

SANTA CLARA COUNTY

COMPREHENSIVE PREVENTION PLAN



JULY 2023



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COMPREHENSIVE PREVENTION PLAN OF SANTA CLARA COUNTY

CPP Date of Submission: _____

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INTRODUCTION



This document details Santa Clara County's Comprehensive Prevention Plan (CPP), a 3-year plan to strengthen and expand the spectrum of services to support child and family resilience and wellbeing, which is referenced locally as the Family First Initiative. These services are expected to promote protective factors: the conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families.[1] The goal of prevention is to reduce the likelihood of child abuse or neglect and its associated trauma, thereby preventing involuntary involvement with the child welfare or juvenile justice system. Protective factors support this goal by increasing the tools families have to address complex stressors. This plan also details efforts to shift public systems towards playing a primarily supportive role to families and communities and reduce or prevent the trauma associated with system involvement. These efforts build on Santa Clara County's legacy of collaborative public agencies working to develop a family-centered, integrated system of support, leverage the funding and policy shifts that enable the Santa Clara County (also referred to in this plan as "SCC" or "the County") to strengthen its upstream services offerings, and align with California's 5-year Prevention Plan.

1. <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>

BACKGROUND/CONTEXT

Passed as part of the Bipartisan Budget Act in February 2018, the federal legislation known as the Family First Prevention Services Act, or FFPSA, represented a major shift in child welfare policy to support family preservation and reduce the number of children placed in foster care. The law was intended to expand the volume and variety of services public agencies could fund to support families in crisis or at high risk of crisis that would normally necessitate child welfare involvement. It encouraged agencies to move from a reactive to proactively supportive paradigm. FFPSA also incentivizes child welfare agencies to maintain youth in family-based settings rather than placing in congregate care settings.



Family First Preventions Services Act Goals

- Support children within their home and family when possible.
- Ensure that those children entering foster care are maintained in the least-restrictive setting possible.
- Increase application of evidence-based interventions in family care.

In response to FFPSA legislation, California developed the Family First Prevention Services Program, which expanded both financial and administrative flexibility for counties to develop supportive, upstream programming in partnership with those communities that have historically been most impacted by child welfare policies and practices. This legislative shift intersects with a number of other cross-system reforms intended to make services provided through Child Welfare, Juvenile Justice and other family-serving public systems more coordinated, trauma-informed, and evidenced based. California tasked each county with developing a 3-year CPP to detail how they would leverage the opportunities created by the Family First Prevention Services Program while meeting the administrative and fiscal requirements defined by the state and federal government. In Santa Clara County, the Department of Family and Children's Services (DFCS) and Probation have jointly opted to develop the CPP in partnership.

Prior to the passage of FFPSA, the County had already developed internal infrastructure to begin reducing entry of children into out-of-home care and shift the County's family serving systems to be more trauma-informed and healing-centered. Formed in 2008, the Cross-Agency Systems Team, also known as CAST, convened leadership from across county public agencies and community based organizations to implement trauma-informed care. The efforts evolved into a focus on preventing trauma by making support services more accessible to families and developing a "no wrong door" model known as the Integrated Single System of Support. In 2018, the County launched the Joint Foster Youth Task Force, which convened cross-system stakeholders to act on over two dozen recommendations to improve outcomes for families interacting with the child welfare system, including establishing multiple programs to support collaboration on upstream supports.

The County benefits from engaged advocacy groups. The Child Abuse Prevention Council has advocated for an upstream focus on preventing system entry and adopting culturally-specific supports for several years. Their advocacy has resulted in numerous system improvements, including the opening of the County's Child Advocacy Center. Children of Color, an advocacy group for BIPOC families, successfully lobbied for the launch of Cultural Brokers, a program that matches families undergoing a child protective services investigation with a culturally-matched community worker that can support the family with the investigation process and advocate on their behalf.

Additionally, the County's Department of Family and Children's Services (DFCS) was approved to participate in the Title IV-E Waiver Demonstration Project in 2014. A pre-cursor to the FFPSA legislation, counties participating in the project were provided with the flexibility to invest existing resources in innovative approaches to promoting child safety and family success. As a Title IV-E waiver county, DFCS expanded non-court support services for families, such as Voluntary Family Maintenance and Differential Response. DFCS also piloted primary prevention strategies with the aim to reduce disproportionality amongst Latino and African Ancestry families in child welfare and probation.

As a result of these efforts and their positive impact on the community's relationship with DFCS, a Prevention Bureau was formalized to oversee these efforts and continue expanding ways to serve community in community. The Juvenile Probation Department continues to evolve in the facilitation of youth-centered modality, specifically focusing on the voice and choice of the youth and family in creating goals, rehabilitative planning and boundary setting. This collective work developed the robust continuum of services that forms the foundation of the County's Comprehensive Prevention Plan.



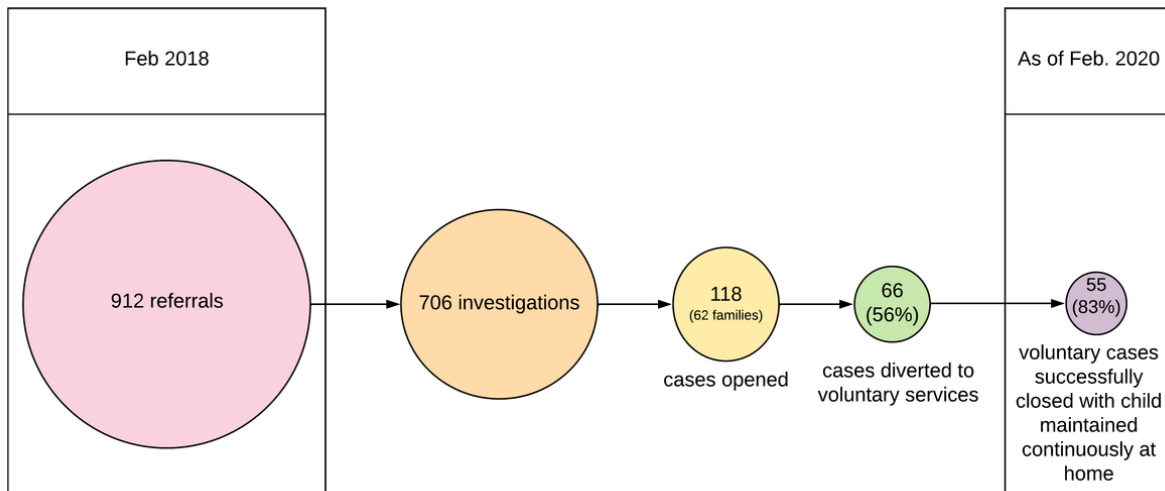


Figure 1: 2-year Cohort Outcome Analysis of all Calls Received to the CANC in February 2018 and diverted to Voluntary Family Maintenance services.

Case data from CWS/CMS suggests these efforts have contributed to the successful reduction in children being removed from their families. A cohort analysis of all families referred to the County's Child Abuse and Neglect Center (CANC) in February 2018 revealed that 56% of the opened cases were diverted to Voluntary Family Maintenance programs. Over 80% of the families that participated in these programs were able to close their case without having the child removed to out-of-home placement (see Figure 1 above) and remain with the child at home for at least 2 years after the call was made to the CANC. Numerous practice improvements have been made since 2018 to further increase and improve the engagement of families in voluntary, prevention-focused services for those cases where a child could be safely maintained at home if key risk factors were addressed. Since these practice changes were implemented, foster care entry rates have declined significantly (Figure 2 below).

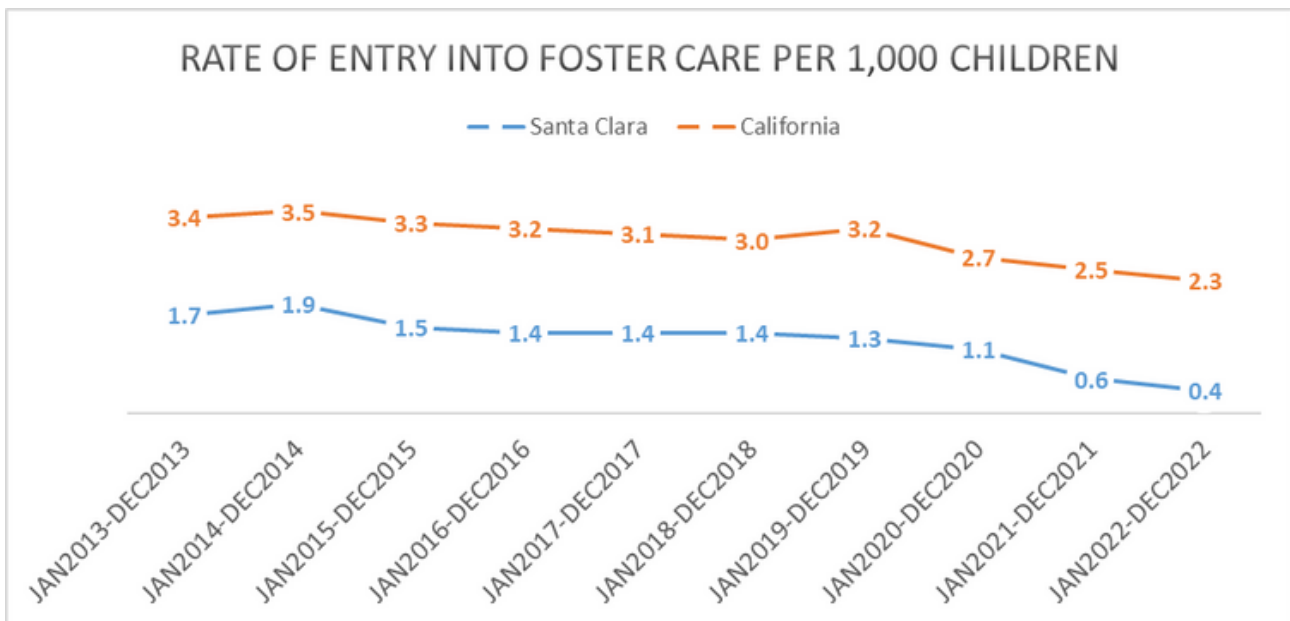


Figure 2: Foster Care Entry Rates for Santa Clara County (lower, blue line) and California (upper, orange line from 2013-2022 Source: Entry Rates Report - California Child Welfare Indicators Project (CCWIP) (berkeley.edu)

Santa Clara County is already a state leader in reducing foster care entry rates and diverting families to community based supports when possible. This plan builds on that success to increase the availability of culturally-responsive and community-based programming and continue the County's progress towards a trauma-informed, equitable and family-centered ecosystem of support.

