community Health Worker billing under CalAIM, the intersection of Enhanced Care Management and Community Supports and the infrastructure being developed through multiple funding channels for school-based wellness centers.

4. **Equitable Community Funding Approaches:** The ILT has sanctioned initial exploration of strategies intended to promote maximum participation by community and grassroots providers in county procurements. We will build on this work and continue to promote equitable and inclusive access by grassroots, faith-based, local CBO and non-traditional partners as community pathway contracted sites, through efforts to streamline contracting and claiming processes. We will be diligent in ensuring that providers are appropriately reimbursed for the costs and that funding decisions are vetted for input from our community pathway oversight body.

5. **Leveraging of Existing Infrastructure and Potential Savings Over Time:** An additional strategy is expanding contracted services that are currently supporting the family reunification program and in expansion of existing EBPs. As the service infrastructure is already supported through existing funds, adding on candidates will leverage the funds devoted to service administration. Examples of these include domestic violence counseling, family engagement specialists, peer supports, parent education, in-home therapy, and home stabilization (lice removal, cleaning service, etc.). Regarding tertiary services, we are committed to a maintenance of effort. However, our logic model also establishes that prevention services will be successful in preventing entry into child welfare. As detentions decrease over time, we hope to be able to reallocate county and PSSF funding (at a minimum) from tertiary populations to primary and secondary populations.

Potential Barriers to Implementation and Sustainability

The potential barriers to full implementation of Ventura County’s Wellness System include potential for shift in political will contrary to supporting human services innovation, lack of data sharing/ interoperability among partners, and resistance to organizational culture shift from compliance to adaptive behavior. While challenging, these barriers can be managed through effective partnership, consistent communication, and making an effective case for cost effective innovation.

The following table lays out potential barriers to full implementation of the County’s Wellness system, as well as strategies for meeting the challenges.

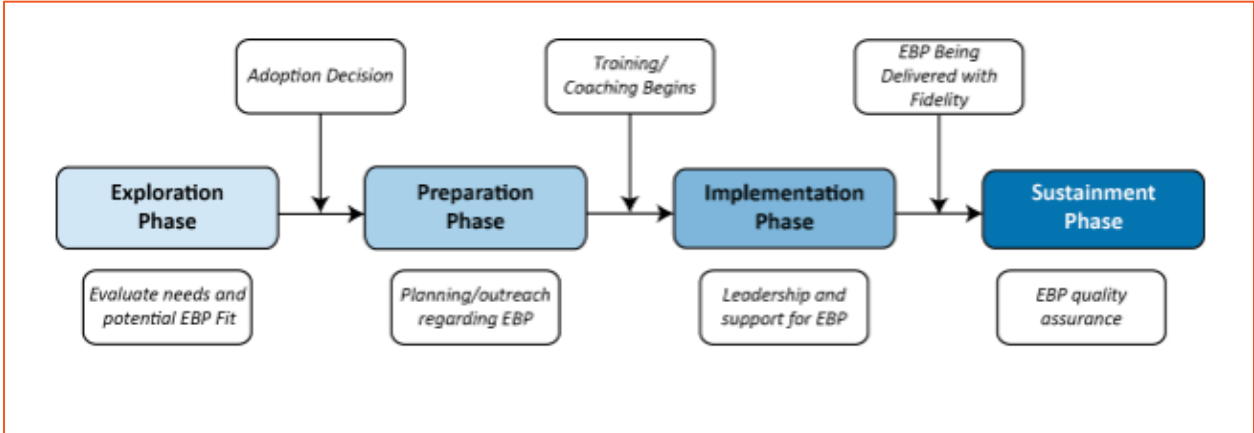
Potential Barrier to Effective Evaluation	Innovation to Overcome Obstacles
1. Lack of political will to support innovation in health and human services with sustainable funding	Ventura County continues to engage the Board of Supervisors (BOS) in the development of the Wellness System. It has been met with praise and support. Attention

	will be focused to continue to keep the BOS apprised of progress and barriers that we are encountering. One way to keep BOS support is to continue with data tracking and sharing to show successes or concerns in all areas regarding CPP development and implementation.
2. Data sharing regulations that are not conducive to system integration.	Data linkage and information sharing goes beyond the technology that makes it possible. It is also tied to restrictive and sometimes contradictory policies and procedures that are often based more on law interpretation, rather than legislative restrictions. Ventura County is a leader in forging partnership and agreement between and among County Councils to reach innovative, integrative solutions.
3. Lack of interoperability among partner’s data systems making file transfers difficult and creating perception of duplicative entry.	Ventura County is piloting the Unite-Us data sharing platform within different departments.
4. Culture shift from organizational silos to integrated public and private providers with a common goal and supporting Ventura Counties families	The ICPM training is already starting to shift this mindset. Ventura County is making concerted efforts to ensure that all departments and providers incorporate their same language and practice in their daily interactions with youth and families

Operational Sustainability and Implementation

Ventura County will continue to engage in cross-sector planning and collaboration for the purposes of the CPP. The California Evidence-Based Clearinghouse has provided a good model for sustainability in child welfare, seen in the table below.

Exploration, Preparation, Implementation, and Sustainment (EPIS) framework:



The EPIS framework was created specifically for use in child welfare. Currently Ventura County is in the Exploration Phase, with the selection of our EBPs, FCU and MI. Once CPP approval is received, Ventura County will shift into preparation phase, including RFPs for new contracts, outreach, and more broad communications to the community about our wellness system. The third phase, implementation, is expected to take at least one year while awarded contracts become up and running, and staff are trained on the wellness system and new interventions. Training staff for MI is also expected to be implemented during this phase. Quality assurance processes will be implemented in the final phase, sustainment.

Assurances

This section lays out Ventura County’s affirmation of and approach to the required assurances.

Coordination with Local Mental Health

Ventura County is building a county-wide Wellness System, consistent with a Comprehensive Prevention Strategy, that incorporates the requirements of FFPSA. Children and Family Services (CFS) and Ventura County Behavioral Health (VCBH) are working together as partners to ensure that the mental health needs of children involved with the child welfare system are met in a timely and effective manner. CFS is housed in the Human Services Agency (HSA) and Ventura County Behavioral Health is part of the Health Care Agency (HCA), however both departments are actively working together. CFS and VCBH have a well-established history of partnering on joint efforts to serve children, youth, and families. Leadership of both departments is represented on the Interagency Leadership Team, the Wellness System Steering Committee (aka 2083 Op Team), Wellness Core Planning, and the Essentials for Childhood Collaborative. Together they are leading efforts to develop the Continuum of Care Reform, and School-based Wellness Centers ensuring that the goals of child welfare and mental health align with what is best for children, youth, 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, Ventura County Behavioral Health (VCBH) provided under FFPSA that are Medi-Cal eligible and provided through a VCBH contract shall be billed to Medi-Cal, making the Title IV-E the payor of last resort.

Ventura County Behavioral Health (VCBH) will bill Medi-Cal for eligible services in the programs that are shared with the Human Services Agency (HSA) whenever applicable. VCBH will continue to draw down the Federal Financial Participation (FFP) to offset the cost. By doing this the only portion of cost HSA covers for the services is the match.

Workforce and Training Requirements

The County of Ventura will participate in all three tiers of the State’s training series and will work with the State to ensure that the County’s Training Section is included in curriculum development, Training for Trainer sessions, and given access to e-Learnings and curriculum to upload to the County’s Learning

Management System. Training topics infused throughout all trainings will include trauma-informed practice, ICPM, Diversity, Equity, and Inclusion (DEI), tribal engagement, and the community pathway. This will allow the County to facilitate training for its own staff. Training for community agencies will be coordinated as described in the State's training plan.

For identified EBPs, the County is researching training options to procure a contractor to offer Family Check-Up, Motivational Interviewing training, Leadership training, Training for Trainers, and coaching.

There will be specific 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 designed and developed specific to the Community Pathway implementation.

Safety Monitoring and Periodic Risk Assessments

Public Systems and Community Partners will continue to monitor child safety which will include conducting formal risk assessments as indicated. One of the ways to continue monitoring child safety is through the continued use of Child and Family Team Meetings (CFTs) which have worked to promote the development of the child and family's safety network and plan, identify caregiver options, resource family finding and engagement, community services, and support reunification efforts. Although CFTs have been used primarily on child welfare cases, community partners and services providers are generally well versed in CFTs and can start utilizing the practice outside child welfare. This practice has resulted in reducing the number of youths in out-of-home care and can also be foundational in prevention services as it is a means of convening support systems in order to build a safety network.

We continue to build upon the tenets of the CFT by upgrading and enhancing current practice to reflect provisions of the California Core Practice Model (CPM) and to ensure the development of the safety network through the child and family team, recognizing this is central to healing, planning and sustained support for families. This is essential for prevention as well as continued monitoring of child safety.

During assessment phases of the VC Community Pathway, and consistent with a shared practice approach, Wellness System partners may also utilize certain engagement strategies of Safety Organized Practice (SOP) and Structured Decision Making (SDM) as appropriate. SOP and SDM provide tools for engaging and assessing families to ensure that child welfare practice is in alignment with the California Integrated Core Practice Model (ICPM). SDM is an evidenced based framework that combines research and best practice to promote validity, consistency, and unbiased decisions during key decision points throughout family-agency collaboration. SOP and SDM provide tools for trauma informed assessment and information gathering to create safety and mitigate risk. Community partners will mostly assess for any child safety concerns using the to-be-developed Community Response Guide (see "Components section). The CRG premise follows the same decision-tree logic as SDM, both of which were developed by Evident Change.

Ventura County Children and Family Services continues to include language within their service contracts that ensure that continued monitoring of child safety will take place. Language in our contracts will include statements that require providers to establish procedures to ensure the reporting of child abuse and neglect and elder or dependent adult abuse and neglect by all employees, volunteers, consultants,

subcontractors, or agents who gain knowledge of, or reasonably suspect that a child, elder or dependent adult has been a victim of abuse or neglect, even when such persons are not otherwise required by Section 11166(a) of the Penal Code or Section 15630 of the Welfare and Institutions Code, to report such abuse or neglect.

Children and Family Services will continue to assess referrals made directly to the hotline for risk and safety utilizing the SDM tool and will continue to evaluate for appropriate levels of intervention based on the Welfare and Institutions Code.

All Other Assurances

In addition to following through with the previously mentioned assurances, Ventura County will follow all other requirements as outlined for Title IV-E Prevention Program Plan.

Please refer to **Attachment 10** for the signed Family First Prevention Services (FFPS) Program Assurances.

END NOTE

Ventura County realizes that no agency in isolation can address the social and environmental factors that impact familial circumstances. Child and family wellness is impacted by social conditions such as poverty, inadequate housing, racism, unemployment, and community violence. To address this problem, Ventura County is dedicated to collaborating and coordinating to address the community's unmet and complex needs. We will achieve our vision of a Wellness System through equitable policy, program, and practice alignment, encouraging neighbor to neighbor support and cooperation, and involving diverse community partners. These strategies will be employed throughout the continuum of health and human services.

Acknowledgements

Development of this Comprehensive Prevention Plan was led by Ventura County's Human Services Agency, Children and Family Services; Ventura County Probation Agency; and Ventura County Behavioral Health. Ventura County Public Health and First 5 Ventura County were also key contributors, along with the Partnership's Parent Voice Parent Partners and Leadership Team. All governing and collaborative structures detailed in the Governance section were engaged in co-design and contributed to this plan. Partners were supported with capacity-building technical assistance, facilitation, and report development by the San Diego State University Social Policy Institute.

Signature Page

Title IV-E Agency Information	County of Ventura Children and Family Services
Submitting Authority	Child Welfare Services
Contact Name	David Swanson-Hollinger, Deputy Director, Human Services Agency, Children and Family Services
Contact Email	David.SwansonHollinger@ventura.org
Signature of CWS Representative	David Swanson-Hollinger
Signature of Authorized Probation Representative	Gina Johnson
Signature of Authorized Behavioral Health Representative	Scott Gilman

Signature: 
David Swanson-Hollinger (Jul 17, 2023 09:41 PDT)
Email: david.swansonhollinger@ventura.org

Signature: 
Gina Johnson (Jul 17, 2023 10:59 PDT)
Email: gina.johnson@ventura.org

Signature: 
Scott Gilman (Jul 17, 2023 16:12 PDT)
Email: scott.gilman@ventura.org

VENTURA COUNTY
Child and Family Well Being System
Memorandum of Understanding



Contents

Introduction	3
Part 1: Interagency Leadership Team (ILT).....	7
Part 2: Integrated Core Practice Model	8
Part 3: Information and Data Sharing	11
Part 4: Screening, Assessment, & Entry to Care.....	12
Part 5: Child and Family Teaming.....	13
Part 6: Interagency Placement Committee	14
Part 7: Alignment and Coordination of Services	15
Part 8: Staff Recruitment, Training, & Coaching	16
Part 9: Financial Resource Management	17
Part 10: Dispute Resolution Process	18
Part 11: Resource Families and Therapeutic Foster Care Services	19

Introduction

- **SYSTEM PARTNERS:**

This Memorandum of Understanding (MOU), defining the collaboratively shared design, delivery, and management of services to children, youth and families in Ventura County, is entered into by the following stakeholders, hereby referred to as ("System Partners"):

- Ventura County Children and Family Services
- Ventura County Behavioral Health
- Ventura County Probation Agency
- Ventura County Office of Education
- Tri-Counties Regional Center (TCRC)

SYSTEM PARTNER DESCRIPTIONS

Ventura County Children and Family Services

The Ventura County Human Services Agency strengthens families, supports self-sufficiency and promotes safety, health and well-being. Children & Family Services Department strives to partner with youth and families to empower them to be active participants in their case planning, as they are experts in what solutions may work best for them. In protecting children by strengthening families, we believe all children deserve a sense of belonging, and a permanent, unconditional commitment in a lifelong family.

Ventura County Behavioral Health

The mission of the Ventura County Behavioral Health Department (VCBH) is to promote hope, resiliency and recovery for our clients and their families by providing the highest quality prevention, intervention, treatment, and support to persons with mental health and substance abuse issues. VCBH plays an important role as an integrated component of the Ventura County Health Care Agency by providing a continuum of care for children and their families, youth and adults.

Ventura County Probation Agency

The mission of the Ventura County Probation Agency is to promote effective interventions, individual accountability, and community well-being. We serve the community through compassionate victim services and accurate assessment of risk and need, targeted and effective treatment/programming, and graduated sanctions to effect positive change in youth, adults, and families under our jurisdiction.

Ventura County Office of Education

The Ventura County Office of Education provides quality services and support for life-long learning opportunities. We will collaborate to build relationships with local educational agencies and other government and private sector entities to provide leadership, service and support for all learners, local educational agencies, and other government and private sector entities to:

- A. Provide, promote, and support environments that result in World-Class Learning for all.
- B. Secure and develop Resources (human, fiscal, and information) that support and promote our mission.
- C. Develop and maintain an Organization based on trust, communication, collaboration, critical thinking and creativity.
- D. Ensure the highest levels of Service and Satisfaction.