THEORY OF CHANGE/LOGIC MODEL

The vision for the County's Families First Initiative is that children, youth and families are on a path and have equitable opportunity to achieve sustainable, positive life outcomes based on their hopes and aspirations for the future.



Theory of Change:

The County recognizes that to achieve this vision, it needs to develop interventions at the micro level (family networks of support), mezzo level (agency culture), and macro level (cross-system and community network of support). Our Theory of Change addresses the need to partner with families and communities to evolve both programming and agency cultures and intentionally address disproportionality, as well as build infrastructure to support and institutionalize this work.

We will partner with families and communities to create networks of support, leverage resources, and create conditions where families and communities are healthy, safe, and thriving. We will do this by:

- Increasing service access to be more relevant to family needs;
- Changing agency culture to work differently with families;
- Addressing systemic disproportionality;
- Establishing a sustainable infrastructure; and
- Utilizing continuous quality improvement and feedback loops to ensure child safety and accountability.

The County's CPP provides the rationale and initial blueprint for the five action areas listed in the Theory of Change above. While many details remain to be finalized as part of the plan's implementation, the County has committed to the following activities:

Increasing service access to be more relevant to family needs:

The County's extensive needs assessment and community engagement process, detailed below, revealed a strong preference across priority populations for an increase in supportive services that could be offered either in-home or in community for building protective factors, particularly in the areas of concrete supports, parental resilience, social connections and parent/caregiver education. Community advocates and program experts posited that these supports were needed both for parents dealing with complex stressors that increased their risk for child welfare involvement and for parents that were already system-involved and needed support transitioning out of therapeutic and intensive case management services.

Based on the findings from the needs assessment and community conversations, this plan emphasizes the following program activities:

- Increased funding for concrete support programs.
- Launching new culturally responsive family strengthening programs
- Expand the availability of home visiting programs
- Explore providing residential substance use treatment services for fathers with children

Changing agency culture to work differently with families:

Both advocates and program staff emphasized that some of the problems that needed to be addressed were about how services are delivered or other infrastructure and organizational challenges that could not be addressed programmatically.

To support the commitment to changing agency culture, we are identifying additional training to augment the prevention curriculum being developed by the state and rolling out Integrated Core Practice Model training currently across family-serving agencies participating in our County's Children and Youth System of Care. Additionally, we are considering how to best leverage ongoing staff and community feedback to assess if our workforce has the necessary support and training and if families feel they are being respectfully engaged and offered relevant and effective services.

Addressing systemic disproportionality:

Advocates particularly highlighted the need for programming that centered culture and could be delivered by representatives from the impacted communities. As part of the county's programming and infrastructure planning, we have placed an explicit focus on identifying services that can be offered in the home or community by paraprofessionals that represent the community being served. We're also considering how we can leverage contracting processes and program evaluation data to identify whether any families are being systematically excluded from engaging in services due to linguistic, cultural, or geographic barriers.

Establishing a sustainable infrastructure:

The County is working to identify and leverage all available funding to support the development of the programs identified in our CPP, particularly flexible funding or partnerships that can help address the widespread need for housing and other concrete supports. We are also considering strategies to address the staffing crisis faced by many service providers, including the shortage of licensed therapists and other clinical staff, and develop recruitment pipelines for staff that come from the communities we serve. Finally, we're exploring opportunities to build infrastructure that supports the development of community-level leadership and advocacy to promote sustained community engagement.

Utilizing continuous quality improvement and feedback loops to ensure child safety and accountability:

To support the County's increased attention on continuous quality improvement (CQI) and program evaluation, the Department of Family and Children's Services (DFCS) is adding internal positions that can provide both internal and external technical assistance with monitoring, evaluation and reporting efforts. The Juvenile Probation Department utilizes Deputy Probation Officers within the Quality Systems Unit (QSU) for oversight and to perform internal audits and coaching. These teams will develop the county's ability to identify which programs are being delivered as intended, are successfully engaging and serving families, and are improving protective factors. They will support the development of systems to monitor child safety while receiving prevention services and increased analytical capacity for examining disproportionality in service outcomes.

The County will use 3 primary sets of metrics to evaluate success in progressing towards our vision:

- Effectiveness of prevention services in maintaining children safely at home or with kin.
- Increased protective factors for families receiving prevention services.
- Reduced disproportionality in formal system involvement and access to prevention services.



<p>Mission/Value Statement: Children, youth and families are on a path and have equitable opportunity to achieve sustainable, positive life outcomes based on their hopes and aspirations for the future.</p> <p>Process (TOC): We will partner with families and community to create networks of support, leverage resources, and create conditions where families and communities are healthy, safe, and thriving. We will do this by: Increasing service access to be more relevant to family needs; changing agency culture to work differently with families; addressing systemic disproportionality; establishing a sustainable infrastructure; and utilizing continuous quality improvement and feedback loops to ensure accountability.</p>			
Areas	Activities	Output Goals	Outcome Goals
<p>Community Networks of Support (macro)</p>	<p>Partner with community to increase support networks by:</p> <ul style="list-style-type: none"> Actively building trust and prioritizing community expertise Creating safe spaces for community to connect, raise concerns, build power, and act in their own interests Identifying and implementing areas for co-design <p>Utilize an integrated system approach with partners where stakeholders:</p> <ul style="list-style-type: none"> Implement identified EBP's within the 3 prevention areas (primary, secondary, & tertiary) Uncover gaps in services/programs and identify promising practices to elevate to EBP's 	<p>Output Goals</p> <ul style="list-style-type: none"> Community & agencies work together to build local readiness to address prevention needs Communities are provided the resources they need to support children and families. Improved coordination among services, programs, agencies, and community Services/programs are identified and developed to fill gaps based on family service/program needs 	<p>Family Outcomes:</p> <ul style="list-style-type: none"> Increased Protective Factors: <ul style="list-style-type: none"> Functioning & Resiliency Social Support Concrete Support Nurturing & Attachment Knowledge of Child Development Increased wellness & well-being. <p>Families have what they need to support children at home.</p> <p>Community Capacity:</p> <ul style="list-style-type: none"> Community takes on leadership in decision-making and implementation decisions and community members provide support to their families, friends and neighbors.
<p>Agency Culture (mezzo)</p>	<p>Change agency culture through:</p> <ul style="list-style-type: none"> Workforce development and training Ensuring that agency policy, practices and spaces promote respect, healing, and compassion and do not cause further trauma. Providing services that are culturally & technologically accessible to families <p>Ensure that services and case/treatment plans:</p> <ul style="list-style-type: none"> Involve teaming structure where families are seen as true partners Build on child/youth and family strengths, including their culture and community connections Are built with families as core collaborators and reflect their needs and priorities 	<ul style="list-style-type: none"> Workforce is motivated and sufficiently supported to partner with families to meet goals and address bureaucratic hurdles. Workforce has necessary training & tools that support healing with self and in interactions with others Workforce feels safe & supported Agency staff and leadership include representation from the communities served. Families feel respected and are recognized for their expertise and wisdom. 	<p>System Change:</p> <ul style="list-style-type: none"> Decreased formal system involvement Decreased formal system disproportionality Community-centered & helpful (not system centered & punishing)
<p>Family Networks of Support (micro)</p>	<ul style="list-style-type: none"> Families are informed about their rights and are provided with a full range of service or treatment options that meet their specific needs and characteristics Families are linked to culturally appropriate supports & services when and where they need them 	<ul style="list-style-type: none"> Families receive necessary supports in a timely manner Families receive services/programs that are culturally and linguistically appropriate 	<ul style="list-style-type: none"> Community engaged in decisions affecting the lives of children/youth & families. Funding strategies support sustainability
<p>Leverage Resources (Funding)</p>	<ul style="list-style-type: none"> Identify, leverage, and create funding strategies to support work 	<ul style="list-style-type: none"> Gaps in funding sources identified. New funding/braided funding strategies applied 	
<p>CQI & Feedback Loops</p>	<p>Formal procedures for continuous quality improvement accountability reviews. This includes:</p> <ul style="list-style-type: none"> Collecting and analyzing culturally specific demographic data on the service population Examining effectiveness of trauma-informed services relative to culturally diverse communities Evaluating service and program outcomes based on culturally relevant objectives Creating feedback loops to ensure data informs practice and policy. 		<p>Agency management monitor evaluation results and hold the agency accountable to the experiences of the families it serves.</p>

Figure 3. Presents the County's Mission, Theory of Change and Logic Model which details the activities hypothesized as necessary to initiate the action steps described in the County's theory of change.

Findings from Needs Assessment and Community Engagement Process, including Priority Populations and Program Recommendations

The County initiated the needs assessment by identifying forty-five recent county assessments associated with the social determinants of health and/or family wellbeing. The assessments covered a large range of topics such as housing, health, juvenile probation, substance use, and school readiness.[2] Of particular importance was the Children’s Data Book, an annual report compiled by a local advocacy organization that assesses the health and wellbeing of the county’s children and youth across a wide range of metrics, including data disaggregated by race when available. Analysts used administrative data to estimate the population size of the different candidate groups eligible for prevention services, zip codes with the highest referral rates to child protective services, and to examine disproportionality at key decision points within a child welfare case. Collectively, these analyses were used to estimate demand for support services.



Throughout the needs assessment process, the County made best efforts to consider disaggregated data. Analysis suggested that the rates of disproportionality found in the child welfare system were mirrored in other indicators associated with family resilience and well-being, such as rates of homelessness. Data provided by UC Berkeley revealed that when controlling for income, disproportionality around key child welfare system decision points was greatly reduced, particularly for Latinx families, which comprise the largest ethnic population in care.[3] These results suggest that the County cannot address disproportionate representation in child welfare without addressing the drivers of structural poverty and inequity within the County. They support a programmatic focus on increasing access to concrete supports and housing, which was also the need most consistently lifted in conversations with community, staff and service providers.



2. More detail about the data sources analyzed, population size estimates, and a summary of needs assessment findings can be found in Appendices B-D.

3. More detail about disproportionality and related findings can be found in Appendices D-E.

Santa Clara County has an existing robust service infrastructure that includes significant investments in prevention. In response to the state’s request to build a service directory, the County’s Social Services Agency, Behavioral Health Services Department, and Probation Department developed a survey to collect data on programs they administered or contracted that were intended to promote family wellbeing and prevent or limit family or youth involvement in the juvenile justice and child welfare systems. These survey results formed the foundation of an asset map of available services and included details on program capacity, target outcomes, and usage of evidence-based practices. The asset map was then expanded to include programs administered through the Public Health Department, the County Executive Office, and the County Office of Education. Program providers were asked to identify barriers to service access, such as waitlists, overly restrictive eligibility requirements, and other capacity constraints. As of September 2022, the asset map listed 174 programs. 164 (94%) of these programs reported providing trauma-informed care and 98 programs (56%) claimed to use at least one evidence-based practice. This asset map was used to estimate our County’s current supply of support services.

The combined supply and demand analysis was presented to the County’s plan collaborators and stakeholders, including the Prevention Workgroup and Family First Oversight Committee. Stakeholders then discussed which groups they hypothesized were most likely being underserved and at highest risk of child welfare involvement given the available data. After multiple discussions, stakeholders were surveyed to prioritize a target population. Survey results emphasized targeting programming to families at high risk of entering child welfare (i.e. secondary tier of prevention), with an emphasis on families struggling with substance use, domestic violence, homelessness or housing instability, and pregnant or parenting foster youth.



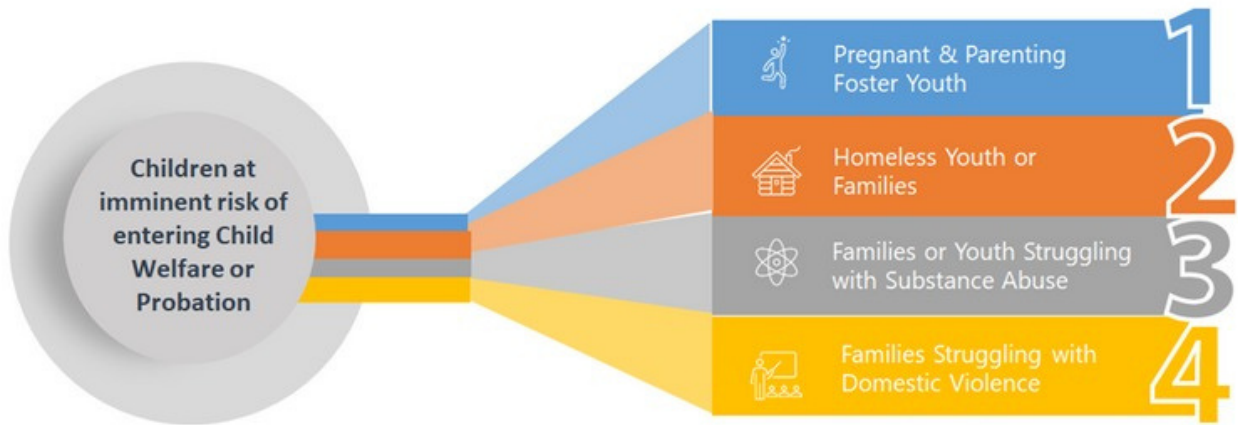


Figure 4: Priority Populations within the Santa Clara County Families First Initiative

After the priority populations had been identified, the County embarked on an extended community engagement process to better understand these populations' service and programming needs. The planning team engaged over 100 experts from agency staff, community based organizations and community or lived experience advocacy groups.[4] The most commonly identified need across populations was for more concrete supports, especially housing. Both clinicians and community stakeholders believed that the County's therapeutic services were effective. However, families at risk of entering the system and families in aftercare needed more in-home or community based support services that focused on building protective factors. These supports were needed to reduce the likelihood of more intensive interventions, improve a family's ability to engage in interventions or therapeutic services, and help a family transition from intensive interventions back into daily life. Stakeholders asked for services that could be offered either in-home or in proximate community settings that could support resource linkage, parent education, and mentorship or the development of peer support networks. Of particular interest were services that were culturally and linguistically relevant and could be staffed by paraprofessionals from the communities being served.

Analysts considered which Evidence Based Practices (EBP) approved in the California 5-Year Prevention Plan were currently available in the county, and how the identified outcomes for each EBP mapped to the target outcomes identified within the Protective Factors Framework. The comparison, depicted in Figure 5 below, suggested gaps in services supporting the outcomes: Family Functioning/Resiliency, Social Support and Concrete Support. While many programs practice Motivational Interviewing for cross-cutting case management, programs experts acknowledged that quality and consistency of the use of Motivational Interviewing was unknown. In addition, no approved EBPs in the county are currently addressing Social Support. While Nurse Family Partnership has plans to expand, it is the only program available addressing Concrete Support and can only engage with families while the mother is still pregnant.

4. Appendix F lists key takeaways from community engagement sessions.

5. In response to stakeholder requests, the county will be conducting some additional analysis and engagement on the needs of families struggling with mental health, families with chronically truant children, and BIPOC LGBTQ+ youth in Fall 2023.

Logic Model Outcome	Evidence Based Practice (Target Child Age Range)
Family Functioning/Resiliency	Homebuilders (0-18) Motivational Interviewing for Cross-Cutting Case Management (0-18)
Nurturing & Attachment	Family Check-up (2-17)
	Healthy Families America (0-5)
	Nurse Family Partnership (Prenatal-2)
	Parent Child Interaction Therapy (2-7)
	Parents as Teachers (0-5)
	Functional Family Therapy (11-18)
Knowledge of Child Development	Homebuilders (0-18)
	Family Check-up (2-17)
	Healthy Families America (0-5)
	Nurse Family Partnership (Prenatal-2)
	Parent Child Interaction Therapy (2-7)
	Parents as Teachers (0-5)
Social Support	Functional Family Therapy (11-18)
	Homebuilders (0-18)
	Family Check-up (2-17)
	Healthy Families America (0-5)
	Nurse Family Partnership (Prenatal-2)
	Parents as Teachers (0-5)
Concrete Support	Homebuilders (0-18)
	Nurse Family Partnership (Prenatal-2)
	Nurse Family Partnership (Prenatal-2)
	Multi-systemic Therapy (12-17)
	Parent Child Interaction Therapy (2-7)
	Parents as Teachers (0-5)
Increased wellness & well-being	Brief Strategic Family Therapy (6-17)
	Functional Family Therapy (11-18)
	Motivational Interviewing for Substance Use Treatment (0-18)
	Family Check-up (2-17)
	Parents as Teachers (0-5)
	Parent Child Interaction Therapy (2-7)

Figure 5: Crosswalk of Target Logic Model Outcomes and Well-Supported EBP Outcomes included in California Prevention Plan. Bolded programs were currently available in Santa Clara County as of April 2022.

After reviewing the conclusions from the various analyses described above, the County drafted a list of identified service needs, listed below in the first column of Figure 6: Overview of Recommended Programs for SCC Family First Initiative. These were then mapped to potential program solutions and used to build a list of programs to launch or support that could meet the identified needs.

Need	Program Solution	Prevention Tier Served	Potential Logic Model Outcome Alignment	Proposed Programs (Primary Agency) Bolded programs proposed to be supported with Families First State Block Grant Funds
Housing and Concrete Supports	Expand Concrete Support Programs	Primary, Secondary, Tertiary	Concrete Support	Expand flexible funds to pilots that provide concrete supports such as Guaranteed Income Pilot (Office of the County Executive) and Emergency Response Flex Funds (DFCS)
Parenting Education & Family Functioning	Culturally Focused Family Resilience Development	Primary, Secondary	Family Functioning/Resiliency, Social Support, Increased wellness & well-being	Use RFP process to source 2 community-approved interventions, such as Familias Unidas (Social Services Agency/Dept. of Family and Children's Services)
	Community-based Model for Increasing Family or Youth Resiliency	Primary, Secondary	Family Functioning/Resiliency, Knowledge of Child Development, Nurturing and Attachment	Safe Secure and Loved (Sacred Heart/SSA) Be Strong Families Parent Café (SSA) Neighborhood Safety Unit (Probation) Celebrating Families (Uplift/SSA)
Resource Linkage	In-Home Visiting Program	Primary, Secondary, Tertiary	Family Functioning/ Resiliency, Knowledge of Child Development, Nurturing and Attachment, Concrete support	ParentChild+ (First5) Nurse Family Partnership (Public Health) Homebuilders (SSA)
Flexible, Need-based Programming	Motivational Interviewing with Cross-Cutting Case Management	Primary, Secondary, Tertiary	Family Functioning/Resiliency, Concrete Support, Increased wellness and well-being	Differential Response w/ Motivational Interviewing (SSA) SAFE/Neighbor2Neighbor (SSA)
Alternative Opportunities to Develop Youth Wellbeing	Pro-social Activities for Youth	Primary, Secondary, Tertiary	Social Support, Increased wellness & well-being	New Hope for Youth (Independent, contracted by SSA)
Expanded Wraparound Services	High Fidelity Wraparound	Secondary	Family Functioning/Resiliency	High Fidelity Wraparound (Behavioral Health Dept.)
Peer Support for system involved or high risk families	Parent Support Group	Secondary, Tertiary	Social Support, Increased wellness & well-being	Alcoholics/Narcotics Anonymous (Independent) Parent Advocate Program (Alum Rock Counseling Center contracted by SSA) Shine (independent, serves teen moms) LGBTQ Youth Space (Behavioral Health) Parent Mentors (DAC contracted by SSA)

Figure 6: Mapping of identified service needs against proposed programming.