Tri-Counties Regional Center

Tri-Counties Regional Center is one of twenty-one non-profit regional centers in California providing lifelong services and supports for people with developmental disabilities residing in San Luis Obispo, Santa Barbara and Ventura Counties. Regional Center provides person and family-centered supports for individuals with developmental disabilities to maximize opportunities and choices for living, working, learning, and recreating in the community.

- **VISION**

All Ventura County children, youth and their families have equitable opportunities for wellness and achieving their aspirations.

- **MISSION**

The Ventura County System of Care is developed with the philosophical, strategic and practice integration necessary to establish a responsive Child and Family Well Being System. It will encompass the full continuum of services and supports for families, with an overall focus on the promotion and enrichment of child, youth and family well-being in which families are provided with necessary services and supports that are integrated, timely, comprehensive, and culturally responsive.

- **TERM**

This MOU shall become effective on the date all of the System Partners have signed this MOU and will be reviewed for validity every two years or as needed by the members. This MOU will be relied upon to guide collaboration and pursuit of integration. The goal for review during the first year will be gathering stakeholder and community feedback for continued quality MOU implementation.

- **PURPOSE AND GOALS**

This MOU is for the purpose of each System Partner complying with AB 2083 (Chapter 815, Statutes of 2018) and California Welfare and Institutions Code Section 16521.6, requiring each county to develop and implement a MOU setting forth roles and responsibilities of agencies and other entities that serve children and youth in dependency who have experienced severe trauma. This MOU seeks to ensure that the Systems Partners' programs and policies reflect a coordinated, integrated, timely, and effective delivery of services for children, youth and families. The System Partners agree that consistent interdepartmental and interagency leadership is essential to successful collaboration on behalf of all children, youth, and families. System of Care Partners agree to go beyond mandates and look at the full continuum of support to develop an integrated Child and Family Well Being System. At no other point in time did this interagency work become more apparent as in the time of COVID

when trauma impacted the whole community. We are committed to interacting with our families in a trauma informed manner across all systems.

The goal of this MOU is to address systemic barriers to the traditional provision of interagency services. It is the intent of the System Partners to:

Create a child, youth and family well-being system that actively engages families who are served. Utilize child, youth and families engagement & input to drive the design.

Accountability of access, quality and equity of services for the children and youth served that includes an adaptive accountability metrics.

- I. Maintain a leadership team with collaborative authority over the interrelated child welfare, juvenile justice, education, developmental, and mental health children's services.
- II. Support the structure and processes contained in this MOU and provide the framework that will guide operations and activities, decisions, and direction of each System Partner and their staffs regarding children, youth, and family programming.

- **GUIDING PRINCIPLES**

The System of Care Partners shall implement its coordinated procedures, innovative services, integrated resources, and best practices for the benefit of at-risk children, youth, and families in Ventura County. These services and resources shall be delivered with consistent of kindness, compassion and respect for partners to parallel how we work with families. Decisions will be data-driven and evidence-based to ensure quality improvement.

Services shall be:

- A. Encompassing a full continuum of wellness including promotion, prevention, early intervention and response to high complex needs
- B. Healthy and holistic: whole child, whole family, whole community approach
- C. Person-centered thinking that upholds a self-determination approach
- D. Promoting hope, recovery & resilience through nurturing and loving relationships
- E. Developed with a family lens that is family friendly and family serving
- F. Respectful and honoring of family voice and choice
- G. Inclusive of the family's network in the system of support
- H. Diversity, equity, and inclusion focused: Culturally responsive & linguistically competent
- I. Social justice focused
- J. Consistently recognizing historical, current, community and unique local trauma
- K. Constantly striving to dismantle systemic issues of inequitable access
- L. Data driven with a continuous quality improvement mindset

- **OUTCOMES**

System partners commit to a created shared metrics that reflect shared responsibility to children and families of Ventura County. We will analyze data, keeping in mind the interrelationship of the

indicators of the metrics. We will move toward integrated measures that evaluate child and family well-being with an understanding of the cross-system intervention. Our system needs to work together to achieve collective outcomes in pursuit of the healing of families. We will work to define what success looks like. We will strive to identify the conditions that are ideal for communities and how each partner plays a role in promoting those positive characteristics. We would like to ensure that we are also evaluating the integration process. We have an interagency commitment to engage in our local data analysis to drive us to meet our local goals and seek feedback from stakeholder engagement.

- **Community Learning and Engagement: Including Parent and Youth Voice**

System Partners commit to:

- Establishing means for parents and youth to have a voice in the transformation of the system. Paramount is a unifying structure of parents and youth that will work together to provide guidance on what is needed to transform the system while having parents at the forefront of change efforts.
- Intentionally pursuing development of a parent and youth advisory committee to hold system partners accountable to the goals of this MOU.
- Work with the medical community to be more integrated as child, youth and family well-being serving systems utilizing the ACEs Aware grant.
- Work with wellness centers in the schools to conduct initial screenings, in order to direct and access services.
- Ensure that what is happening in the wellness centers complements the goals of the MOU.
- Identify means to support mandated reporters in identifying resources and supports for families experiencing stressors, while still fulfilling mandated reporting obligations.
- Emphasize parent leadership as an integral part of the county system across all departments.
- Leverage funding for increasing parent partner staff.
- Ensure that we are demonstrating how we incorporate youth and parent voice. Work with school districts to connect the stakeholder engagement meetings in the Local Control Accountability Plan to town hall meetings for all stakeholders, to ensure stakeholder voice is embedded into system design.
- Be innovative in providing timely and responsive services to address trauma.
- Attend VCOE Student Services Collaborative (seek community wide input, participate in stakeholder engagement meetings, utilize stakeholder feedback to drive design or development of interagency support/ services.)

Part 1: Interagency Leadership Team (ILT)

The County of Ventura Child & Family Well Being *System of Care* and its Partners will administer services through a collaborative partnership network consisting of agencies from local government, education, and community resources. The County of Ventura ILT serves as the governing and coordinating body of this Collaborative System of Care. The ILT oversees the execution of the MOU and ensures that timely, coordinated, and trauma- informed services are provided to children and youth in out of home care, and their families.

The Partners of this System agree that consistent interdepartmental and interagency leadership is essential to the success of holistically serving youth and families while promoting the vision that all Ventura youth and their families have equitable opportunities for wellness and achieving their aspirations.

1.1 Values:

- A. Whole child and family care**
- B. Authenticity**
- C. Diversity**
- D. Respecting community voices**
- E. Equity**
- F. Partnership**
- G. Innovation**

1.2 Guiding Principles:

- A. Shared leadership and accountability**
- B. Alignment of resources for wellness and opportunity**
- C. Continuous improvement and impact**
- D. Diversity and cultural humility**
- E. Trauma informed and resiliency**
- F. Strengths based and intentional**
- G. Data driven and transparent**

1.3 Interagency Leadership Team (ILT) Membership Composition

- A. County of Ventura Human Services Agency, Children & Family Services (HSA CFS)**
- B. County of Ventura Behavioral Health Department (VCBH)**

- C. Ventura County Probation Agency (VCPA)
- D. Ventura County Office of Education (VCOE)
- E. Tri-Counties Regional Center (TCRC)

1.4 Governance Procedures

- A. The ILT will meet monthly unless otherwise determined by the ILT.
- B. The forum of the ILT meetings is to be determined. Special meetings are scheduled as necessary.
- C. The ILT members will utilize a shared decision making process for all programs and services identified by the System of Care Partners.
- D. Consensus will be the preferred model; however, if consensus cannot be reached, decision may be made by a simple majority vote of the ILT members.
- E. ILT members shall consist of executive level and/or senior manager system partner or designees.
 - ILT subcommittee shall consist of staff of various levels from all System of Care Partners, will meet monthly, and will report to the ILT matters that required elevated leadership attention and/or resolution.

Part 2: Integrated Core Practice Model

The California Integrated Core Practice Model for Children, Youth, and Families (ICPM) is an articulation of the shared values, core components, and standards of practice expected from those serving California's children, youth, and families. It sets out specific expectations for practice behaviors for staff in direct service as well as those who serve in supervisory and leadership roles in child welfare, juvenile probation, education, Regional Center and behavioral health as they work together in integrated teams to assure effective service delivery. Additionally, the ICPM promotes a set of values, principles, and practices that is meant to be shared by all who seek to support children, youth, and families including tribal partners, education, other Health and Human Services Agencies, or community partners. Key components include: engagement, assessment, service planning/implementation, monitoring and adapting, transitions as well as diversity, equity and inclusion with a trauma-informed lens.

The County of Ventura System of Care Partners share a vision that will ensure all our systems are using the same integrated behaviors, interpretations, and concepts with the intent to create a common practice experience for families touching multiple systems. This shall be achieved by sharing the principles in our organizations and incorporating them into a joint, cross-program training for existing and new employees.

- 2.1 We shall ensure that all of our systems are using the same integrated behaviors, interpretations, and concepts to support youth and family cross systems with an attention to diversity, inclusion and equity. We need to have a shared understand and language that

translates to all systems and could be easily understood by family members and youth. To move towards making these changes, we will:

- A. Integrate ICPM principles into our organizations.
- B. Decide on the indicators that demonstrate that we are embracing this model.
- C. Collectively message to system partners and the community what is the shared vision, how are we making a shift what we all hope to achieve high quality treatment of people with the utmost dignity and respect that promotes diversity, equity and inclusion.
- D. Incorporate language regarding engagement, assessment, service planning and implementation, monitoring and adapting, transitions as well as diversity, equity and inclusion, into Policies and Practice Guides across all departments.
- E. Ensure service delivery expectations and inclusion language is incorporated into practices and are guiding supervision across all departments.

2.2 System Partners agree to practice identified principles in an effort to collaborate in a consistent and aligned manner. The ten guiding practice principles are:

- A. Family voice and choice
- B. Team-based approach
- C. Cultivating natural supports
- D. Collaboration and Integration among the team
- E. Community-based connections
- F. Culturally respectful collaboration
- G. Individualized planning for children, youth, and families
- H. Strengths-based approach
- I. Persistence achieving goals
- J. Outcome-based

2.3 System Partners are informed of the purpose and role of agreed upon guiding principles by the ILT. They will demonstrate their knowledge of their respective role in supporting the continued implementation of the guiding principles via the following:

- A. System Partners and any added future system partners are provided with the guiding principles along with an overview of the purpose and background.
- B. Guiding principles, and practice elements are observed and supported by the ILT within meetings, collaborations, and governance.
- C. The guiding principles are shared with System Partners through formal trainings and other forms of information exchange.
- D. The guiding principles are consistently referenced through various forms of information exchange with System Partners.
- E. System Partners agree to maintain their collaborative commitment to continue ongoing efforts to integrate the principles of trauma-informed care into services and supports provided to children, youth, and families. Integration efforts will include use of guiding principles and practices in training, coaching, supervision, along with policy and practice development.
- F. System Partners agree to support enhanced practice behaviors and model behavioral expectations in integrated practice settings when working with children, youth, and families on the following: engagement, assessment, teaming, service planning and delivery, and transitions.
- G. System Partners are mutually committed to providing and participating in ongoing specific and integrated trainings and cross trainings, and incorporate strong policies on teaming and the guiding principles, and practices to improve outcomes for children, youth, and families.

2.4 In addition, we agree to a shared commitment and support for joint training of the guiding principles and related concepts. We will consider the following items in planning the training:

- A. Advocating for training dollars (leveraging IV-E and other funding sources for training).
- B. Incorporating guiding principles, practices, and language in the onboarding of staff and making them part of staff orientation.
- C. Delivering cross system training, developing joint modules, and having cross system trainers.
- D. Using what worked in past cross systems training, such as holding cross systems small groups, messaging coming from all agencies, and designating champions.
- E. Leveraging opportunities using a virtual platform that hosts large and breakout groups.
- F. Ensuring that what is presented is relevant to each participant, holding a larger

session, following up with small groups to reinforce concepts, and tending to adult learning.

Part 3: Information and Data Sharing

The County of Ventura System of Care is committed to promoting information sharing to the extent possible across agencies and systems at an individual and family level in order to maximize care coordination, streamline services access and to improve service delivery. System partners also agree to share this data and information in order to develop integrated approaches to continuous quality improvement and assurance; assess individual and family outcomes; address disproportionality and disparities; and drive system of care program development. We will maximize our support for families and create a system that is less complicated for families. We will obtain standing orders that allow for more sharing for court cases involving youth. How we do the work going forward should be evident in our data.

- 3.1 System Partners agree and are committed, to the fullest extent allowable by law, to share necessary and relevant client specific information for the purposes of timely screening, assessment of needs and strengths, treatment and care coordination, and the highest quality care for youth and caregivers. System Partners will strive to create a common Release of Information and Consent for Treatment Form to facilitate the sharing of information across agencies. System Partners will educate parents and youth on the value of sharing information across agencies in order to promote parent/family understanding and support.**
- 3.2 California Welfare and Institutions Code 16521.6 provides for confidential information and data sharing to the extent permitted by federal law among members of the ILT if it is reasonably believed to be generally relevant to the identification, reduction, or elimination of barriers to services for, or to the alternative placement of, children and youth in out of home care or to improve provisions of those services or care settings.**
- 3.3 System Partners will be included in case consultations across departments to ensure interagency collaboration and sharing of necessary and relevant information related to youth and their families.**
- 3.4 System Partners agree to communicate with system designees upon a child or youth's initial entry and interaction to a system to begin sharing necessary and relevant information permitted through the various teaming and case consultation platforms permitted by State statutes. System Partners shall:
 - A. Share assessment information across systems to avoid "over assessment" of youth and families.**
 - B. Honor assessments from other systems and counties where possible.****

C. Develop standing orders that allow for more sharing for youth and family court cases.

D. Consult with county or agency counsel on information and data sharing.

- i. Have agreement to share information in a meeting setting; allowing and inviting participants of the child and family team to share information to ensure services and supports to families are comprehensive and integrated**

3.5 System Partners agree to explore adoption of shared data platforms to facilitate client and systems level data sharing, as well as to develop technical and process means to share client.

3.6 System Partners are committed to creating a system of health and wellness through integrated metrics to attain shared goals.

3.7 System Partners are committed to using cross systems data for planning for quality improvement evaluation and resources determination along with identifying gaps in services.

Part 4: Screening, Assessment, & Entry to Care

The County of Ventura System of Care Partners shall create a system with a holistic approach based on collaboration and family engagement, and will explore ways to streamline and integrate the screening and assessment processes used by each of the partner agencies. This will be coordinated in such a way to reduce redundancy and support unified assessments of child, youth, and family service needs, and ensure that we are minimizing impact on families.

System partners commit to maximizing support to family, streamlining assessments & care coordination. Our processes will be adapted to meet family needs and respect and accommodate their comfort level in sharing their ideas and solutions. The goal being to create a system that is less complicated for families and allow families to have self-determination by upholding the value of “nothing about me without me.”

4.1 System Partners recognize the need for and will strive to develop a unified assessment process upon a child/youth’s entry into care to facilitate a complete and comprehensive assessment of needs, services, treatment planning, or case planning.