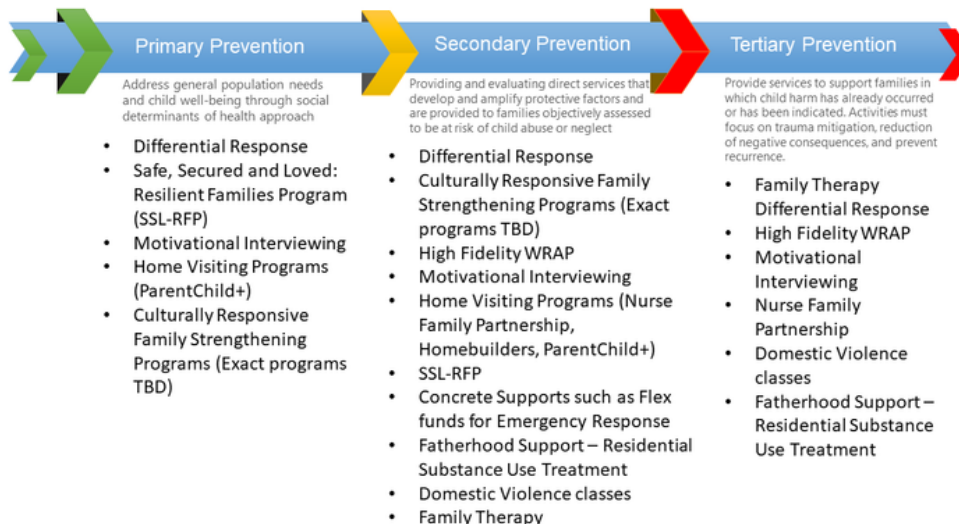
Summary of proposed new programming and program supports

Santa Clara County's programming plan focuses on the consistent feedback from across our target populations to increase the availability of concrete supports, family strengthening programs, and parent education, and to focus on programs that were culturally responsive and could be delivered in community. This request is supported by analysis that suggests the County is deficient in evidence-based practices that promote the protective factors: Family Functioning/Resilience, Concrete Support, and Social Support. Therefore, our programming plan emphasizes the following actions:

- Increase funding for concrete support programs. This includes providing flex funds to families under CPS investigation when cash can resolve a safety concern and contributing to up to four basic income pilots under development (Each pilot targets a different vulnerable population: homeless students, young mothers, foster youth aging out-of-care, and adults re-entering society after being incarcerated)
- Launching new culturally responsive family strengthening programs (exact programs to be determined following further community engagement)
- Supporting the evaluation and evidence-base development of existing prevention programs (Differential Response and Safe, Secure and Loved)
- Expand the availability of home visiting programs (expand ParentChild+ and launch Homebuilders)

In addition to the above programs, the County will work to improve training and fidelity around Motivational Interviewing, a critical family engagement tool, and High Fidelity Wraparound services. Block grants funds will also be used to support exploring a residential substance use treatment option for fathers as this is a current gap in our service continuum.

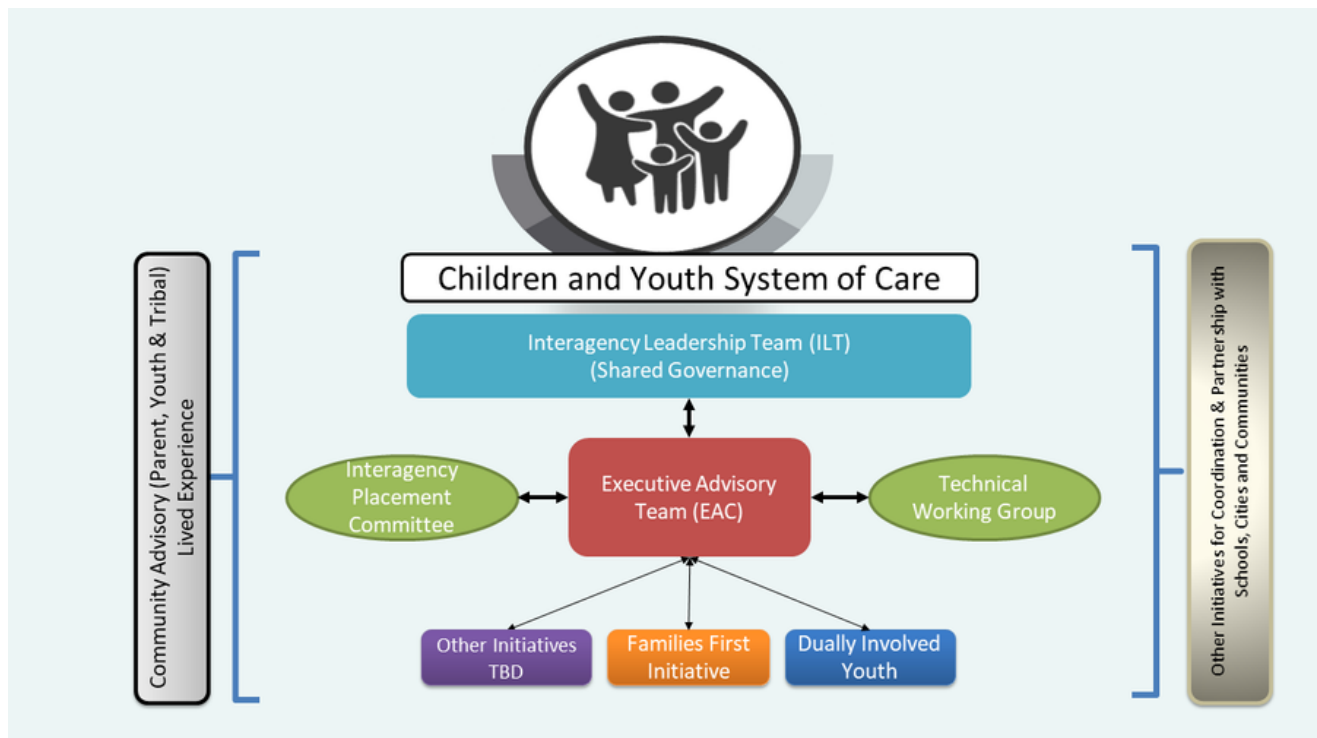
BUILDING THE PREVENTION CONTINUUM



MONITORING AND GOVERNANCE STRUCTURE

Santa Clara County has developed a multi-tiered governance infrastructure based on cross-system collaboration that is inclusive of community, tribal and lived-experience voice. The infrastructure provides opportunities for partnership at all levels of decision making from planning and design to implementation. This structure enables broad and consistent stakeholder participation with the selection of Evidence-Based Practices and other support services across the continuum, shared training agendas, shared evaluation and continuous quality improvement priorities, and collaborative problem-solving capacity.

There are three functional teams which meet regularly within the infrastructure for the AB2083, Children and Youth's System of Care (CYSOC) team. The Santa Clara County Executive Interagency Leadership Team (ILT) serves as the governing and coordinating body with the overarching goal of working together to ensure that coordinated, timely and trauma-informed services are provided to children, youth and families. ILT provides direction and vision to the other two teams, ensures efforts are connected, advocates for supports, identifies strategies for effectiveness and efficiency, oversees progress, makes decisions, allocates resources and ensures stakeholder and community engagement. The ILT's governance structure and decision-making protocol guide the implementation process, identify and address barriers to cross-system collaboration and offers input on other key strategies as well as considers and resolves any disputes that cannot be addressed at the Interagency Placement Committee (IPC) or Executive Advisory Committee (EAC) levels of the system.



ILT Membership is comprised of the following members or their designees:



- Social Services Agency Director
- Department of Child and Family Services Director
- Juvenile Probation Chief or Deputy Chief
- Behavioral Health Services Director
- Public Health Director
- Santa Clara County Superintendent of Schools
- Office of Children & Families Policy Chief Children's Officer
- Presiding Judge of the Juvenile Courts or designated Judicial Officer assigned to Juvenile.
- Justice and Family Law calendars (advisory, non-voting)
- San Andreas Regional Center Executive Director or their designee
- First 5 Santa Clara County, Executive Director.

In the past year, active efforts were made to include parent, youth and Native American voice in the ILT.

Children and Youth System of Care Agreement Statements:

Purpose: To work together as an administrative team with joint authority over the interrelated child welfare, juvenile justice, education, developmental and mental health children's services.

Vision: All children and families in Santa Clara County thrive in safe, healthy and stable homes, workplaces and communities.

Mission: Strive to keep children safe and families strong and ensure all children and youth at risk or who has suffered abuse or neglect are safe, cared for, and grow up in a stable, loving family.

Children and Youth System of Care Goals:

Primary Prevention Goal: Strengthen communities and improve child well-being by focusing on the social determinants of health, i.e., the conditions into which people are born, grow, work, live, play, and age, and the wider set of forces and systems shaping the conditions of daily life. (Preventing unhealthy communities)

Secondary Prevention Goal: To build protective factors and mitigate risk for populations with risk factors, e.g., poverty, parental substance abuse, young parental age, parental mental health concerns, exposure to violence, and parental or child disabilities. (Preventing harm for those at risk in unhealthy communities)

Tertiary Prevention Goal: For families where child maltreatment has occurred, to mitigate trauma, reduce negative consequences, and prevent recurrence. (Preventing further harm)

Participation in the planning process

The governance structure was built to ensure the participation of individuals and organizations that represent all state-required and locally desired cross-system collaborative partners as required under Assembly Bill 2083. Partners participate in all aspects of the coordinated care planning and decision-making process. CYSOC partners have received consistent engagement in development of the County's Comprehensive Prevention Plan and the Interagency Leadership Team holds final review and approval rights over the plan.

The Children and Youth System of Care governance structure and meeting cadence ensures information sharing among the cross-system collaborative partners and across initiatives/programs. Since the launch of the process, Santa Clara County has actively made effort to ensure partnerships are strengthened and the right system partners are involved and at the table in the design of the prevention work. CPP planning leaders have continually asked agency and organization representatives to invite and involve, and share information about CPP planning with their partners, constituencies, and clients/community members with lived experience.

CPP content is developed through a highly interactive process supported by the CPP leads and in partnership with the CPP Oversight Committee members. All planning and implementation decisions such as EBP selection, training, implementation, fidelity monitoring, continuous quality improvement, and other relevant matters are first discussed and reviewed by the Oversight Committee before being presented to the Interagency Leadership Team for review and final approval. With Executive ILT members on both levels of the governance structure, the result has been a smooth process.

Oversight Committee and workgroup meetings are held monthly, and a communication feedback loop has been built to the CYSOC Executive Advisory Committee meetings that are held more frequently. Given the size of the workgroups, not all members can attend each meeting, but a written agenda and accompanying supportive documents (including documentation of previous meetings' decisions) are distributed before the meeting date and all members are encouraged to provide feedback. Meetings are facilitated by the CPP leads with special attention to encouraging participation from all members and providing transparency in examining benefits and consequences of various strategies and decisions. While every effort was made to ensure engagement from all key stakeholders, ongoing and intentional efforts need to continue to secure consistent voice from community, individuals with lived experience and Native American voice. Ongoing efforts are planned well beyond the submission of the plan and will continue throughout implementation.

Future monitoring and governance

Santa Clara County plans to use the same 3-tiered process (described above) that was used for planning to oversee implementation, monitor progress, and make any future modifications that may be needed.

CROSS-SECTOR COLLABORATION AND PARTNER ENGAGEMENT

Prior cross-system collaboration efforts, like the previously mentioned Cross-Agency Systems Team, have established strong relationships across county partners, many of whom were already meeting regularly to discuss opportunities to move family support services upstream into community settings. With the support of Casey Family Programs, Santa Clara County launched its Family First planning process in September 2019. Key stakeholders were brought together to begin visioning, outlining our

cross system work and seeking collaborative opportunities to improve how services are provided to our families. In 2022, after the release of ACL 22-23, formal workgroups were convened to address more technical aspects of the planning process, such as the County's COI plan. The table below outlines the primary workgroups convened to address Families First planning needs:

<p>Oversight Committee</p>	<p>PURPOSE</p> <ul style="list-style-type: none"> • Represent cross-section of county stakeholders <p>RESPONSIBILITIES</p> <ul style="list-style-type: none"> • Review outputs and recommendations from other workgroups. • Provide final input and validation on key plan decisions. • Ensure final plan is representative of the needs and concerns of county stakeholders. • Participate in monthly meetings.
<p>Evaluation Workgroup</p>	<p>PURPOSE</p> <ul style="list-style-type: none"> • Advise on the development of monitoring and evaluation strategies to assess if plan is promoting intended impacts as detailed in logic model. • Provides insights and recommendations to meet the federal FFPSA requirements for evidence-based practices. <p>RESPONSIBILITIES</p> <ul style="list-style-type: none"> • Monitor the level of evidence assigned to each reviewed EBP by the IV-E Clearinghouse and CEBC to-date. • Understand the existing provider capacity, historical implementation experience (i.e., fidelity and performance monitoring), and existing funding streams (Medi-Cal, IV-E Waiver, other) across SCC County. • Identify opportunities to scale existing Clearinghouse approved EBP's in SCC. • Participate in monthly meetings.
<p>Prevention Workgroup</p>	<p>PURPOSE</p> <ul style="list-style-type: none"> • Ensures maintained focus on vision and community. Prevents mission drift in response to compliance-oriented pressure. • Ensure that the service array matches the needs of the population. <p>RESPONSIBILITIES</p> <ul style="list-style-type: none"> • Provides insights and recommendations to meet the federal FFPSA requirements for services, target populations, and implementation design. • Contribute to the development of the FFPSA Prevention plan, particularly the prioritization of programming to meet service needs and other recommendations to support systems change. • Participate in monthly meetings.

Finance Workgroup	<p>PURPOSE</p> <ul style="list-style-type: none"> • Provides insights and recommendations to meet the federal FFPSA funding requirements. • Identify funding sources to support implementation of Comprehensive Prevention Plan. <p>RESPONSIBILITIES</p> <ul style="list-style-type: none"> • Establish which services are EBPs or viable EBPs and map existing funding streams by EBP. • Leverage funding for programs losing funding or needing additional funding. • Leverage or seek funding for Primary Prevention strategies. • Participate in monthly meetings.
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The County of Santa Clara (County) used the extended planning time provided by the state to engage in an extensive community engagement process. The County conducted outreach to over 50 organizations or community groups such as:

- Child Welfare and Racial Equity Advocacy Groups (Children of Color, Multi-Cultural Community Team, Racial Equity & Agency Leadership)
- Program Experts (Program Managers and Clinical Staff) from both public agencies and community-based organizations serving priority populations
- Program Experts Utilizing EBPs from CA list (i.e. Motivational Interviewing, Nurse Family Partnership, etc.)
- Lived Experience Representatives or Advocates: Dependency Wellness Court parent mentors, community groups from high risk zip codes, Youth Advisory Council

Interviewees that expressed interest were invited to join committee meetings. Additionally, detailed lists of contacts have been maintained to share follow-up news after the plan has been approved.

In addition to this engagement work, two newsletters have been developed for ongoing updates: one for community and one for professional stakeholders (i.e. agency partners and community-based organizations). The first editions of these newsletters were distributed in Spring, 2023.

Finally, the County is committed to developing infrastructure to support ongoing engagement and advocacy. We would like to build on the relationships developed during the CPP planning process. In the past, community engagement has often been initiative specific and neglected when public agencies don't have a pressing "ask" of community. Relationships built during the engagement process can be easily disrupted by staff turnover. To move past these challenges, the County is working on dedicating more resources to developing a pipeline of community members that can

be prepared to represent their peers at decision making tables and build better relationships with organizations that already invest in developing community ambassadors, like United Way Bay Area and the Youth Liberation Movement, or lived experience leaders, like California Youth Connections. Additionally, the County has begun using Youth Participatory Action Research to inform the design of youth programs offered by the Social Services Agency and the Department of Family and Children’s Services. The County is also exploring opportunities to involve interested youth and community members with lived experience in a human centered design workgroup to co-design family engagement practices for the Community Pathway.

TRIBAL CONSULTATION AND COLLABORATION

There are no federally recognized Native American tribes in Santa Clara County. However, the County is committed to reaching out to nearby federally recognized tribes to build trust and engage them in the prevention work outlined here, as well as non-federally recognized tribes residing locally.



The number of identified Native American children who are served by probation or child welfare and meet Indian Child Welfare Act Criteria is very small. For child welfare, the approximate number of Native American children being served at any point in time is usually between zero and 12 children. Some of the federally recognized tribes that DFCS has contacted regarding children include but are not limited to the Apache, Cherokee, Cheyenne, Comanche, Sioux, and Eskimo tribes. Although the identified Native American children that meet ICWA criteria is low, DFCS is starting to make efforts to expand and provide support to Native/Indigenous identified families who are from non-federally recognized tribes.

When a child with Native American heritage becomes involved with the child welfare system, DFCS follows the Indian Child Welfare Act (ICWA) guidelines. DFCS will contact and inform the tribe of the child’s involvement and provide the tribe with the opportunity to be a part of the prevention plan, dependency proceeding or to assume jurisdiction and provide services. Should a tribe choose to be involved in a case, they are included in any teaming meetings that are held for the child and family.

DFCS has begun efforts at the Emergency Response level to identify any Native/Indigenous heritage or if families meet ICWA criteria in order to provide needed support and interventions as early as possible and include identified tribes in this process. These efforts will expand to all case-carrying areas within DFCS. In 2023, DFCS hired 2 full time staff who identify as Native/Indigenous with lived experience to provide additional support to families, participate in CFTs and help workers with identification and resources for families. The dedicated staff positions are on the AB2083 Executive Advisory Committee and are involved in the County's planning for the Families First Initiative and the County's CPP. They are critical advocates to ensure Tribes are involved whenever possible in both prevention services and out-of-home case management. Finally, they are working on improving outreach and relationship building with Native/Indigenous communities to promote future communication and engagement.

Court hearings provide another chance to ensure ICWA requirements are being met. The juvenile dependency court actively inquires about Native American ancestry and ICWA eligibility from the first point of contact at the Initial Hearing. This inquiry is made of the social worker, parents and other family members that may appear before the court. In SCC, this inquiry will continue until the court is able to make a legal finding that either ICWA applies (if a Federally recognized Indian tribe confirms the child's membership in the tribe) or ICWA does not apply (if a child does not have Native American ancestry or a Federally recognized Indian tribe does not confirm the child's membership in the tribe or the child is a member of a tribe that is not Federally recognized under the ICWA). Until such time that the court finds that a child is not ICWA eligible, legal notice is sent to the identified tribe(s). DFCS meets with the courts monthly and, when issues arise, DFCS addresses them in this meeting as well as any follow up steps needed for DFCS staff. At the end of 2022, DFCS designated a full-time legal clerk to the ICWA noticing in addition to the two previously mentioned Social Workers supporting CFTs and connecting Native American or Indigenous persons to resources.



INTEGRATED CORE PRACTICE MODEL

Under the Children and Youth System of Care MOU, all system partners have agreed to mutually use the principles, values and practices of the ICPM as guidance and direction in developing shared values, core components and standards of practice in deliver of timely, effective, collaborative and integrated services for children, youth and families. In order to achieve this, the following strategies have been set in motion:

1. Two-day leadership development training and discussion on designing the implementation plan of ICPM in Santa Clara County.
2. Incorporated lived experience voice (tribal, parent and youth voice) and partnership within the system of care infrastructure.
3. Developed ad-hoc of SME (staff development and leaders) to support the development of cross-system implementation plan.
4. Collaborating with system partners to develop training (i.e. T4T, and departmental/agency training) and other strategies to incorporate model in the culture of the organizations.
5. Provide technical assistance to system partners on the implementation of ICPM and fidelity of model.



INTENT TO BUILD A COMMUNITY PATHWAY TO SERVICES

Families in Santa Clara County can currently access child welfare support services without an open child welfare case through two pathways. First, community partners have an option to directly request a family be considered for Differential Response services without alleging neglect or abuse. Families can also request they be referred to Differential Response or other community-based services. Second, families reported to the Child Abuse and Neglect Center that don't meet the requirements to open an investigation can be referred to Differential Response as well or to the County's Strengthening All Families Equitably (formerly known as Neighbor to Neighbor) program, which uses a multi-disciplinary team to identify and refer families to community-based support services.