4.2 System Partners will analyze and identify opportunities to integrate and streamline the varying types and purposes of screening and assessment tools across systems.

4.3 In recognition of both the need for system partners to have distinct screening and assessment tools to determine eligibility of services and the advantages to having a single-shared assessment process to avoid redundancy, system partners agree to:

- A. Share assessment outcomes, to the extent permitted by laws and regulations, to support timely and coordinated care and service delivery and transition.**
- B. Utilize screening and assessment processes that are youth and family-focused, trauma informed and culturally competent.**
- C. Create and respond to opportunities to leverage screening tools, assessments and comprehensive picture of the needs of the families.**

4.4 System Partners agree to comply with the procedure established for sharing assessment information between systems. System partners commit to integrated service planning and referrals, which occur with meaningful engagement of the child, parents, family and their support network, within the Child Family Team meetings.

Part 5: Child and Family Teaming

The Ventura County System of Care Partners are committed to the child, youth and family system because we know that the path to a better life must be driven by the family's voice and choice. System partners' role is to empower and equip families to promote holistic well-being, and support family success and wellness for life. Our intentional efforts are to connect people to their natural environment, community and natural, broader supports. Honoring this process and not making unilateral decisions in advance without child, youth or family input is how we shall succeed. We commit to promote inclusive processes to increase family level meetings as much as possible, while ensuring adherence to WIC code regulations of ICMC. Even when situations get elevated to upper management, continue to include the family and natural supports.

5.1 System Partners are committed to providing an integrated teaming process for all youth in care. Through this commitment, system partners agree to support team-based practices that include the voice of the child, youth, and family when assessing and determining needs and services, care setting options, and planning for transitions, monitoring and adapting services, and coordinating an integrated care delivery. These strength-based approaches underscore the success of families when empowered with an active role in developing and implementing solutions towards strengthening their family and help achieve positive outcomes for safety, permanency, and well-being.

- 5.2 The CFT policies and process include requirements for a CFT, timelines for CFT meetings, processes for scheduling and requesting a CFT meeting, communicating with and notifying the CFT, and required forms for information sharing among the CFT. In the spirit of teaming and bettering outcomes for children, youth, and families, CFS expanded CFT meetings to all youth interacting with CWS.
- 5.3 System Partners agree to a team approach to maintain fidelity to the CFT structure and process to meet the unique needs of children, youth, and families. All system partners continue efforts to create a unified and teaming meeting process in service planning, delivery, and care for every youth in out of home care. System partners interacting with the child, youth, and family, agree to collaborate in the development and implementation of a cross-system service plan for youth and families to promote coordinated, timely, and trauma-informed services.
- 5.4 System Partners shall promote a common way to convene a CFTM, utilize Student Study Teams and Person-Centered Practices that include a Planning Team process. These have many overlapping processes & practices. It is our intent to have a single teaming framework across systems through the following actions: find ways to do streamlined, cross-agency trainings and emphasize the common philosophies that they share; do a crosswalk of the generic themes of all the concepts; figure out a way to share universal concepts to families; commit to go through the Family Engagement Framework as a team.
- 5.5 System Partners agree to always engage and invite the family and including the family unless the family would like to opt out.
- 5.6 Ensure that the educational liaison/ coordinator is involved and/or present at any agency meetings with the family. The liaison/coordinator will make available any assessment and/or case plans to help the team make more informed & timely decisions.

Part 6: Interagency Placement Committee

The System Partners are committed to providing a "Care Setting" for children, youth and families in need, emphasizing treatment instead of out of home care. System Partners will maintain a shared accountability across systems in an effort to address and eliminate any policy and funding barriers to maintaining children in the least restrictive alternative placement possible. Holistic treatment will not only be for the child or youth, but for the whole family as well. We will continue to use best practices by looking at what we've successfully done to make natural connections to enhance well-being. Systems partners commit to a teaming mindset to support a universal process to identify prevention, in-home treatment and a lowest level of care setting that meets child's comprehensive needs.

- 6.1 The Interagency Placement Committee (IPC) engages in cross-system discussions to optimize availability and appropriateness of services and supports to safely maintain a youth in the least restrictive home-based family setting, other appropriate alternative settings, and to support a youth step down and transition to a lower level of care.

- 6.2 System Partners utilize a multi-agency, multi-disciplinary team to support a youth's service, out of home care, and treatment needs that require intensive services, targeted case management, and highly integrated resources and supports. Targeted treatment and support to youth's individual case will be looked through a cross system structure in order to prevent a child's alternative care setting as a default into a probation or children welfare case.**
- 6.3 System Partners will ensure the IPC is fully inclusive of multiple providers serving the youth as appropriate and relevant to ensure that the youth's needs are met to the fullest extent possible.**
- 6.4 Forms of communication among IPC members include but are not limited to written, electronic, telephonic, and virtual communication.**
- 6.5 In support of the ICPM and teaming process, the IPC considers recommendations from the CFT. Through this collaboration, all relevant information about a youth is gathered and considered for the committee to make an informed decision on whether a youth meets medical necessity criteria for specialty mental health services and for initial out of home care or continued out of home care and treatment in an QRTP—where behavior or treatment needs can only be met.**
- 6.6 Conduct a cross walk of processes across systems. Maintaining the language across all systems with a universal approach**
- 6.7 Commit to keeping children and youth with their family and out of an alternative care setting, with high level collaboration and coordination. Look at a process to make those determination to prevent families from unnecessarily entering any system to be able to receive support. Create a structural change to consult on situations where youth may not necessarily need out of home care. Consider what IPC could be and how to meet requirements in other ways to best meet the needs of the family. We would be building on current governance and communication processes.**

Part 7: Alignment and Coordination of Services

System Partners are committed to being more responsive in a proactive and culturally competent manner. We will seize the opportunity to utilize our Diversity Equity and Inclusion training to ensure we are reaching those providers who are embedded in the community. System partners will be more intentional with spending and training for building up community provider capacity to address disproportionality, disparities, and inequities across systems.

- 7.1 System Partners recognize and agree on the need for distinct assessment tools within systems, and commit to utilizing the information gathered from the various assessments to**

team with the child, youth, family, and their natural supports to develop a comprehensive well-coordinated care plan targeting the specific needs and strengths of the child and their family and identifying which system partner will provide and be accountable for timely service.

- 7.2 System Partners commit to a shared intent to build capacity of community services providers, particularly those that historically are of, and serve, communities of color, who often have disproportionate representation and disparate outcomes in our systems.
- 7.3 System Partners commit to integrating assessment tools utilized by each system in order to assess the service needs of children and families. System of Care Partners will identify opportunities to integrate and streamline the varying types and purposes of screening and assessment tools across systems.
- 7.4 Alignment and coordination of services among system partners are in support of the ICPM. System partners agree to an integrated approach and active collaboration in efforts to engage, respond, and support/serve children, youth, and families with a continuum of services, resources, and support needed to function successfully in the home, school, and throughout life.
- 7.5 Commit to explore ways to be able to meet child and family needs without having to bring families into our systems.
- 7.6 Promote advocacy at the state level to promote policies in a more holistic way.

Part 8: Staff Recruitment, Training, & Coaching

The Systems Partners are committed to recruiting and hiring a dynamic, diverse, highly-trained and compassionate workforce. All system partners commit to continuous sharing of resources for training opportunities. The Systems Partners recognize that there is richer learning in cross system training and that coaching benefits practice at all levels

- 8.1 System Partners will build an integrated, trauma-informed workforce committed to the system of care practice and delivery of timely and coordinated trauma-informed care to all children, youth, and families. The goal is to develop a workforce that provides culturally responsive services, reflects the communities served, promotes equity, and is committed to addressing disproportionality and disparity.
- 8.2 System Partners agree to provide initial and ongoing trauma-informed trainings and strive for coaching and mentorship opportunities for staff to support their ongoing practice and integration of the ICPM shared values, core components, and standards of practice.

- 8.3 System Partners agree to plan and deliver ongoing cross training to staff to enhance services to children, youth, and families in alignment with the goals and intent of the ICPM. Online modules and recorded trainings can be shared cross systems.**
- 8.4 System Partners agree to collaborate, develop, and implement requisite e-learning informing staff and contracted service providers of the roles and services of each partner and the interconnectedness of each system in strengthening families and supporting positive outcomes for children, youth, and families.**
- 8.5 System Partners agree to cross walk current and future trainings and develop an inventory of trainings. Further training will be developed to bridge any gaps across systems.**

Part 9: Financial Resource Management

System Partners will maintain a child-family centered focus when discussing, planning and determining solutions to local financial responsibility barriers. We will develop a family perspective and family systems approach and have a shared strategy with accompanying financial integration. We want to optimize funding for all the partners agencies on behalf of the community.

- 9.1 System Partners agree to collaboratively explore solutions to optimize funding opportunities to support timely and appropriate child and family services and supports. This includes utilizing established community services and trusted providers to actively build their community capacity by shoring up their infrastructure and helping them seek additional funding.**
- 9.2 System Partners will develop an understanding of available funding resources, flexibility, and limitations of their own and partner systems. Partners maintain a shared commitment to understanding each other's funding streams.**
- 9.3 System Partners will commit to providing infrastructure and training to developing community service providers so that they can become integral components of county contracted services. Partners commit to working with local partner agencies to cross-train service professionals and conduct joint interagency trainings on financial statutes and regulations to reduce antiquated processes and misinterpreted statutes and regulations.**
- 9.4 System Partners will identify reasonable cost sharing responsibilities to support the provision of timely and seamless services. Establish a local practice of inquiry by asking clarifying questions of local partner agencies. Use local partner responses and determinations as an invitation to openly discuss and explore the root of the financial barrier, and to elevate the barriers and inquiries to those in alternative decision-making positions.**

- 9.5 System Partners will seek and incorporate available funding resources, when allowable, to maximize the provision of services and delivery of effective and efficient child-family support.
- 9.6 Through a local partner workgroup, System Partners will conduct an assessment of current financial barriers and local practices that represent ongoing conflicts and barriers to services and out of home care.
- 9.7 System Partners will foster relationships with State agencies to support local understanding and interpretation of statutes and regulations.
- 9.8 System Partners will draw upon trainings, State guidance, and local partnerships to determine where regulations and statutes financially confine agencies and where space is available to be creative and flexible in financially providing efficient and timely supports and services to families and children.
- 9.9 System Partners will utilize information about local practices to create uniform local practices that can be implemented when financial responsibility is in question.
- 9.10 System partners will engage in joint funding and grant writing opportunities.

Part 10: Dispute Resolution Process

System Partners strive to create a learning community that engages in critical conversations. We will approach disputes with cultural humility, with a cultural responsiveness lens—that is from a place of inquiry and seeking to understand different cultures. We understand that reconciliation is critical for continued productive progress. We maintain a commitment to be curious and seek to understand before formulating a decision.

- 10.1 System Partners agree to uphold the practice and commitment to cross-system collaboration and shared decision-making process. If a disagreement presents during the coordination and provision of services, system partners agree to attempt in good faith to resolve the conflict at the lowest level to include:
 - A. Dispute resolution processes identified in applicable MOAs/MOUs/Agreements; or
 - B. Consensus
- 10.2 When an agreement cannot be reached through either of the above resolution processes, System Partners agree to elevate matters up their respective chain of command and provide documentation to their respective executive leadership of all efforts made by System Partners to resolve the conflict.

- 10.3 If after all attempts for resolution are exhausted at the executive leadership level, system partners agree to enlist the assistance of the ILT for resolution based on consensus.
- 10.4 System Partners commit to embody Healthy Organization principles and agree on a shared language across systems. With this, we agree on to have critical conversations while maintaining accountability.
- 10.5 Partners commit to understanding each other's systems and limits while partnering in decision making.
- 10.6 In the event of third-party litigation, each party shall bear the cost of its own defense and related legal expenses.
- 10.7 Each Party agrees to defend, indemnify, and hold harmless the other parties, their governing boards, officers, agents, employees, successors, assigns, and/or volunteers from and against any and all claims, demands, monetary or other losses, damages and expenses, including but not limited to, legal fees and costs, or other obligations or claims arising out of any liability resulting from any loss sustained or claimed to have been sustained arising out of activities of the parties or those of any of their governing boards, officers, agents, employees, successors, assigns, and/or volunteers, whether such act or omission is authorized by this Memorandum of Understanding or not.
- 10.8 In the event of any action or proceeding to interpret or enforce the terms of this Memorandum of Understanding, the cost of the legal fees, expenses, expert witnesses, judgements, and settlements shall be borne equally by the parties.

Part 11: Resource Families and Therapeutic Foster Care Services

System Partners commit to creating a healing relationship with individuals and families by building relationships of trust and respect while being person centered.

- 11.1 System Partners strive to promote the overarching goal of ensuring that all children live with their family of origin, and—if not possible—with a family who is known to the child, committed, nurturing, willing to promote permanency, and able to prepare them for a successful transition to adulthood. To achieve this goal, System Partners aim to ensure that the families have all the necessary services and supports in order to be successful.
- 11.2 System Partners commit to family finding and engagement activities for the purposes of creating support and safety networks, permanent connections, and out-of-home care placement options.
- 11.3 Various collaborative outreach and ongoing recruitment and support efforts by System Partners include but are not limited to:

- A. CFS recruits a diversified pool of resource families through community of origin outreach events and media services. CFS supports and retains resource families through the Quality Parenting Initiative (QPI) that ensures caregivers are a full partner in the team supporting the healthy development of youth in care while focusing on ensuring the resource parent provides quality care to children and youth to promote their safety, permanency, and well-being.**
 - B. Probation engages and works to recruit potential resource families through community outreach events and forums, brochure recruitment advertisements, and media campaign efforts along with working collaboratively with CFS and other county entities.**
 - C. CFS, VCBH, and Probation agree to continue ongoing joint collaborations to review and approve new requests for the establishment of Foster Family Agency (FFAs) in Ventura County to expand resource family capacity. TCRC conducts on-going needs assessment, resource development recruitment and contracting through its Community Development Department, to ensure identified services, supports and residential options are established to meet the developmental disability related needs of eligible individuals**
- 11.4 CFS, VCBH, and Probation partnered to provide Therapeutic Foster Care and agree to continue to engage in ongoing efforts to identify caregivers and supportive services to meet the need of youth who have mental health and behavioral challenges and need intensive support and treatment to address complex trauma.**
- 11.5 Focus on recruitment from our children's communities of origin, for temporary care settings.**

VENTURA COUNTY

Child and Family Well Being System

Memorandum of Understanding

Ventura County Human Services Agency

By: Melissa Livingston

Name: Melissa Livingston, Director, HSA

Date: August 5, 2021

Ventura County Probation Agency

By: [Signature]

Name: MARIE VAQUILA, DIRECTOR

Date: 8/12/2021 Chief Prob. Officer

Ventura County Behavioral Health

By: [Signature]

Name: Sever Johnson, PsyD Behavioral Health Director

Date: August 11, 2021

Ventura County Office of Education

By: [Signature]

Name: Cesar Morales, VCOE County Superintendent of Schools

Date: 8-23-21

DocuSigned by:
Tri-Counties Regional Center

By: Omar Noorzad

Name: Omar Noorzad, Ph.D, Executive Director

Date: 9/14/2021

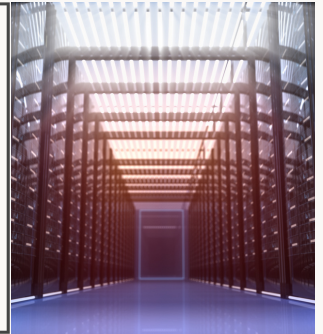
VENTURA COUNTY WELLNESS SYSTEM STRATEGIC PLANNING 2022-23

INFRASTRUCTURE

TENETS: ILT, INFORMATION & DATA SHARING, FINANCIAL RESOURCES MANAGEMENT

ILT PRIORITIES: INFORMATION SHARING & FINANCIAL RESOURCE MANAGEMENT

RESOURCE NEEDS:

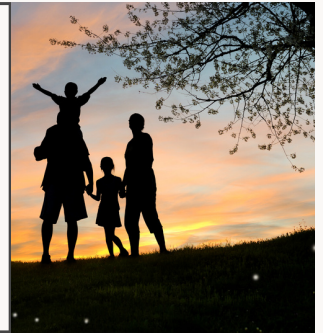


FAMILY ENGAGEMENT

TENETS: CHILD & FAMILY TEAMING, PARENT & YOUTH ENGAGEMENT, & RESOURCE FAMILIES & THERAPEUTIC FOSTER CARE SERVICES

PRIORITY: PARENT & YOUTH ENGAGEMENT

RESOURCE NEEDS:



PRACTICE

TENETS: ALIGNMENT & COORDINATION OF SERVICES, SCREENING, ASSESSMENT & ENTRY TO CARE, & ICPM IMPLEMENTATION

PRIORITY: ICPM IMPLEMENTATION, ALIGNMENT & COORDINATIONS OF SERVICES

RESOURCE NEEDS:



CAPACITY BUILDING

TENETS: STAFF RECRUITMENT, TRAINING & COACHING, DISPUTE RESOLUTION PROCESS, & SHARED METRICS OF SYSTEM LEVEL OUTCOME

PRIORITY: SHARED METRICS OF SYSTEM LEVEL OUTCOME

RESOURCE NEEDS:





Ventura County

CHILD, YOUTH, AND FAMILY
WELLNESS SYSTEM

VISION BRIEF

Recent federal, state, and local innovation has brought an unprecedented opportunity for transformation of our public and community systems. We must work together to leverage the opportunity in a timely manner to capitalize on behalf of our most vulnerable children and families.

Our systems have historically been about surveillance and compliance, a fact that has at times led to the development and implementation of harmful practices. *Ventura County's Interagency Leadership Team (ILT)*, comprised of executive leadership from all of Ventura's public systems; Health, Children and Family Services; Behavioral Health; Probation; Education; and Regional Centers, is working together to "retool" our systems to focus on preventative work and transparency with the community.

This **vision brief** lays out the **WHAT**—A shared vision for Ventura County's children, youth, and families; elaborates on **WHY** system change is required; and **HOW** to make the necessary change happen.

The WHAT: VISION—Child, Youth and Family Wellness System

Our **vision** going forward is to create a **Child, Youth, and Family Wellness System** by aligning government, community, and family stakeholders to maximize wellness and quality of life so all children, and their families, are safe, healthy, educated and well with a sense of belonging, purpose, and opportunity to achieve their aspirations.

To achieve this vision, we must focus on the Whole Child, Whole Family, and Whole Community. If we are going to support youth and their families achieve wellness, then our service systems must coordinate and collaborate to address unmet basic and complex needs. We are determined to champion and accomplish such changes through equitable policy, program, and practice alignment throughout the entire continuum of health and human services, encourage neighbor-to-neighbor reciprocity and actively involve diverse community partners.

Benefits of System Change

Research and direct observation tell us that connecting and aligning multi-system efforts results in:

- Reduced costs to counties and systems;
- Increased clarity of mission and purpose for each system and community; and
- Allows for thoughtful reinvestment of savings "upstream".

Theory of Change

Our theory of change is simple yet profound.

If we align public systems and community partners for integrated whole child, whole family, and whole community care, then children and families will have equitable access to services, support, and wellness opportunities—and we will strengthen protective factors; decrease formal system involvement; and increase wellness for generations to come.



Future Snapshot

When we begin to achieve this vision together, Ventura County children, youth and families will have equitable access to supports early and easily:

- A cross disciplinary system that relies on family and community voice while promoting health, wellness, and healing will be in place;
- Public Agencies will support the needs of the community by identifying, connecting, and aligning efforts underway; and
- Supports not yet available, but critical to family health and wellness, will be identified and pursued through a collaborative framework that leverages shared resources and shared accountability.

The WHY: CHANGE is REQUIRED - From Silos to Alignment & Integration

Together we want to make it clear that the business of health and human services in Ventura County is changing. No longer is working alone within one's own agency, in other words "siloes efforts", the norm. Such efforts are inefficient, costly, and in some cases have harmed families. In a siloes system, families must tell their story over and over, at times exacerbating the trauma they may have experienced because they are often involved with multiple systems at the same time. Then, each system will develop a case or family plan that sometimes overlaps or contradicts the plan developed by another agency.

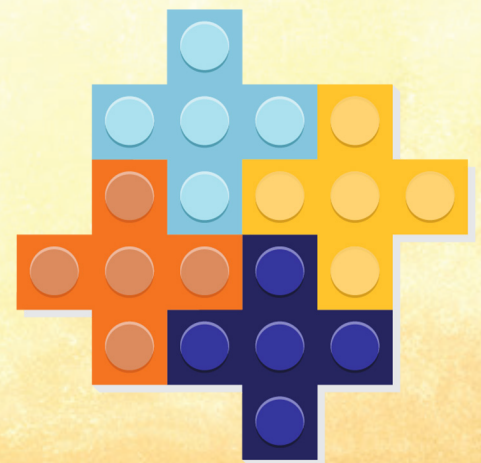
We have come to realize that no one system has the mandate, reach or resources to address both person-specific situations and the social conditions that exacerbate such issues, e.g., poverty, inadequate housing, racism, unemployment, community violence.

We are purposeful and strategic in working towards alignment and integration across public and community sectors to achieve our vision that will improve outcomes for children, youth and families for generations to come.

Breaking Barriers Pillars of Change

Various state and federal oversight bodies, including Breaking Barriers California, have made it clear that to build an integrated Wellness System, **there are four critical elements:**

- Cross System Shared Leadership and Governance
- Cross System Shared Data and Outcomes Management
- Cross System Shared Fiscal Management and Responsibility
- Cross System Shared Community and Family Engagement



The HOW: Assets To Build On

There is an emerging roadmap for building Ventura's Wellness System that is based on a set of core values that drive the ongoing process.

Our roadmap indicates that **we have much already in place to build on**. Ventura County is an early adopter of best practices and has demonstrated and modeled successful system and practice changes that are replicated in other counties. Our past and recent accomplishments serve as foundation for the infrastructure we now have.

Assets to build on include:

- 1. Implementation of the Katie A.** settlement agreement that recognizes the role Mental Health plays in the healing and recovery of high-needs youth in and near the foster care system.
- 2. Ventura County's Citizen Review Panel** led to mapping of geographic areas of need, including the Oxnard Plains where we found similar data sets in the same area in multiple programs. Families here account for a disproportionate percentage of child welfare and probation intakes, show high levels of involvement in health and mental health systems, and are impacted by performance in area schools.
- 3. Continuum of Care Reform (CCR)** has led to universal and expanded access to mental health, and community-based services for foster youth in VC, a decrease in congregate care and juvenile detentions, and the need for coordination and collaboration in light of complex needs of young people.
- 4. Family First Prevention Services Act (FFPSA)** is a federal law that moves the focus from just responding following an incident of child abuse or neglect (while keeping children safe) to actually preventing the need for system involvement in the first place. It requires systems to engage community partners and residents, lift up the voice of parents with lived experience, and develop a shared practice approach among public partners and Community-based organizations.

FFPSA is the opportunity to identify a continuum of supports linked to a county's effort to build a prevention system. It requires a community pathway so that families in need can be helped before a crisis occurs, and without having to come to the attention of the system through surveillance. Families will be empowered to access services and supports.

Taken together, this means the human services agency is a vital partner, but not the only partner in the prevention effort, and not necessarily the lead for each phase and all aspects.

It is clear that no one agency or system can do the work alone. We are already working together to develop shared outcomes for children, plan collaboration across systems, and build programs to address needs that no one agency can meet.





There are numerous state and federal supports and requirements that can be leveraged in the work ahead. These include the Child and Family Services Review; *Requirement for a Comprehensive Prevention Plan*; and *Systems alignment through AB 2083*.

As required by **AB 2083**, Ventura County's public partners all signed an **MOU** indicating their commitment to working together to build our Wellness System.

The requirements of the 2083 MOU include, but are not limited to:

1. **Interagency Leadership team** (ILT) for consistent interdepartmental & interagency leadership
2. **Integrated Core Practice Model** Work together to promote the high-quality practices of the integrated practice model
3. **Information & Data sharing** Maximize coordination, streamline services access, & improve service delivery
4. **Alignment & Coordination of Services** in a more culturally & responsive manner
5. **Staff Recruitment, Training, & Coaching** to produce a dynamic, diverse, & compassionate workforce
6. **Shared Financial Resource Management** with a child-family centered focus when discussing, planning, & determining solutions
7. **Parent/Youth Engagement** Include parent & youth voice in community learning & engagement
8. **Development of System Level Outcomes** to create shared metrics that reflect shared responsibility to the children & families of Ventura County

Probation Lens We know that juvenile justice reform in past 20 years has moved us from an incarceration model to a community supervision model. Approximately 90% of youth involved in the juvenile justice system are being managed in the community. This has prompted justice agencies to implement community-based programs/services to improve life outcomes. Proactive alignment of services & resources with other human service entities is the next step to enhance wellness among our youth & families.

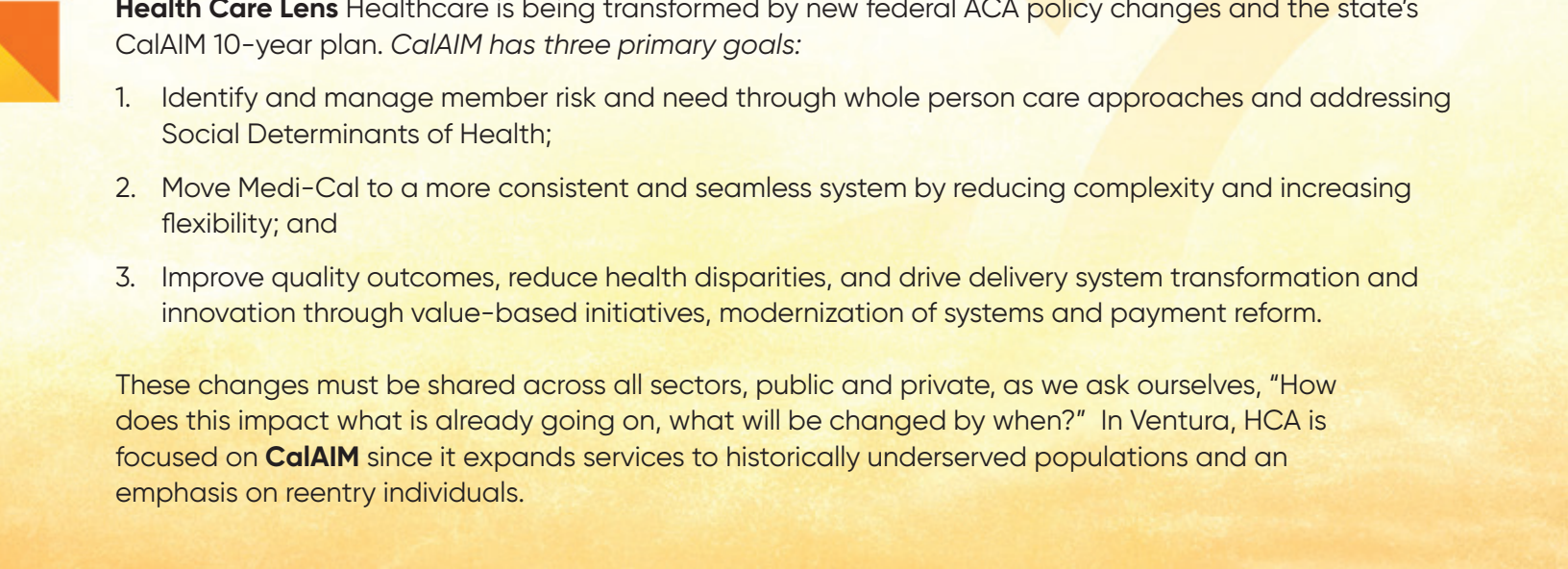
Education Lens The work of developing a cross sector wellness system has already begun. "Folks are already thinking differently." Historically, there have been a lot of duplicated efforts, but now agencies are checking with other agencies to be more efficient and effective.

For example, the Ventura County Office of Education has implemented Behavioral Health Wellness Centers in schools. Since this is a service that focuses on the children and families in the community, more effort should be directed to expanding these services and resources. We must help our county get back into a positive light, but also celebrate the accomplishments and current things that are happening.

Health Care Lens Healthcare is being transformed by new federal ACA policy changes and the state's CalAIM 10-year plan. *CalAIM has three primary goals:*

1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

These changes must be shared across all sectors, public and private, as we ask ourselves, "How does this impact what is already going on, what will be changed by when?" In Ventura, HCA is focused on **CalAIM** since it expands services to historically underserved populations and an emphasis on reentry individuals.



Additionally, HCA already puts focus on the Social Determinants of Health (SDOH). SDOH are the conditions within the environments where people are born, live, work, play, worship, and age that affect a wide range of health functioning, and quality of life outcomes and risks.

As part of this effort, Public Health leading the **Countywide Health Information Exchange** which is working to facilitate data linkage and information sharing to create efficiencies and better serve children and families. The resulting referral network will connect people to services and help identify gaps.

Behavioral Health Lens The priorities of Ventura County Behavioral Health (VCBH) align with the integrity and vision of building a Wellness System for our County.

One of those key priorities is **CalAIM** which will help create broader eligibility and greater access for youth and their families:

- CalAIM is a system transformation based on a whole system, person centered, population health approach that will provide care coordination and care management across physical health, behavioral health, and local services to improve health status and address social drivers of health.

Other priorities to leverage include:

- The **8 Wellness Centers** on High School campuses to address increased need for support and intervention on a universal level. VCBH is exploring expanding wellness center models with state funding in partnership with Gold Coast Health Plan and Ventura County Office of Education.
- **Logrando Bienestar**, an outreach program specifically targeting historically underserved and marginalized populations, creates relationships to bridge them to social services and provides educational workshops to family members.