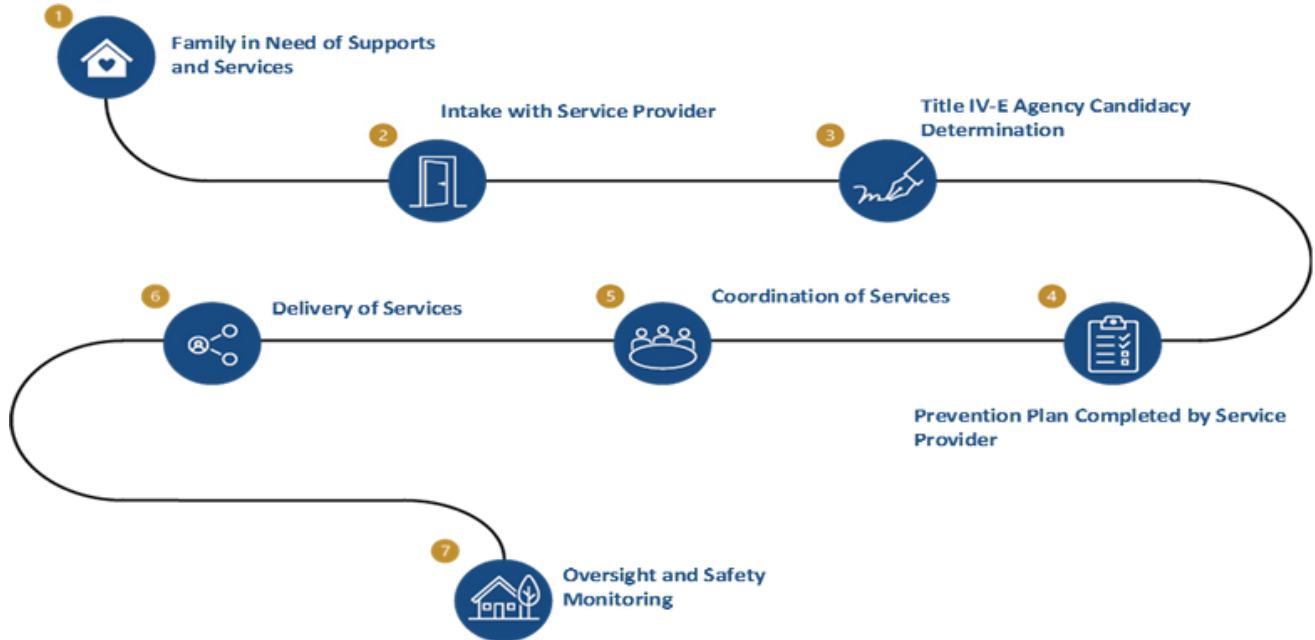


Figure 7: Proposed Community Pathway

In addition to these options, the County intends to pilot the state’s recommended Community Pathway approach, as outlined above. The plan is to identify an existing organization providing resource linkage and case management services to community. As a Community Pathway entry point, a provider would agree to: build and maintain an ongoing relationship with the family seeking services; assess if they qualify for Title IV-E funded prevention services; build a prevention plan with the family and coordinate services to address their needs; provide ongoing case management and safety monitoring as well as report required monitoring and outcome data to the state.

Spending and Sustainability Plan

Santa Clara County's Spending Plan for the State Block Grant focuses on 3 priorities:

1. Launching or expanding programs that address service needs identified during Needs Assessment and Community Engagement Process (See Figure 6 on page 13 for more detail.)
2. Increasing available funding to address concrete needs support.
3. Explore developing a residential family placement option for fathers seeking substance use treatment.

Child Welfare Funding Priorities	Amount of Block Grant Allocated (Total Amount: \$5,637,360)
Programs that develop family resiliency using a cultural lens, such as Familias Unidas (Exact programs to be determined following further community engagement and RFP process)	\$1,500,000
Expanded home visiting program options (includes expanding ParentChild+ and launching Homebuilders)	\$700,000
Explore developing a residential placement option for fathers with children seeking substance use treatment [6]	\$1,200,000
Increase funding base for concrete support programs. Funds may be shared across one of the county's Guaranteed Income Pilots and/or a DFCS or CBO program that provides support to families that can address safety concerns with financial support (such as securing temporary shelter to bridge a gap in housing, purchasing a car seat, etc..).	\$1,987,360
Training (for ICPM implementation, Motivational Interviewing and other EBP related trainings)	\$250,000

6. Currently, the county only offers mothers with young children the option of a residential service option, and has no options for fathers that are also primary caregivers. The County intends to leverage block grant funds to explore addressing the initial, one-time costs needed to set up residential treatment option for fathers. Once available, the expectation is that ongoing treatment costs would be covered through existing resources like Medi-Cal or Title IV-E funds.

To ensure fiscal sustainability, program planners have tried to emphasize programs that meet at least one of the following criteria:

1. Utilizes an Evidence-Based Practice that is (or is likely to become) a supported or well-supported program in the state and federal EBP clearinghouse.
2. Has secured funding from other sources.
3. Has one-time set-up costs that can benefit from the application of block grant funds, with ongoing implementation costs billable to other funding streams.

Probation Funding Priorities	Amount of Block Grant Allocated (Total Amount: \$464,000)
Training (for ICPM, Motivational Interviewing and other EBP related trainings)	\$200,000
Support to Wraparound providers to improve program fidelity.	\$264,000

Figure 8: Planned State Block Grant Allocations

A small portion of both the Child Welfare and Probation block grant allocations will be used to support training costs associated with Motivational Interviewing, ICPM implementation, and other EBP training support. The County also intends to use a portion of its funding from the Family First Technical Assistance (FFTA) allocation to increase internal capacity to provide fidelity monitoring, evaluation support, and CQI technical assistance to the following programs:

- Differential Response
- Safe Secure and Loved, Resilient Families Program
- High Fidelity Wraparound
- Motivational Interviewing

By focusing on building the monitoring and evaluation capacity of these programs now, the county hopes to both improve current program performance, and attract future resources to support program expansion.

The County is also using its FFTA dollars to offer community advisory contracts to youth and parents with lived experience. These contracts are intended to expand the county's ability to meaningfully engage the voices of lived experience in the ongoing development and assessment of the county continuum of prevention services.

In addition to Family First Block Grant and Family First Technical Assistance Grant, county agencies have been working collaboratively to identify opportunities to braid funding to expand and improve prevention services. The table below lists some of the opportunities and funding sources that support the County's prevention services continuum.

Program/Initiative	Primary Funding Source
Additional Wraparound Program slots	CDSS Funding Certainty Grant
Healthy Families Social Media Campaign	ARPA-CBCAP
County Office of Education WarmLine (resource center offering individualized supports to families, educators, and others to assist children and youth with and without disabilities)	ARPA-CBCAP
Expanded SAFE (formerly known as Neighbor2Neighbor) program	ARPA-CBCAP
Expanded Nurse Family Partnership program	Public Health Department
Add inpatient and residential placement options for youth struggling with substance abuse	Behavioral Health Department
Expanded Domestic Violence classes	CDSS Funding Certainty Grant
School-Based Behavioral Health Wellness Centers	MHSA PEI

Figure 9: Additional Prevention Programming Leveraging Braided Funding

ASSURANCES

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KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

ATTACHMENT B- ASSURANCES TEMPLATE

Family First Prevention Services (FFPS) Program Assurances

County of Santa Clara

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), Social Services DFCS and Juvenile 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 Social Services DFCS and Juvenile 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

ASSURANCES

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In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the Social Services DFCS and Juvenile 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 Social Services DFCS and Juvenile 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 Social Services DFCS and Juvenile 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 Social Services DFCS and Juvenile 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.

ASSURANCES

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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 Social Services DFCS and Juvenile 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.

DocuSigned by:
Daniel Little
5383F85500F8495

Signature of Authorized CWS Representative

6/9/2023

Date

DocuSigned by:
Nick Birchard
8469333E325F4FB

Signature of Authorized Probation Representative

6/9/2023

Date

APPENDIX

Appendix A. Santa Clara County Demographic Profile

Appendix B. List of Existing Assessments and Data Sources Reviewed for Needs Assessment

Appendix C. Population Estimates of Eligible Title IV-E Candidates Matched to Existing Service Array

Appendix D. Needs Assessment Summary Findings

Appendix E. Disproportionality Data

Appendix F. Key takeaways from Community Engagement Sessions and Expert Interviews.

Appendix A. Santa Clara County Demographic Profile

Children in Foster Care by Age

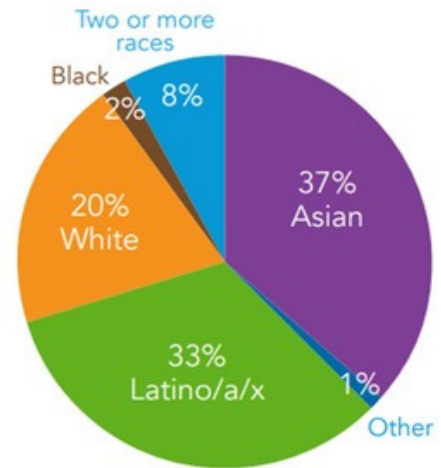
Age Group	Point In Time		
	Jan 1, 2021	Jan 1, 2022	Jan 1, 2023
	n	n	n
Under 1	59	31	20
1-2	131	121	63
3-5	141	79	58
6-10	195	143	109
11-15	214	167	136
16-17	111	89	84
18-21	234	185	140
Missing	0	0	0
Total	1,085	815	610

Total Population of Santa Clara County	1,936,259
Children 0-17	406,542

Children in Foster Care by Ethnic Group

Ethnic Group	Point In Time		
	Jan 1, 2021	Jan 1, 2022	Jan 1, 2023
	n	N	n
Black	96	79	67
White	133	95	68
Latino	771	585	430
Asian/P.I.	75	48	37
Nat Amer	M	M	M
Total	1,085	815	610