Going forward, VCBH is committed to **enhanced outreach and services** to better engage incoming consumers and families through their New Access and Outreach Division; building and maintaining **strong relationships with Community Based Organizations (CBOs)**; and working with **smaller, local providers to ensure culturally appropriate** services.



¹For more information on the Social Determinants of Health and Healthy People 2020, go to: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>



Regional Center Lens Avoiding duplication of services will cut wasteful spending while supporting better use of tax dollars. The money that is saved can be used for other programs for children and families. Public Partners working together as a team allows for children to be at home in stable environments much faster. Coordination among systems may take some time, but such shared efforts will benefit children and families because they will experience better access, quality and outcomes of care from a comprehensive system approach that took its time to unify and build.

Children & Family Services Lens Collaboration has historically been a part of Ventura County, but this level of collaboration is different from the past. While AB 2083 is focused on high needs youth, the work of *building a Wellness System in Ventura focuses on the whole family*. The mandates for CFS are the same, but a new ethos permeates the agency; a shift “from a mandated reporter to mandated supporter” to ensure child and family wellbeing.

This is both the smart and the right thing to do. It is **“smart”** because it is efficient and effective. It is the **“right”** thing to do because there is a moral imperative to do better. The work going forward must focus on **equitable opportunities and outcomes** for all and must **lift up the voice and influence of persons with lived experience**.

Infrastructure Building Blocks

Ventura County partners share a commitment to building equity, engaging the community and stakeholder voice, and to authentic partnering with families. This is reflected in the infrastructure now in place to begin making the changes we have described:

- The **2083 Operations Group** is comprised of the Deputies of ILT members to assure good horizontal (cross-sector) and vertical (within agency) coordination and communication throughout the effort.
- The **Essentials for Childhood Collaborative (E4C)**, and the **Early Childhood Coalition (ECC)** are public/private collaborative bodies that meet regularly to engage each other in alignment of initiatives, all with a focus on equity and parent voice.
 - Among the key partners is the **Ventura County Partnership for Safe Families and Communities**. This body functions as our County’s Child Abuse Prevention Council and was commissioned by the Board of Supervisors in 1982. The Partnership began family violence prevention and family strengthening work 40 years ago and continues to grow strong.
 - One highlight of their contribution to the Wellness System is alignment of ACEs Aware, a statewide initiative launched by California’s former Surgeon General to provide for early identification and response to adverse childhood experiences. The Partnership is building a Network of Care between pediatricians and community providers for a robust community response.
- The **Neighborhoods for Learning and Wellness**, led by **First 5 Ventura County**, is building on the foundational work of Ventura’s Citizen Review Panel to develop a prototype for saturation of aligning integrated, successful practices and resources in the county’s highest need area to increase child and family wellbeing.
 - Ventura’s *“Neighborhoods for Learning and Wellness”* is a targeted universal public health approach that addresses the social determinants of health at the **“micro”** (child and family), **“mezzo”** (program/organization) and **“macro”** levels (policy and systems). It is being co-designed with families and community residents in close collaboration with existing infrastructure and networks, such as the Essentials for Childhood Initiative whose partners are fully committed to this.



Anticipated Benefits

Working together to build a Child, Youth, and Family Wellness System is **the smart and right thing to do**. It is **smart** because it is evidence-based, cost-effective, and ultimately more efficient and effective than what we are doing now. It is the **right** thing to do because there is a moral imperative to increase equitable outcomes for the most vulnerable among us.

It is anticipated that the following **will be different** as we begin to achieve our shared vision:

1. **Fewer youth/juveniles will be detained**, and those who are will be helped to break the “cradle to prison” pipeline. They will experience trauma-informed, gender-specific services that support natural resilience and lead to wellness and positive life trajectories;
2. More opportunities for **positive behavioral health**, with faith-based leaders and behavioral health professionals coming together to reduce stigma and increase access to care;
3. Child safety will remain the priority, and **fewer families will be separated** as the aligned system shifts from “mandated reporter” to mandated “supporters” who share responsibility for child, youth, and family wellbeing.
4. Children and youth will have access to mental health support on campus through **Wellness Centers**.
5. There will be **equitable and improved access and utilization of services and supports** by families in need. The Priority Access to Services and Supports beta test in Ventura reduced wait time from investigation to receipt of services from an average of 85 days, to fewer than 10 days.

**The vision is
within our reach;
we must all work together
to achieve it!**



Ventura County
CHILD, YOUTH, AND FAMILY
WELLNESS SYSTEM

This VISION of a Child, Youth, and Family Wellness System was developed in April 2022 by members of the Ventura County Interagency Leadership Team:

Melissa Livingston
Director
Human Services Agency



Dr. Theresa Cho
CEO, Ambulatory Care Administration
Ventura Health Care Agency



Scott Gilman
Director
Behavioral Health Department



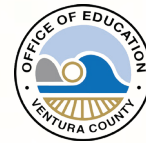
Dr. Steven Graff
Assistant Director of Services and Supports
Tri-Counties Regional Centers



David Swanson Hollinger, MSW, MPH
HSA/Deputy Director
Children & Family Services



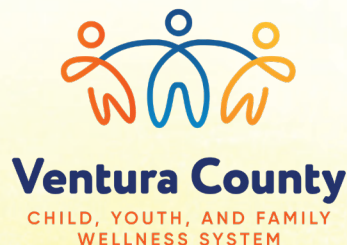
Dr. Cesar Morales
Superintendent of Schools
Ventura County Office of Education



Gina Johnson
Chief Probation Officer
Ventura County Probation Agency



Rigoberto Vargas, MPH
Director
Public Health Department



Development of content and materials supported by the Social Policy Institute at San Diego State University.





VENTURA COUNTY WELLNESS SYSTEM STRUCTURE for Governance, Planning, and Implementation



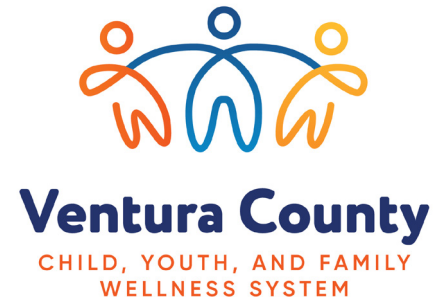
Wellness System Planning Committee (WSPC) (Monthly) Purpose: <u>Set Strategic Goals</u> based on ILT/WSPC joint areas of focus, 2083 Priority Tenets, Wellness Roadmap (leverage CPP), and collaborative alignment of partner priorities/initiatives.	Interagency Leadership Team (ILT) (Bi-Monthly: 6 x/year) Purpose: To <u>equip public systems and community providers with policy, resources, and working tools</u> for the VC Child and Family Wellness System (as informed by parent/resident voice and reflected in a comprehensive continuum of prevention).	Wellness System Collaborative (WSC) (Quarterly) Purpose: <u>Community Pathway and Wellness System co-design, co-leadership and co-implementation.</u> Small planning group to re-charter, explore purpose and membership (incl self-sufficiency AAA)
Membership: ILT designated Integrated Management function representatives and other public system partners, workgroup leads, and community and parent partner leaders.	Membership: Public System Agency/Dept. Directors per 2083 requirements and others as needed and engaged.	Membership: Community-based Organization (CBO, traditional and grassroots) Executive Directors, Tribal and Faith-based leaders, Parent Leaders, and Public System leaders
Workgroups/Tiger Teams: Develop operational/strategic plans for priority goals established by WSPC. Proposed operational plans are vetted through the WSC and confirmed with ILT.	Vertical Integration: Internal alignment, collaboration, communication. Use: - Executive Teams - All Staff Meetings	Related Collaboratives: - Early Childhood Coalition (ECC) - Parent Voice - Strengthening Families Collaborative - Youth Leadership Team

Where are existing structures that could be expanded for this work?

Wellness System Vision: *Create a Child, Youth, and Family Wellness System by aligning government, community, and family stakeholders to maximize wellness and quality of life so all children, and their families, are safe, healthy, educated, and well with a sense of belonging, purpose, and opportunity to achieve their aspirations.*

Wellness Vision created by the Community: *We want to help create a new system to help link county agencies with those in the community, where families feel safe and can receive support and education to get help with things they need when they need it, with the goal of being strong parents.*

All children and families in Ventura County will live and thrive in safe, healthy communities.



The Vision: A Child, Youth, and Family Wellness System

Ventura County is taking a leading role in California to create a Child, Youth, and Family Wellness System. This means every door will be a “right door” for a family to ask for the support they need—with no blame, shame, or fear—to keep their family strong and together.

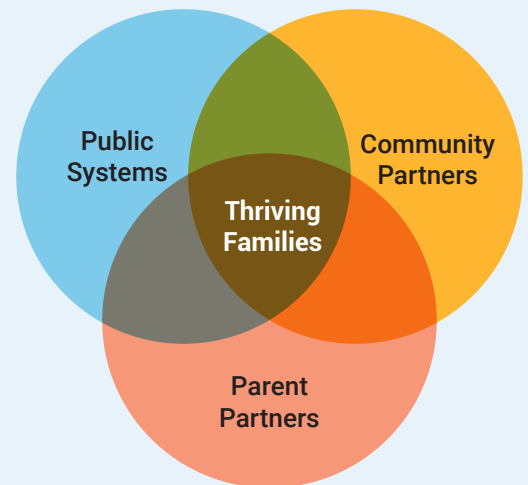
Why Now

We are in an unprecedented moment with significant California and federal reform opportunities and investments in children and families. These initiatives are beginning to shift the paradigm toward prevention. However, we know we need to go farther. Instead of operating from a mindset of “preventing bad things from happening to children,” Ventura County will lead with a vision for child and family wellness centered on equity and social justice.

We Can Do This—Together

This vision calls for an unprecedented level of engagement from all of our public systems and community partners who touch the lives of children and families, as well as from parents and families who know what it takes to build their natural strengths so they can thrive together.

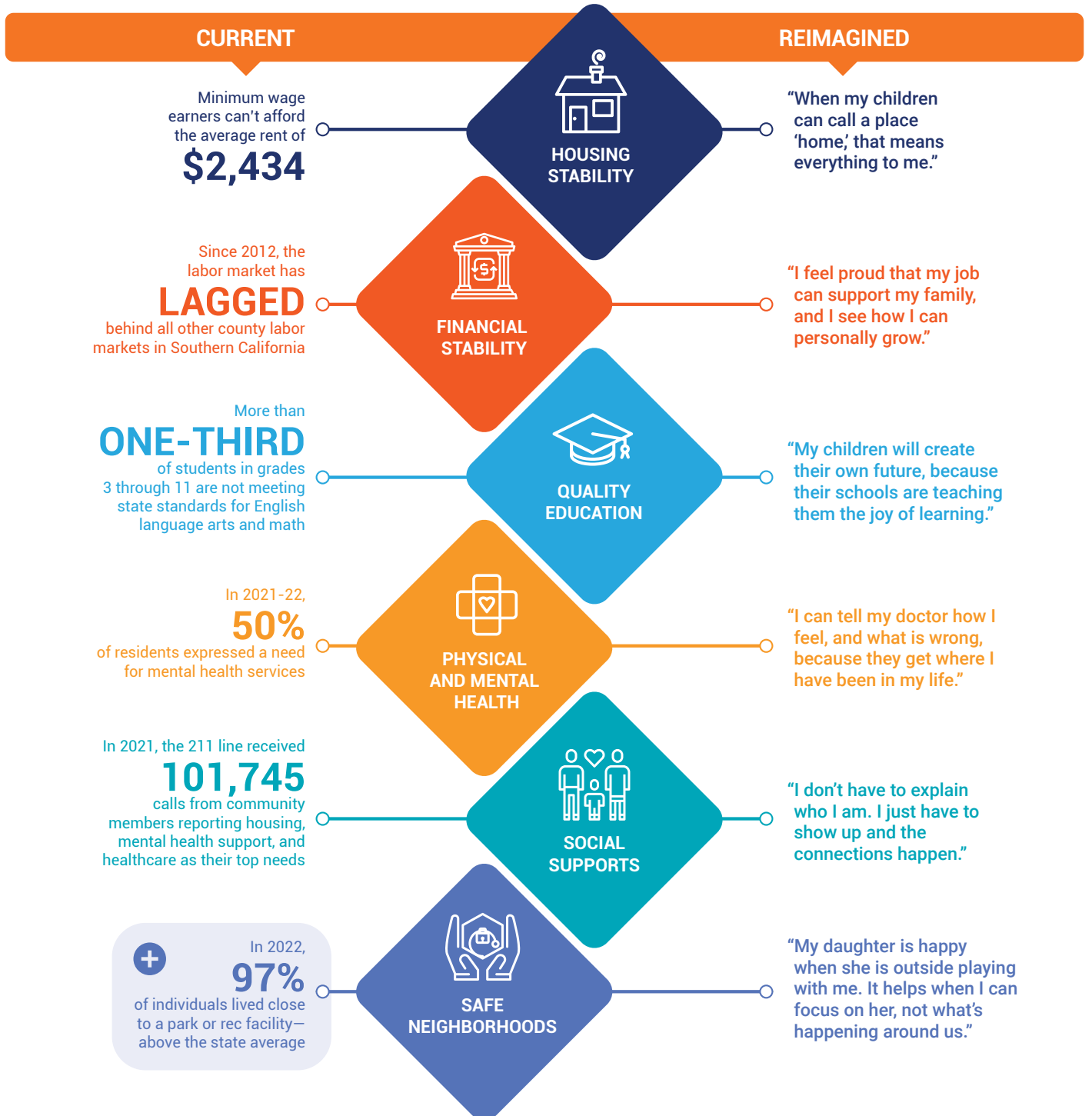
We know the responsibility must be shared. No one system has the mandate, reach, or resources to address both person-specific situations and the social conditions that too often have a lasting negative impact on children, youth, and families—poverty, inadequate housing, racism, unemployment, and community violence.



Ventura County public, community, and family partners have made an unwavering commitment to work together to align government, community, and family stakeholders to maximize wellness and quality of life so all Ventura County children, youth, and families are safe, healthy, educated, and well, with a sense of belonging, purpose, and opportunity to achieve their aspirations.

What Does Success Look Like?

In partnership with families, we can reimagine our systems to create a new experience for children, youth, and families—one of strength and wellness, in which they will thrive.



* All statistics are from Ventura County. Quotes are based on feedback from Ventura County peer parent conversations.

Join Us in Creating Ventura County's Child, Youth, and Family Wellness System

PUBLIC SYSTEM PARTNERS AND COMMUNITY PARTNERS
Attend a Strengthening Families Collaborative meeting
[Learn more and get the zoom link](#)

PARENTS
Attend a Parents Voices! meeting
[Learn more and RSVP here](#)

DRAFT Ventura County Wellness System Meeting Inventory (v. 2.21.23)

Purpose: This document is a working tool to support alignment, help with interlocking agendas, and identify possible redundancy of meetings within all entities involved in Ventura County’s Wellness System.

Established Meeting Title	Purpose/Content (with respect to Wellness Building)	Public System ¹	Both	Community ² or Parent/ Youth	Date/Time	Frequency
Interagency Leadership Team (ILT)	Provide adaptive and technical leadership to build Ventura’s Wellness System, including governance, infrastructure, and capacity-building, and shared financing for sustainability.	LS			4 th Wed 11 - Noon	Monthly
Wellness System Steering Committee (WSSC)	Implementation of 11 tenets outlined in the 2083 MOU. The tenets are in four clusters, with one priority per cluster: Infrastructure (Information sharing); Family Engagement (Parent & Youth Engagement); Practice (ICPM Training); and Capacity-Building (Shared metrics for the Wellness system).	MM			4 th Mon	Monthly
<i>WSSC-TT-1: ICPM Training</i>	Review and advise on ICPM Training Framework, Implementation, and Core skills and concepts aligned w/ Wellness System	MM				
<i>WSSC-TT-2: Wellness Communications</i>	tbd	MM				
Full CORE Planning Team	Started as a CFS/SPI team (2022); moved to include other public partners in 2023. Coordination of interlocking agendas, maximize alignment opportunities.		LS+ MM		1 st & 3 rd Tue 10 - noon	2x/month
CPP Internal Planning Team	Focused on Comprehensive Prevention Plan Elements and submission of Report/Plan by June 1, 2023	CFS Only				
Guaranteed Income Pilot Planning Team	Explore feasibility of a GIP for Ventura County focused on families as participants.		LS/ MM			
Small CORE Planning Team	To operationalize/deep dive into items discussed at Full Core	X			2 nd & 4 th Thu 1-2pm	2x/month

¹ Indicated by 3 levels: Leadership (LS) – Middle Mngmt.(MM) – Front Line (FL)

² CBO levels indicated same as Public Systems

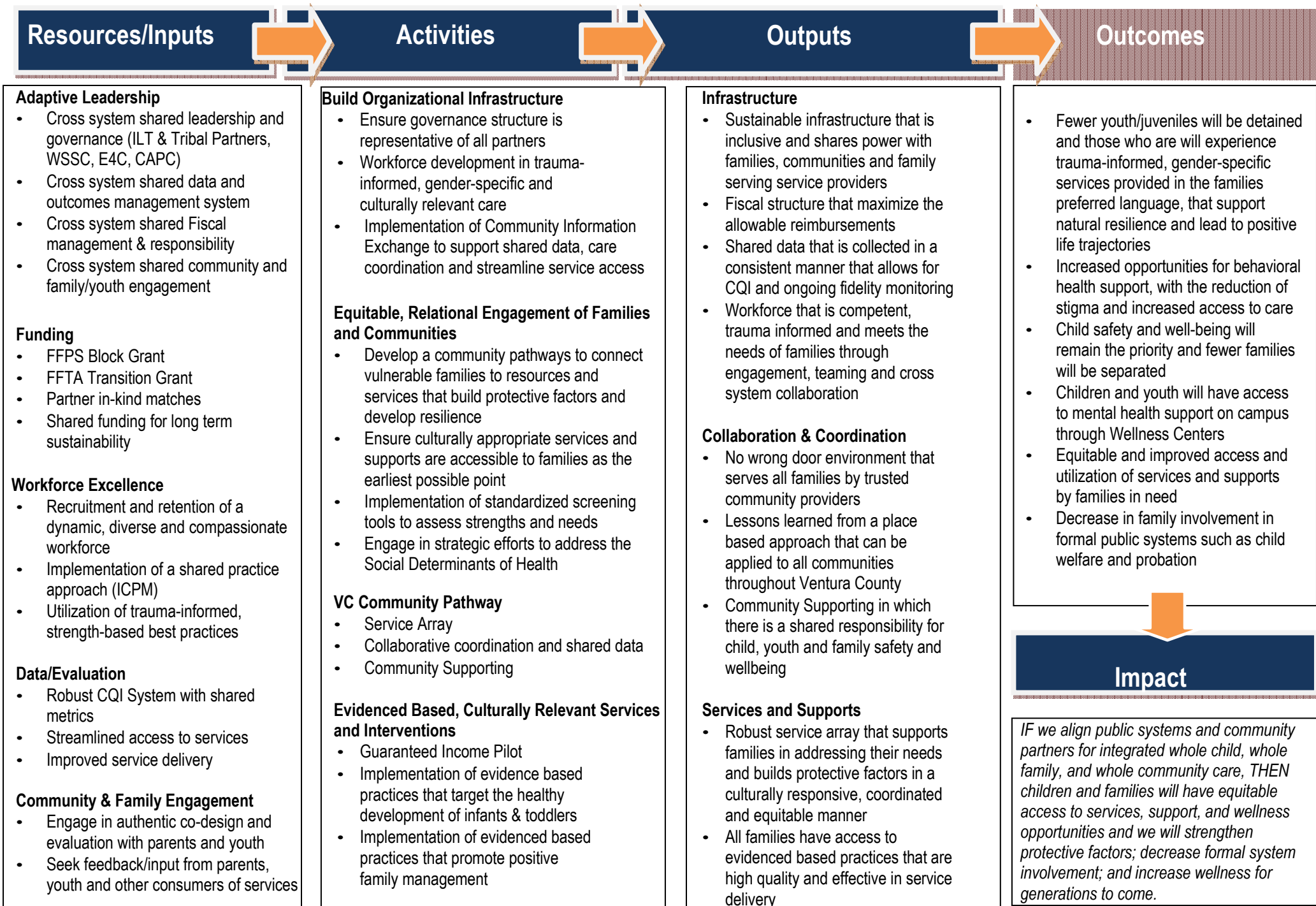
Established Meeting Title	Purpose/Content (with respect to Wellness Building)	Public System ¹	Both	Community ² or Parent/ Youth	Date/Time	Frequency
E4C Steering Cmte	Leadership in aligning opportunities for parents and community providers to co-lead, co-design system elements for Comprehensive Prevention Plan (Revisit June 30)		LS & MM		3 rd Thu 3-4:30pm	Alternate months-Feb
E4C Full Collaborative	Co-lead, co-design system elements for Comprehensive Prevention Plan (Revisit June 30)		X		3 rd Thu 3-4:30pm	Alternate months-Jan
Partnership/CAPC	<i>NOTE:</i> Role of the CAPC is to catalyze, help convene, and coordinate prevention activities as identified in WIC Code					
Strengthening Families Collaborative	The Strengthening Families meeting is a <u>networking opportunity</u> with over 40 agency representatives. Meeting 10 times a year, includes an educational presentation highlighting multiple agencies. Participants offer educational resources, community events, training, and agency networking.		MM & FL			Monthly (10/year)
Parent Voice - CORE	The Parent's Voice's CORE (Connections, Opportunities, Resources, Empowerment) is a closed meeting that consists of Parent Navigators who have lived experiences and represent parents' voices. Open to any parent who wants to get involved and bring their expertise to the team. Mutual empowerment by providing support to one another.			X	3 rd Mon	monthly
Parent Voice - Social Connections Meeting	The Social Connections Meeting includes our CORE members and is open to all parents, community members, and partner agencies. Gives Parents and Community Leaders time to lean into the challenges and celebrations of life. Parents are invited to voice any struggles within our county-wide family service system, bringing wisdom individually and together.			X	3 rd Wed	Quarterly (April, July, October)
Ventura County Community Health Improvement Collaborative (VCCHIC)	A collaboration of Public Health, hospitals, healthcare systems, and community members with a focus of conducting a comprehensive Community Health Needs Assessment (CHNA), required for PH, hospitals, and healthcare systems every 3 years. From that CHNA, a Community Health Improvement Plan (CHIP) is created and worked on among the members.		LS & MM			Every other month

Established Meeting Title	Purpose/Content (with respect to Wellness Building)	Public System ¹	Both	Community ² or Parent/ Youth	Date/Time	Frequency
Early Childhood Coalition (ECC)	The Early Childhood Coalition (ECC) is a specialty population committee focused on families expecting a child or with a young child to improve access and utilization of supports that promote resiliency, wellness and prevent entry into the child welfare system. The ECC brings together cross-sector partners to develop strategies to improve coordination and data sharing across agencies in Ventura County. Currently focused on Kamala/McKinna.		LS & MM			
Parent Engagement/ Community Pathway	Time-limited engagement of parents and residents in the Kamala/McKinna neighborhood to co-design and inform end-user experience of the Community Pathway.			X		
Local Planning Council	The Local Planning Council (LPC) of Ventura County is established as a requirement of the VC Office of Education.			X	2 nd Tuesday 9:00 – 11:00	7 X/Year

FOR DISCUSSION:

1. What is duplicative?
2. What is missing?

Logic Model – Ventura County Comprehensive Prevention Plan



Resources/Inputs

Adaptive Leadership

- Cross system shared leadership and governance (ILT & Tribal Partners, WSSC, E4C, CAPC)
- Cross system shared data and outcomes management system
- Cross system shared Fiscal management & responsibility
- Cross system shared community and family/youth engagement

Funding

- FFPS Block Grant
- FFTA Transition Grant
- Partner in-kind matches
- Shared funding for long term sustainability

Workforce Excellence

- Recruitment and retention of a dynamic, diverse and compassionate workforce
- Implementation of a shared practice approach (ICPM)
- Utilization of trauma-informed, strength-based best practices

Data/Evaluation

- Robust CQI System with shared metrics
- Streamlined access to services
- Improved service delivery

Community & Family Engagement

- Engage in authentic co-design and evaluation with parents and youth
- Seek feedback/input from parents, youth and other consumers of services

Activities

Build Organizational Infrastructure

- Ensure governance structure is representative of all partners
- Workforce development in trauma-informed, gender-specific and culturally relevant care
- Implementation of Community Information Exchange to support shared data, care coordination and streamline service access

Equitable, Relational Engagement of Families and Communities

- Develop a community pathways to connect vulnerable families to resources and services that build protective factors and develop resilience
- Ensure culturally appropriate services and supports are accessible to families as the earliest possible point
- Implementation of standardized screening tools to assess strengths and needs
- Engage in strategic efforts to address the Social Determinants of Health

VC Community Pathway

- Service Array
- Collaborative coordination and shared data
- Community Supporting

Evidenced Based, Culturally Relevant Services and Interventions

- Guaranteed Income Pilot
- Implementation of evidence based practices that target the healthy development of infants & toddlers
- Implementation of evidenced based practices that promote positive family management

Outputs

Infrastructure

- Sustainable infrastructure that is inclusive and shares power with families, communities and family serving service providers
- Fiscal structure that maximize the allowable reimbursements
- Shared data that is collected in a consistent manner that allows for CQI and ongoing fidelity monitoring
- Workforce that is competent, trauma informed and meets the needs of families through engagement, teaming and cross system collaboration

Collaboration & Coordination

- No wrong door environment that serves all families by trusted community providers
- Lessons learned from a place based approach that can be applied to all communities throughout Ventura County
- Community Supporting in which there is a shared responsibility for child, youth and family safety and wellbeing

Services and Supports

- Robust service array that supports families in addressing their needs and builds protective factors in a culturally responsive, coordinated and equitable manner
- All families have access to evidenced based practices that are high quality and effective in service delivery

Outcomes

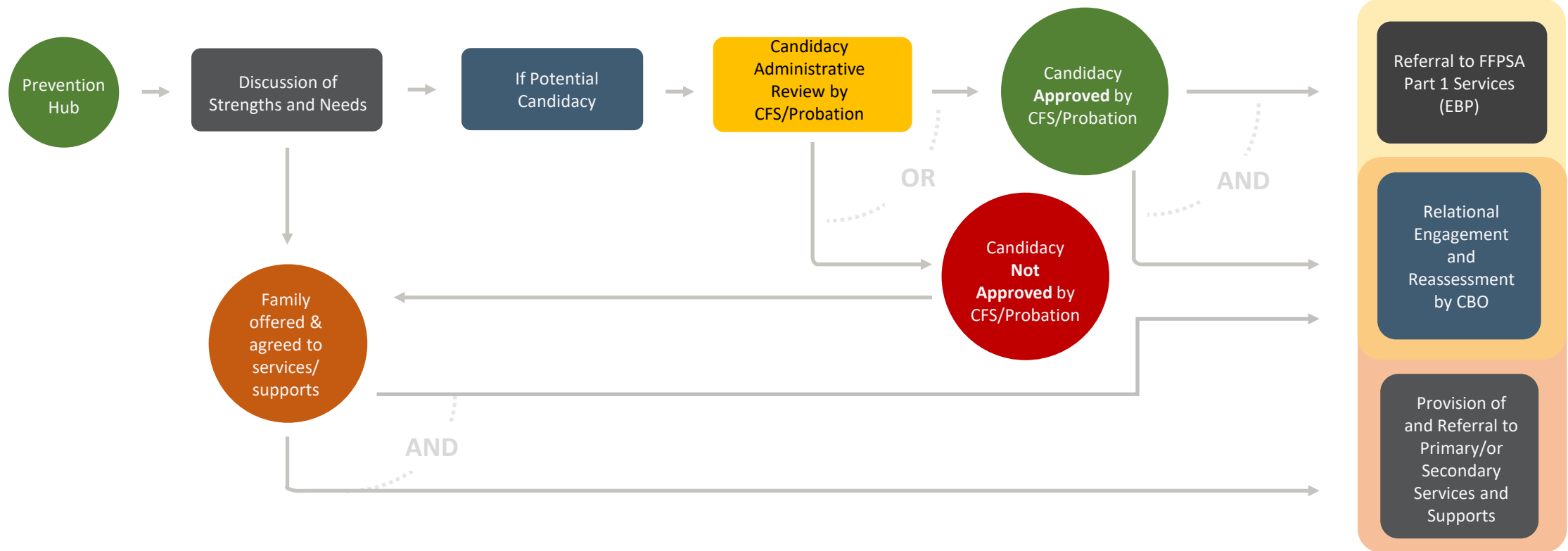
- Fewer youth/juveniles will be detained and those who are will experience trauma-informed, gender-specific services provided in the families preferred language, that support natural resilience and lead to positive life trajectories
- Increased opportunities for behavioral health support, with the reduction of stigma and increased access to care
- Child safety and well-being will remain the priority and fewer families will be separated
- Children and youth will have access to mental health support on campus through Wellness Centers
- Equitable and improved access and utilization of services and supports by families in need
- Decrease in family involvement in formal public systems such as child welfare and probation

Impact

IF we align public systems and community partners for integrated whole child, whole family, and whole community care, THEN children and families will have equitable access to services, support, and wellness opportunities and we will strengthen protective factors; decrease formal system involvement; and increase wellness for generations to come.