Race/Ethnicity of Children in Santa Clara County



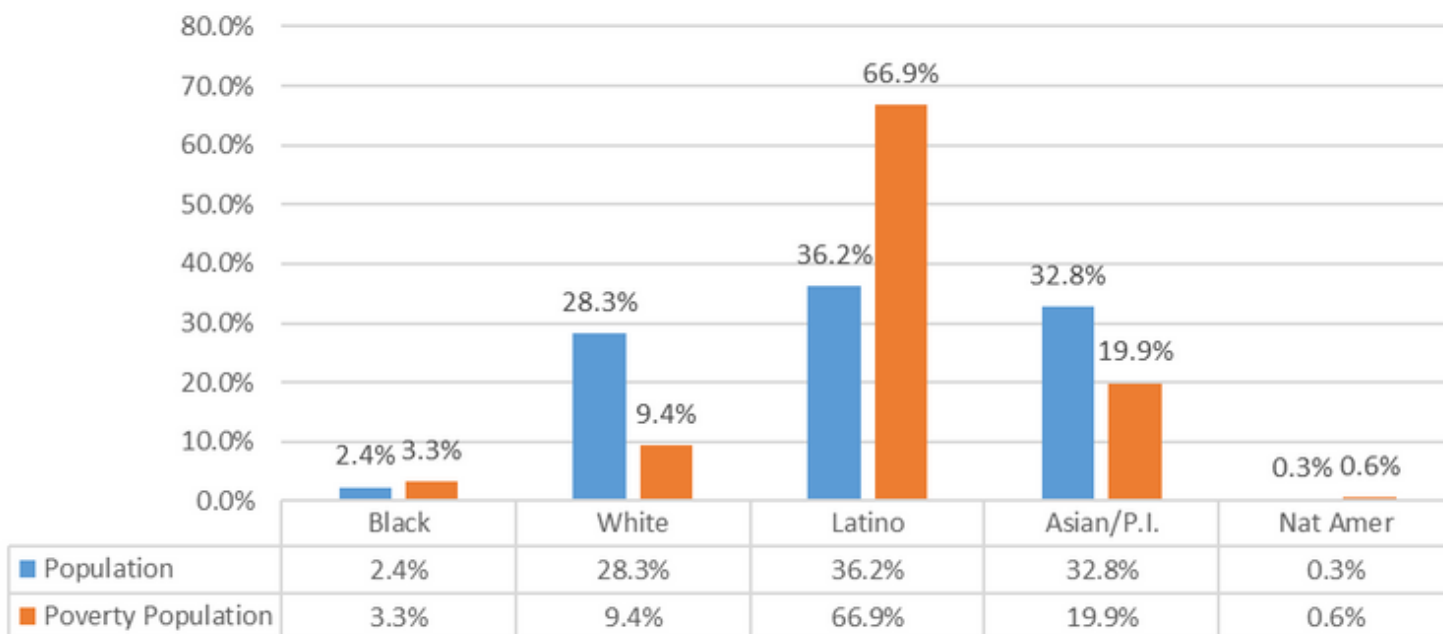
Children in Probation-Supervised Foster Care

	Point In Time		
	Jan 1, 2021	Jan 1, 2022	Jan 1, 2023
	n	n	n
Total	28	32	24

Other includes Native Americans (0.3%), Native Hawai'ian/ Other Pacific Islander (0.3%) and Other (0.7%).
 Note: Percentages do not add to 100% because of rounding.

Source: U.S. Census Bureau, 2020 Decennial, PL94-171

Population Demographics General Population vs. Children in Poverty Santa Clara: 2021



Population Statistic Sources:

US Census Bureau;

Count of Children in Foster Care or Probation: CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>

General Population vs. Children in Poverty: UC Berkeley presentation to Santa Clara County

Appendix B. Summary of Assessments and Data Sources Reviewed for Needs Assessment

- Santa Clara County Children's Data Book
- Santa Clara County Behavioral Health Services (Various such as MHSA Evaluation Report)
- 2018 Child Care Needs Assessment
- National Council on Crime & Delinquency 2012 - Adult Re-Entry Workplan
- First 5 Santa Clara Evaluation Reports
- Data from Family Resource Centers: Cesar Chavez, Educare, and African American Community Service Agency
- Universal Access Pilot in Franklin McKinley School District and Alum Rock Unified School District
- Santa Clara County Continuum of Services for Students with disabilities study.
- Santa Clara County Office of Education Reports
- Latino Report Card
- Anthem Blue Cross: Population Needs Assessment
- Kaiser Permanente: 2019 Community Health Needs Assessment
- El Camino Hospital 2019 Community Health Needs Assessment
- Stanford Medicine: 2019 Community Health Needs Assessment
- Santa Clara County 2013 Status of LGBTQ Health.
- "2016 Status of Children's Health Volume 2." Santa Clara County Public Health Department.
- "Epi-Aid on Youth Suicide in Santa Clara County." A PowerPoint presentation created by the Santa Clara County Public Health Department.
- First 5 Santa Clara Home Visiting Needs Assessment
- California Housing Partnership 2022 Housing Need Report
- City of San Jose Housing Element
- City of Santa Clara Housing & Community Services division
- City of San Jose Greenprint
- 2018 Annual Report: Juvenile Justice in Santa Clara County.
- Office of Lesbian, Gay, Bisexual, Transgender, Queer Affairs, Quick Facts
- Community needs assessment of mental health services among native American Indians in Santa Clara
- Sacred Heart Community Services Community Needs Assessment
- Casey Opportunity Map
- Findings from the 2021 Child use Prevention Summit
- At a Glance Status of Children's Health
- Bay Area Equity Atlas
- SCC 2014 Community Health Assessment
- Child Death Review Report (2021)

Appendix C. Population Estimates of Eligible Title IV-E Candidates Matched to Existing Service Array

Population: Families Struggling with Substance Use

- SCC estimate of Children (0-17) living in households with at least one parent possible substance use disorder: 51,000. [7]
- SCC estimate of substance exposed newborns: 276 children born per year. [8]
- While 2019 AFCARs data suggest drug or alcohol abuse was an identified condition of removal for less than 20% of cases in California, county SDM data suggests that approximately 2/3 of families with open child welfare cases have at least one family member struggling with substance abuse.
- Based on Asset Map, SCC offers 8 different programs providing substance abuse treatment services. The programs have a combined estimated capacity to serve 691 individuals/year. All of the programs are using at least one EBP (7 offer Motivational Interviewing, and one uses the Adult version of Seeking Safety) 2 of the 3 programs reported having to turn families away due to eligibility constraints (specifically not having the right level of care diagnosis, or not qualifying as an SCC resident). One program has had to turn clients away due to other capacity constraints (low staff).

Population: Families Struggling with Domestic Violence



- Our asset map/survey directory lists 4 programs that specifically address domestic violence.
- Of the 2 programs responding to the demand survey, neither listed having a waitlist. One did have to turn away clients with private insurance. Staffing and access to housing and other concrete supports was also raised as an issue.
- “We don’t turn people away or have formal waitlists, but time to access slows and the amount of services (dosage) we can provide is more limited than would be ideal for client needs. For example, lower needs clients might go into groups rather than individual care, or clients might receive case management/rehab support but have to wait for therapy.” write-in response from Barriers to Access Survey

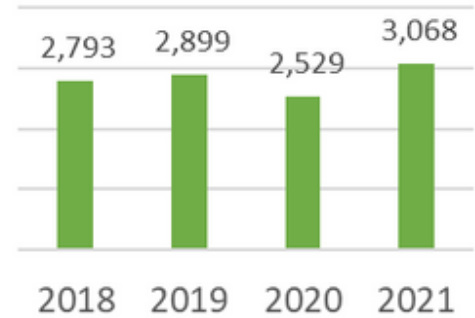
7. Extrapolated from estimate by the National Center on Substance Abuse and Child Welfare, which estimates that approximately 12%, or 1 in 8 children live in a household where 1 or more parents has a substance use disorder

8. Source for Substance Exposed Newborn estimate is from 2006 CA analysis that found 1.5% of the state’s live births received a substance exposure diagnosis. This percentage was multiplied against 2021 live birth count to estimate prevalence.

Population: Families Struggling with Homelessness and Housing Instability

- The number of students experiencing homelessness in Santa Clara County decreased from 2019 to 2020 but has increased in 2021.
- Latino/a/x make up 38% of the student population but are 78% of the students facing homelessness.
- 5 programs in the asset map/survey directory provide housing, but only to transition age foster youth. Following the asset map process, the Office of Supportive Housing was engaged to join the Families First planning team and is providing a fuller list of the current and planned housing supports for youth and families.

Number of Students Experiencing Homelessness



Source: [Children's Databook \(2022\)](#).
Based on McKinney-Vento definition of homelessness.

Population: Pregnant or Parenting Foster Youth

- According to UC Berkeley data, only 14 SCC foster youth were pregnant or parenting, but this may be an underestimate. National studies estimate that 77% of female foster youth will have been pregnant at least once by the age of 24.
- Internal analysts initial query of CWS/CMS data suggested 10 pregnant or parenting youth or NMD in care.
- When adjusting the query to look for open cases in CWS/CMS where the minor or NMD client number had at least one affiliated child client number, the estimate of pregnant or parenting youth with open cases increased to 28 youth, including both mothers and fathers.

Population: Probation Youth

- 2,246 juvenile arrests or citations were issued in 2020, with 606 youth being referred to juvenile hall.
- 53% of youth had at least 1 referral to the Child Abuse and Neglect Center as the alleged victim
- In CY2020, 48 youth were served by the Dually Involved Youth (DIY) unit.
- 42 programs serving justice involved youth contributed the Asset Map/Service Directory. Capacity data was not provided for most programs.
- The most common capacity constraint was staffing. Program respondents also recommended starting family counseling earlier, prior to youth release from incarceration, increasing the referral flow to Prevention and Early Intervention Programs, and relaxing restraints on zip codes that could be served.

Appendix D. Assessment Inventory: A review of key takeaways from Santa Clara County's published data reports and assessments

Opportunities to Improve the Health of Families

First two-years of life is critical for later child development outcomes. Potential opportunities to improve the health of families in the county:

- Increase access and utility of ***prenatal care*** (early and regular) with an emphasis on reaching more ***Latina*** mothers.
- Increase access and utilization of ***preventive services*** for ***children birth to age 2***.
- Increase early identification, screening, and access to ***social-emotional services*** to prevent later negative health outcomes, with an emphasis on reaching more ***Black and Latina*** families.
- Identify and breakdown ***cultural/linguistic barriers*** for children to utilize health and dental check-ups.

Education Summary

Quality early childhood education is #1 predictor for lifelong educational attainment.

- Increase efforts to increase number of available quality early childhood spots to children, with particular ***focus on Black and Latino/a/x*** children.
- Consider access to care for ***families that may not qualify for subsidized childcare*** (e.g., scholarship, vouchers, waiver options).
- Shift focus to ***increasing prevention services (kinder-ready) rather than later intervention services (math and reading remedial services)***.
- Higher percentage of students in Santa Clara met performance standards compared to California wide, yet the ***disparity among Black and Latino/a/x students continually exists***.
- Focus on ***alternative pathways for students, including Black and Latino/a/x students*** who are more likely to not complete a high school diploma and to become disconnected (not working, not in school).

Economic Stability Summary

Socio-economic stability is a major predictor for overall health.

- Focus on the ***highest need zip codes*** (based on RCM Median Income Disparity greater than \$10,000).
- Focus on the children and families currently ***ineligible for nutrition & housing programs***.