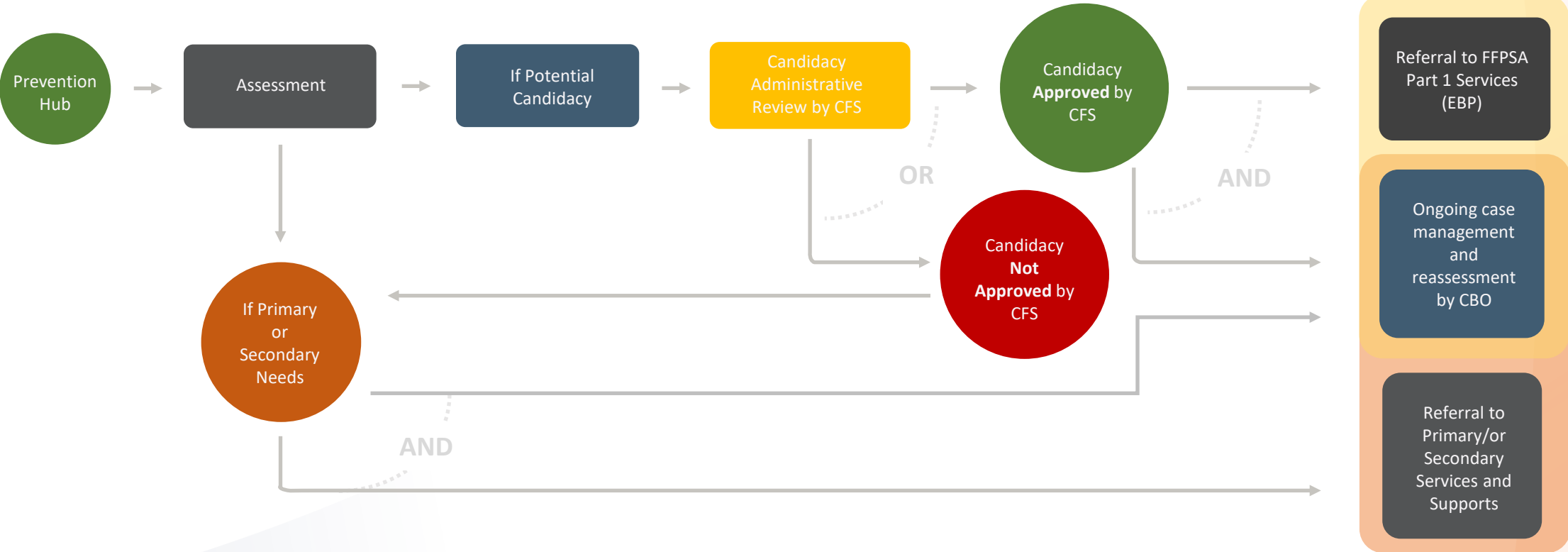
Ventura County Community Pathway Flow of Services & Supports

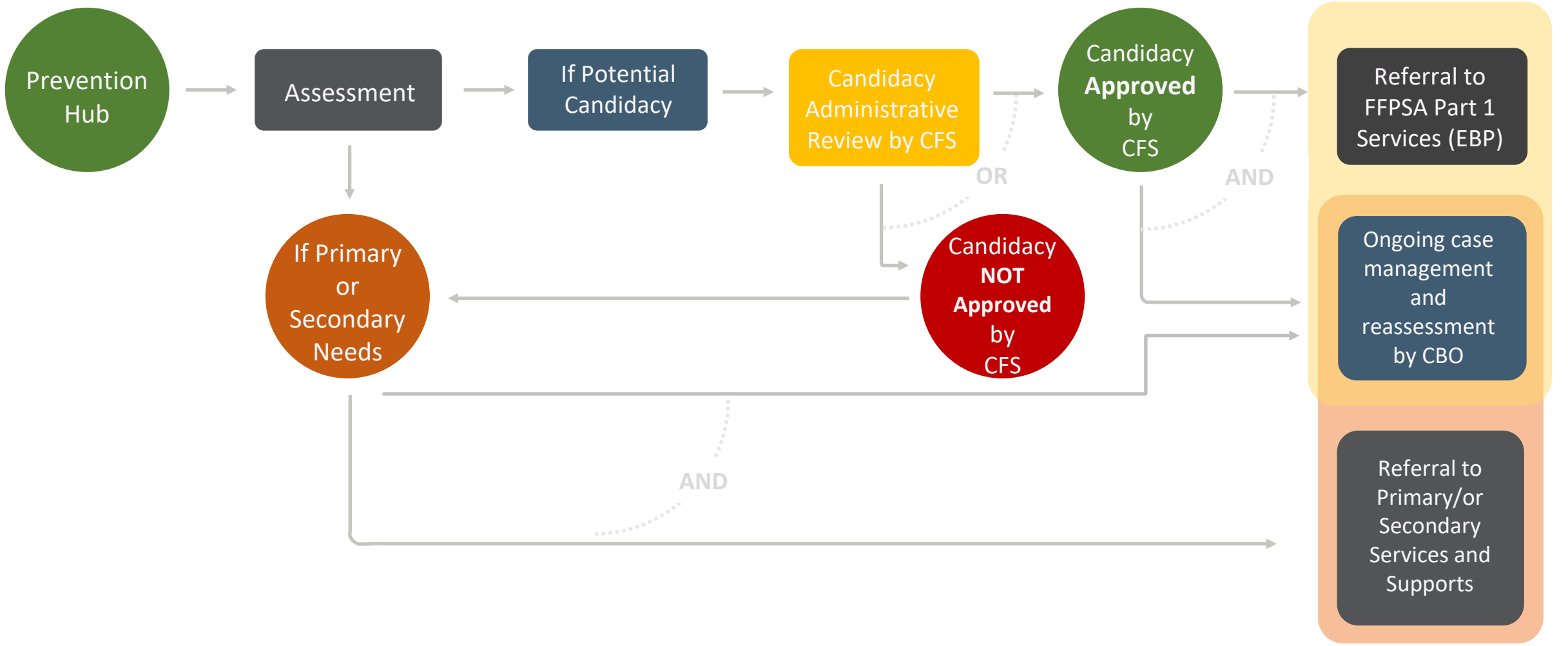
Attachment 8



Ventura County
CHILD, YOUTH, AND FAMILY
WELLNESS SYSTEM

Ventura County – Community Pathway Vision





Ventura County Wellness System

Introduction

Background and Participant Characteristics

Ventura County's Child Youth and Family Wellness System (Wellness System) conducted a Social Network Analysis (SNA) in August 2022. The goals of the SNA were to understand the level of collaboration within the Wellness System, to explore how collaboration differs by sector or service area, to identify key partners or sectors that are less engaged or missing from the Wellness System, and to clarify how the Wellness System is engaging community members.

The SNA survey was sent to 68 individuals from 37 agencies and completed by 52 participants from 23 agencies, resulting in a response rate of 77% of participants and 62% of agencies.¹ The agencies invited to respond to the survey were those that already had some level of engagement with the Wellness System. Most of the respondents were program or administrative directors, program managers, or CEO/Executive Directors and more than three quarters (77%) had been at their agency for over 5 years. About a third of the responding agencies are in the Non-profit sector (37%), followed by Government (19%) and Healthcare (19%). Almost all of the agencies served most of the regions of Ventura County with the least served regions being Newbury Park and Ojai and the most served region being Oxnard. The most common types of services provided were case management, building protective factors, behavioral health services, and peer navigation/leadership development of youth and families with lived experience. About half of respondents (52%) reported providing targeted support for immigrant/migrant and English learner populations while about a third (37%) provide targeted services for child welfare involved youth and families.

Levels of Collaboration

Respondents were asked to rate their agency's level of collaboration with each of the other agencies invited to participate in the SNA on a scale of 1-5², based on domains of communication, roles, decision making and resource sharing. The description of the scale is provided in the table below.

Social Network Analysis

Social network analysis (SNA) is a methodological approach to understanding and measuring collaboration and relationships within a network. SNAs provide both a visual representation of a closed system, as well as quantitative measures of connections. The Ventura County Wellness System employed the SNA approach to understand the level of collaboration within their system based on multiple factors, as well as to identify gaps in their network and service array that could inform their future actions.

¹ There were four additional respondents who were not on the original list. Their open-ended responses were included in the analysis but they could not be included on the SNA maps.

² Adapted from Frey et al. (2006)

Domain	1 = No Interaction	2 = Networking	3 = Cooperation	4 = Coordination	5 = Collaboration
Communication	Not aware of organization or not currently involved in any way	Aware of organization but little to no communication	Formal communication	Frequent communication	Frequent and prioritized communication
Roles	No defined roles	No defined roles	Somewhat defined roles	Defined roles	Defined roles
Decision making	All decisions are made independently	All decisions are made independently	All decisions are made independently	Some shared decision making	Decisions made collaboratively
Resource Sharing	None	None	Provide information to each other	Share information	Share ideas and resources

The level of collaboration ratings by each respondent, along with their agency characteristics, were used to create SNA maps. If multiple individuals from the same agency responded to the survey, an agency-level rating was calculated by taking their average level of collaboration ratings. Relationships rated as No Interaction (level 1) are not included on the maps so all maps start with Networking (level 2).

Community Engagement

Respondents were also asked to identify how their agency engages community members using the IAP2 Spectrum of Public Participation³. Options provided were:

- **Served:** Community members are served by their agency
- **Inform:** Community members provide feedback on their agency, services and/or approach
- **Consult:** Community members represent community voice (e.g., as advisors, parent partners, focus group participants or at community forums, etc.)
- **Involve:** Community members represent their agency to the community (e.g., as community workers or promotoras)
- **Collaborate:** Community members make shared decisions on organizational priorities and services (e.g., community representatives on their boards)
- **Empower:** Community members have power to make final decisions on organizational priorities and services (e.g., as part of staff or organizational leadership)

³ <https://organizingengagement.org/models/spectrum-of-public-participation/>

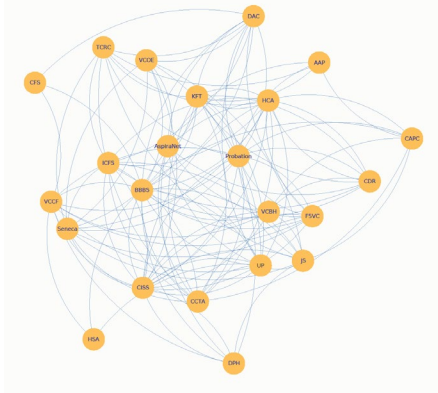
SNA Findings

The SNA maps provide a visual representation of the levels of collaboration within the Wellness System at one point in time (August 2022). The findings describe the density of the system at different levels of collaboration, the levels of collaboration by sector and degree, community engagement by service area, and levels of collaboration by service area and degree.

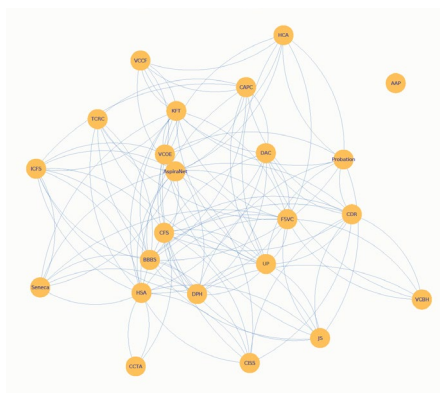
Density decreases as level of collaboration increases but is relatively even across levels indicating a balanced and well-connected network.

Density is a metric used in social network analysis that is a calculation of the actual number of interactions divided by the possible number of interactions. High density means there are more interactions in the network and low density means there are less. Overall, the Wellness System had a density of 82% when looking at all levels of collaboration. When broken down by level of collaboration, the density was 24.3% at the networking level, 22.1% at the cooperation level, 20.2% at the coordination level, and 15.2% at the collaboration level. It is typical in social network analysis to see the density decrease as the levels of collaboration increase since you would expect there to be more interactions at the lower levels than the higher ones in a large network. However, the relatively small difference in density between networking and collaboration levels, as well as the relatively high level of density for all levels, indicate that in August 2022, the Wellness System is already fairly well connected and has established connections even at the collaboration level. Density will continue to be a useful metric if SNA data is recollected at a later point and maps can show changes in density over time.

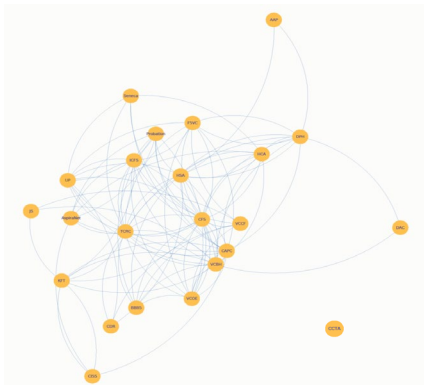
Networking (level 2): 24.3%



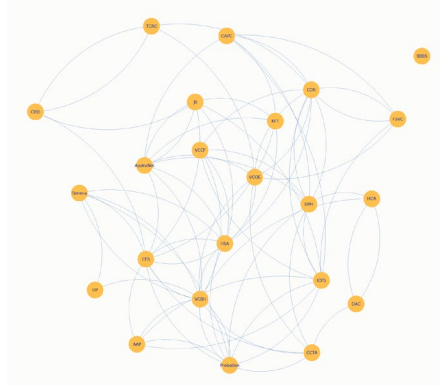
Cooperation (level 3): 22.1%



Coordination (level 4): 20.2%



Collaboration (level 5): 15.2%

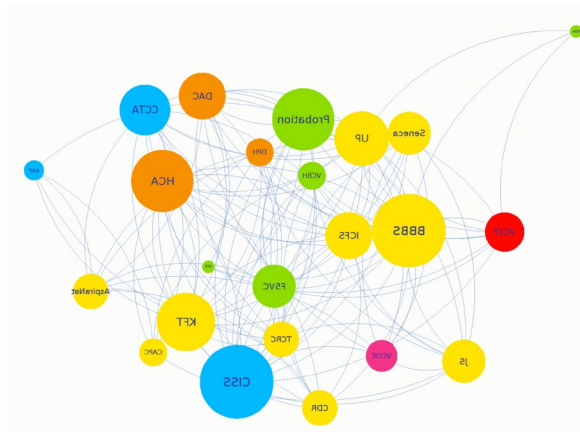


Levels of collaboration by sector and degree show non-profit agencies as hubs or connectors at lower levels of collaboration and government agencies as hubs or connectors at higher levels of collaboration.

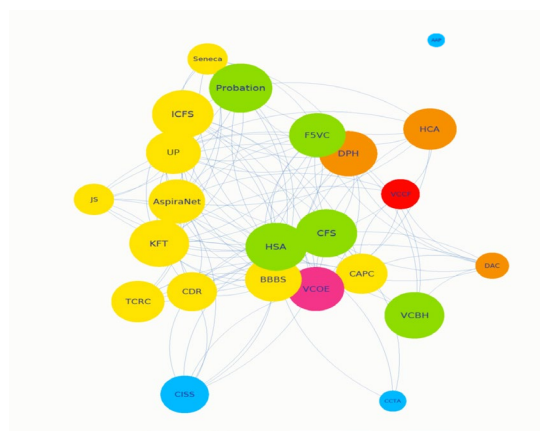
Degree is another metric used in social network analysis to describe the number of connections each agency has. The higher the degree, the more agencies that respondent is connected to. Agencies with high degree tend to be local connectors and hubs of information. Degree is recalculated for each level of collaboration so some agencies have a higher degree and more connections at level 2 and some organizations have a higher degree and more connections at level 5.

The following maps show both the sector and the degree of each agency. Sector is color coded and degree determines the size of the bubble with a larger bubble indicating more connections at that level. A key finding that these maps uncover is that Non-profit agencies (in yellow) have more connections at the lower levels of collaboration and as the levels of collaboration increase, Government or County agencies (in green) are playing a bigger role as a hub or connector. These maps can help identify individual agencies that can be effective distributors of information and resources as they have many connections with the rest of the network, as well as identify sectors that the Wellness System may want to develop higher levels of collaboration with as the system grows.

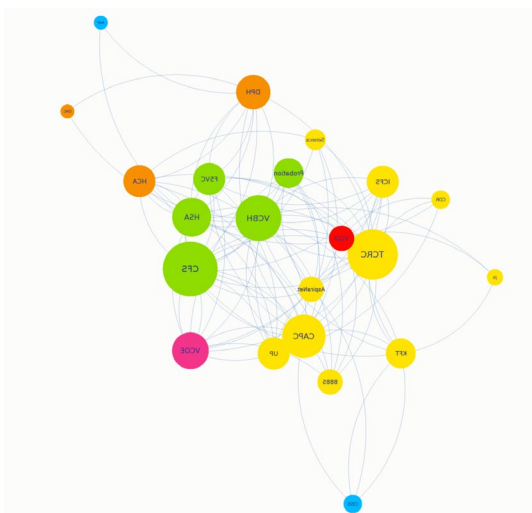
Networking (level 2)



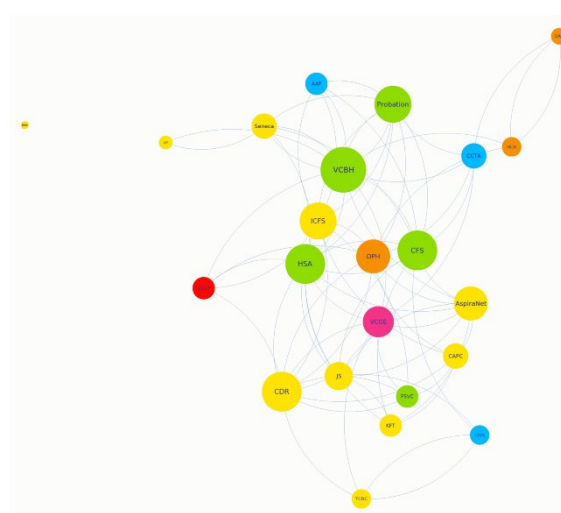
Cooperation (level 3)



Coordination (level 4)



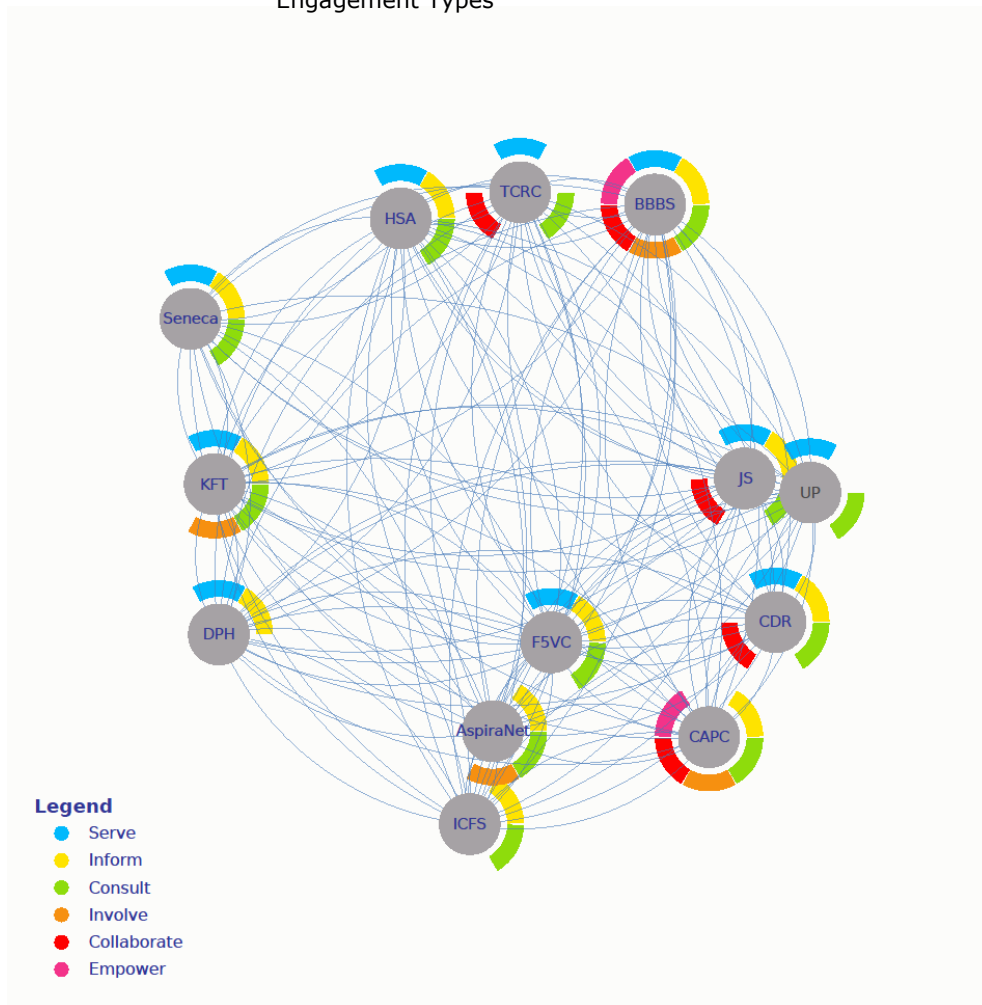
Collaboration (level 5)



Community engagement by service area identifies opportunities for learning and collaboration between agencies providing similar services to share community engagement strategies and challenges.

The next set of maps looked at agencies sorted by the service areas they provided and color coded by the ways they reported engaging their community members. These maps serve to both visually show the number of agencies in the Wellness System that are providing each type of service, as well as indicate how engaged communities are in those service areas. The maps also identify the agencies who are implementing the higher levels of community engagement (collaborate and empower) and potential opportunities for agencies to learn from each other and leverage each other’s expertise. One example of a map is shown below and includes agencies that report building protective factors as one of their service areas and how they engage the community. Big Brothers Big Sisters implements all six types of community engagement and may be a key partner in helping other agencies in the Wellness System to engage community members in different ways.

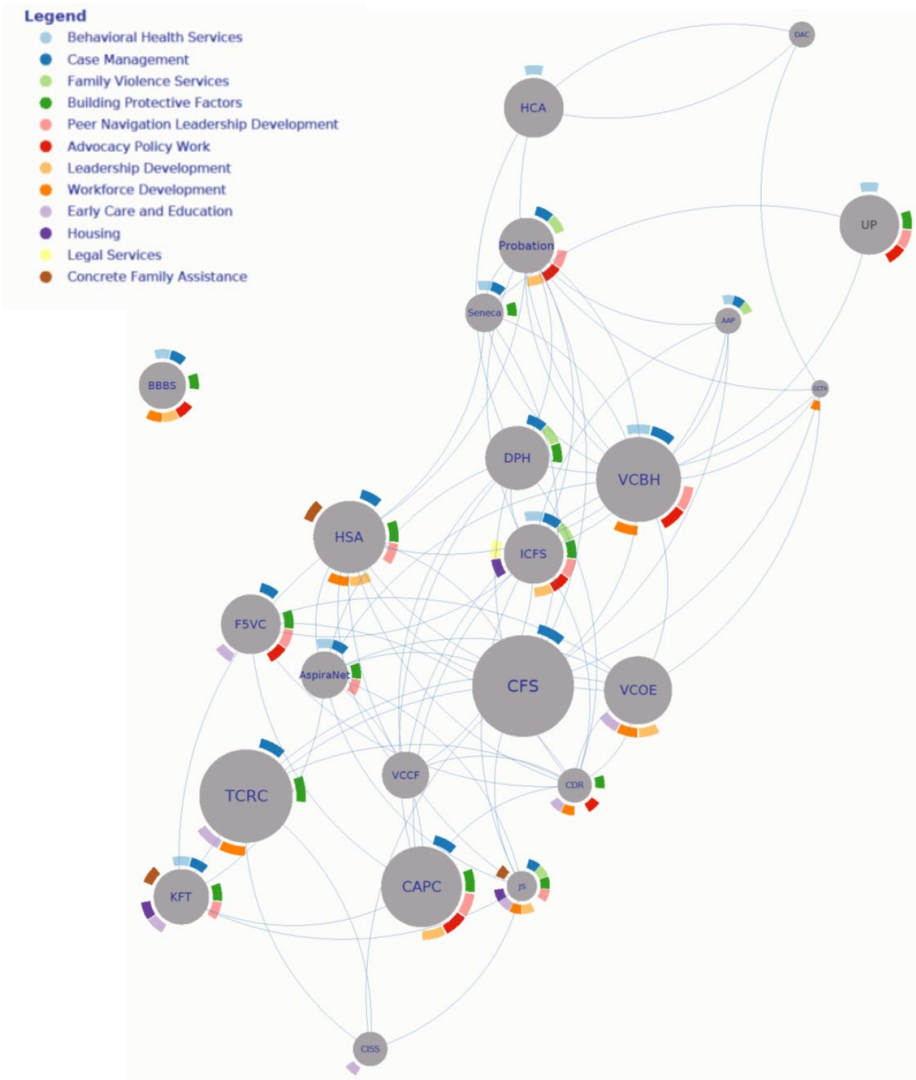
Agencies Building Protective Factors by Community Engagement Types



Levels of collaboration by service area and degree identify opportunities for greater collaboration between agencies that provide similar services, as well as what service areas are not included in the system at the higher levels or collaboration.

The final set of maps looked at agencies color coded by the service areas they provided and sized by their degree, or the number of connections they had with others at each level of collaboration. These maps are helpful to show the services being provided, or not being provided, within the network at each level of collaboration. When looking at the highest level of collaboration in the map below, the Wellness System can explore where there are opportunities to leverage or streamline services, where there are referral pathways already and where they can be created or improved, where there are service gaps and where more collaboration can happen between agencies providing similar services.

Collaboration (level 5) by Service Area and Degree



Looking Ahead

The SNA maps serve as tools for the Wellness System to identify key players in their system, gaps in their system, and opportunities to leverage and collaborate further. In addition to the map data, the SNA survey respondents identified sectors or organizations that should be involved in the Wellness System that are not already, including grassroots, community-based and faith-based organizations, Education sector entities like school districts and school personnel, Business sector partners such as Chamber of Commerce, Workforce Development Boards, behavioral and mental health providers, health providers, other county departments and collaboratives, Tribal elders and communities, law enforcement agencies and more. Respondents also identified barriers to involvement, most commonly citing lack of funding and staff time, lack of communication and connection between agencies, and lack of knowledge of community resources and coordination between silos. The SNA provides key data that can inform the future work and efforts of the Wellness System as they continue to collaborate and partner to better serve the children and families of Ventura County.



CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
 744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

ATTACHMENT B- ASSURANCES TEMPLATE

Family First Prevention Services (FFPS) Program Assurances

County of Ventura

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

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

Child Safety Monitoring

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

Workforce Development and Training

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the VC Children and Family Services & VC Probation (Name(s) of participating child welfare services and/or probation agency) assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E agency pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families they serve, accessing and delivering the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all other foundational requirements, including but not limited to, understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state laws intersect with prevention services provided through the community based and Title IV-E agency pathways.

Trauma-Informed Service Delivery

The VC Children and Family Services & VC Probation (Name of participating child welfare services and/or probation agency) assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child will be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement

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

Equitable and Culturally Responsive Services and Supports

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the VC Children and Family Services & VC Probation (Name of participating child welfare services and/or probation agency) assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

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 VC Children and Family Services & VC Probation (Name of participating child welfare services and/or probation agency) assures the agency will establish a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Signatures

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



David Swanson Hollinger (Jul 17, 2023 10:05 PDT)

Signature of Authorized CWS Representative

Jul 17, 2023

Date



Gina Johnson (Jul 17, 2023 11:06 PM)

Signature of Authorized Probation Representative

Jul 17, 2023

Date

Attachment 11: Glossary of Frequently Used Acronyms

GENERAL

ACL	All County Letter
BI	Burns Institute
CBO	Community-Based Organization
CHNA	Community Health Needs Assessment
CMS	Case Management System
COM	Community Opportunity Map
CPM	California Practice Model
CPP	Comprehensive Prevention Plan
CRG	Community Response Guide
CQI	Continuous Quality Improvement
DEI	Diversity, Equity, and Inclusion
EPIS	Exploration, Preparation, Implementation, and Sustainment
FM	Family Maintenance
FPL	Federal Poverty Level
FR	Family Reunification
FY	Fiscal Year
GIS	Geographical Information System (Mapping)
ICPM	Integrated Core Practice Model
ICWA	Indian Child Welfare Act
MHP	Mental Health Plan
MOU	Memorandum of Understanding
NT	Neighbors Together
PEI	Prevention and Early Intervention
PP	Permanent Placement
RFP	Request for Proposal

SC	Steering Committee
WIC	Welfare and Institutions Code
WIGs	Wildly Important Goals

EVIDENCE-BASED AND OTHER PRACTICES

CANS	Child and Adolescent Needs and Strengths Assessment
CBT	Cognitive Behavioral Therapy
EMDR	Eye Movement Desensitization and Reprocessing
FU	Family Check-Up
FYTSP	Foster Youth Transitional Stipend Pilot
GIP	Guaranteed Income Pilot
MI	Motivational Interviewing
MRT	Moral Reconation Therapy
NFP	Nurse Family Partnership
PAT	Parents as Teachers
SDM	Structured Decision Making
SOP	Safety Organized Practice
ST	Supportive Transition
TBRI	Trust-Based Relational Intervention

FUNDING SOURCES

CARES	Coronavirus Relief Fund
CAPIT	Child Abuse Prevention, Intervention and Treatment
CAPTA	Child Abuse Prevention and Treatment Act

CBCAP Community Based Child Abuse Prevention

FFP Federal Financial Participation

FFPS Family First Prevention Services

FFTA Family First Treatment Act

GOVERNANCE STRUCTURES

BOS Board of Supervisors

CAPC Child Abuse Prevention Council

CFS Children and Family Services

ECC Early Childhood Coalition

ILT Interagency Leadership Team

WSC Wellness System Collaborative

WSPC Wellness System Planning Committee

WSSC Wellness System Steering Committee

VENTURA COUNTY PARTNERS

CAPC Child Abuse Prevention Council

CDSS California Department of Social Services

E4C Essentials for Childhood Collaborative

EBP Evidence-Based Practice

ECC Early Childhood Coalition

HCA Health Care Agency

HSA Human Services Agency

OCAP Office of Child Abuse Prevention

OVCDC Owens Valley Career Development Center

VCBH Ventura County Behavioral Health

VCOE Ventura County Office of Education

VCPA Ventura County Probation Agency

VCPH Ventura County Public Health

VCWS Ventura County Wellness System