- Increase early identification and increased access to **all health services** to prevent later negative health outcomes, with an emphasis on reaching **Latina** families.
- Focus on the **Real Cost Measure (RCM)** for Santa Clara County when defining eligibility for services rather than the federal poverty measure which can dilute need.

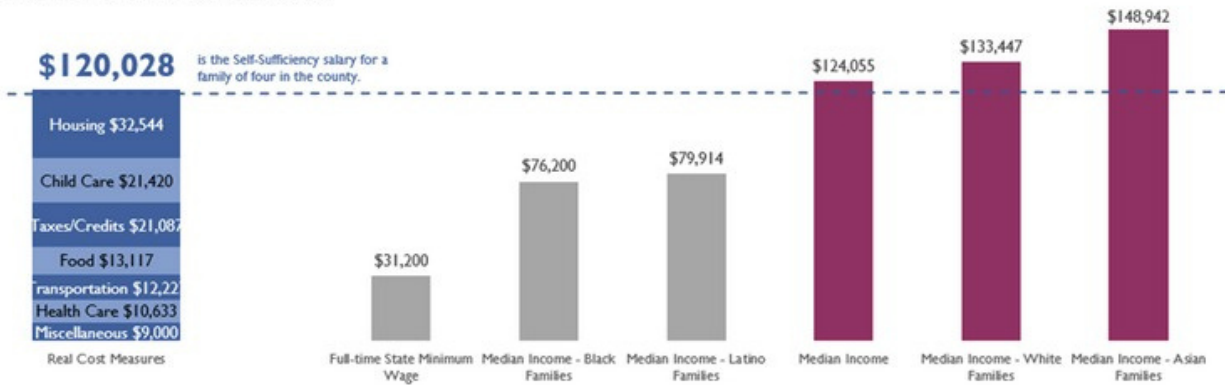
Real Cost Measure (RCM) for Santa Clara County 2019

Trend

The self-sufficiency salary for a family of four in Santa Clara County (\$120,028) is **42% higher than statewide** (\$84,076) and **12% higher than the Bay Area Region** (\$106,866).

Disparity

The **median income of Black and Latino families is \$40,000+ less** than the self-sufficiency standard in Santa Clara County.

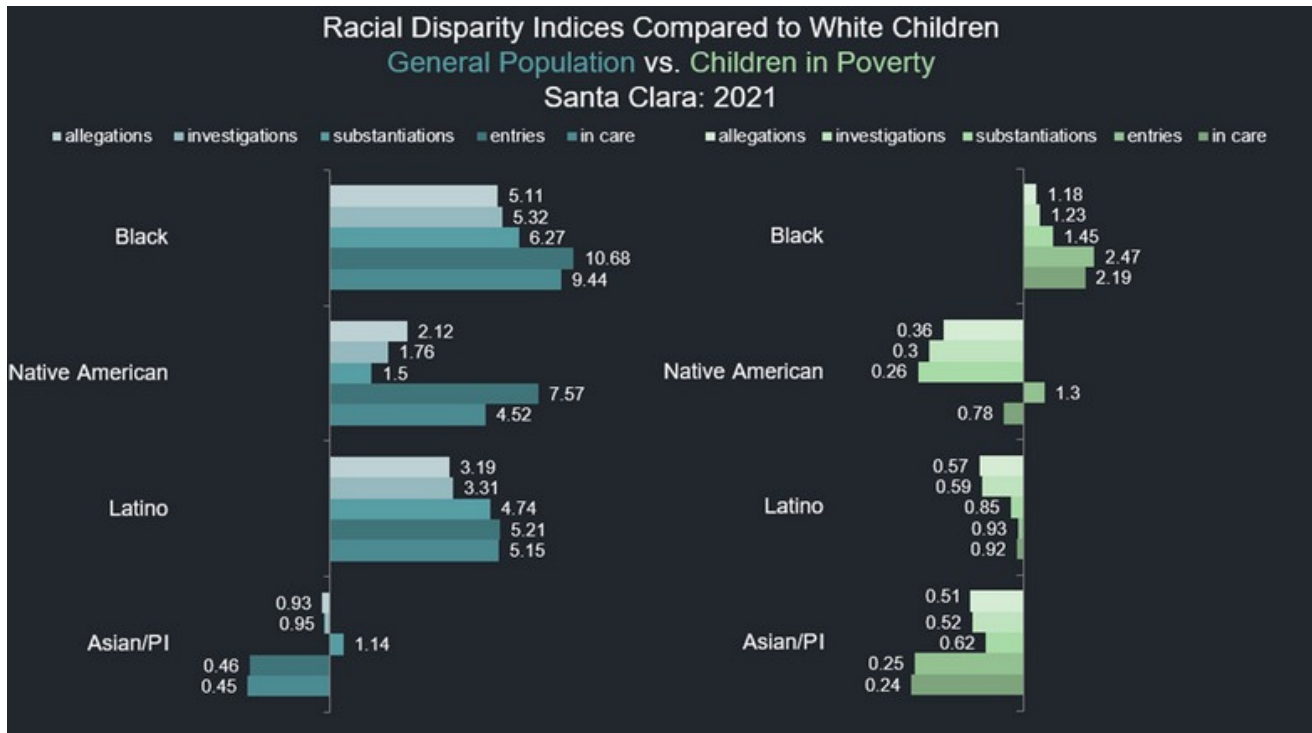
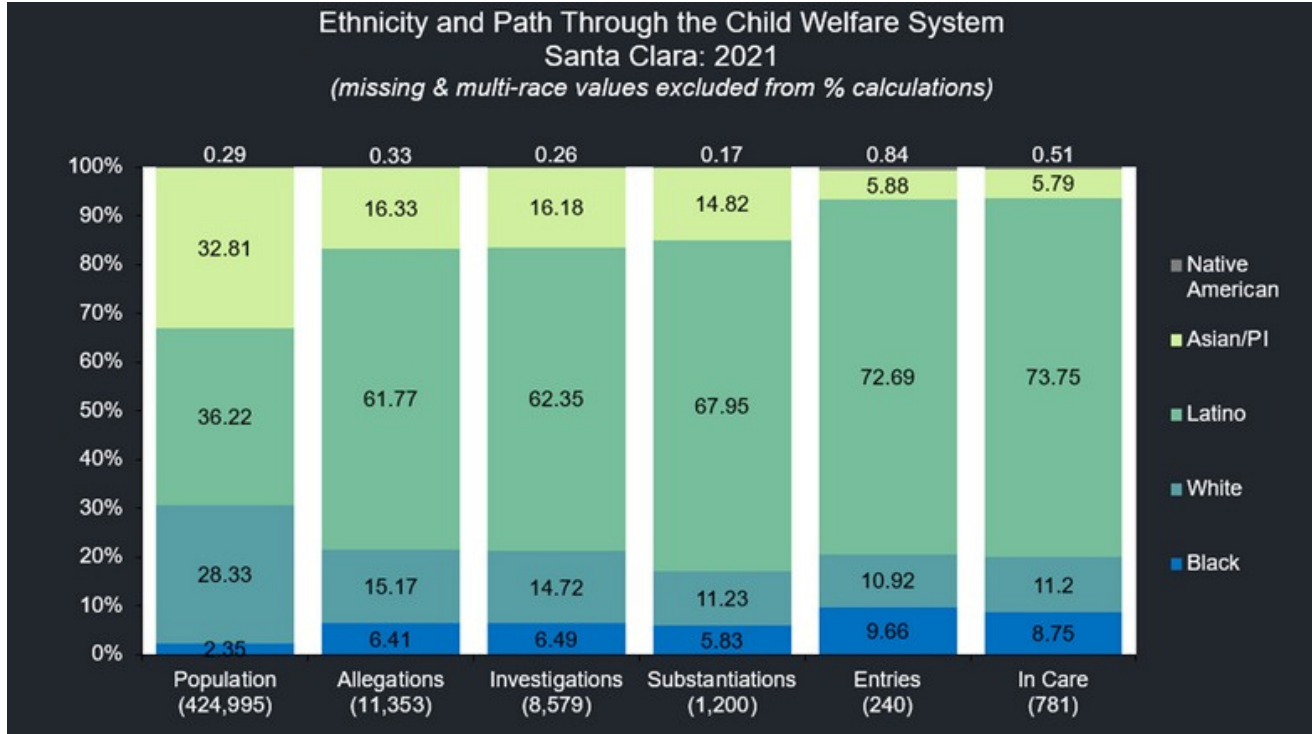


Source: United Way California Real Cost Measure Dashboard.

Child Safety and Community Environment Summary

- School Linked Services and child maltreatment: Identify opportunities to increase family strengthening supports to reduce maltreatment, particularly for families with young children (birth to age 2), and **Black and Latina** families.
- Juvenile delinquency: Arrests are declining, but disparities by ethnicity are substantial. Earlier intervention with youth and families will prevent later contact with the justice system.
- Child deaths: Almost half are infants, and half of those are due to unsafe **sleep conditions**. Continue to educate parents and caregivers about safe sleep conditions and provide bassinets/cribs. **Neglect** and **suicide** remain leading causes of death as well.

Appendix E. Disproportionality Data



Appendix F. Key takeaways from Community Engagement Sessions, Expert Interviews and Child Welfare Staff Survey.

- **Housing** (and other concrete support) remains the most commonly identified need.
- Transportation is also a major barrier and stakeholders of all backgrounds support **prioritizing home visiting programs or programs that are located in target community.**
- Families from all identified priority populations and at all prevention tiers need **resource navigation support** and education that helps build their resiliency, preferably from sources that understand or share their cultural background.
- Families from all identified priority populations and at all prevention tiers benefit from **access to peer support networks and mentors or advocates with lived experience.**
- Shared belief from clinical experts that our **therapeutic services are effective** and current evidence-based practices in use are well-suited to population needs.
- **Engagement can be a challenge**, especially for families struggling with substance abuse. This problem can be exacerbated by assessment, intake and referral processes.
- Many providers use **Motivational Interviewing** and acknowledge that their existing processes to assess the practice **fidelity** and effectiveness of motivational interviewing could use improvement.
- Communities lifted up wanting more access to **pro-social activities** for youth.
- The most commonly reported unmet need by providers was **housing and other concrete supports.**
- Many providers are **struggling with maintaining staffing**, especially clinically trained staff.