



NAPA COUNTY
Health & Human
Services Agency



NAPA COUNTY COMPREHENSIVE PREVENTION PLAN

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

2023–2027

PREPARED BY



Comprehensive Prevention Plan of Napa County

Title IV-E Agency Information

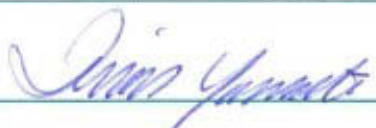
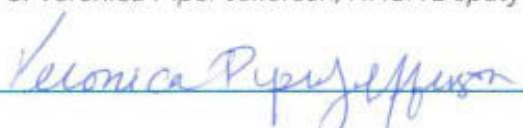

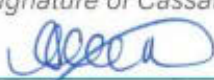
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INTRODUCTION

Napa County's Commitment to Prevention

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

The Napa County Health and Human Services Agency's (HHSAs) mission is to serve the Napa County community and support its health and well-being. The Division of Child Welfare is composed of a specialized set of services that strengthen the ability of families to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning. The services provided by the Division are intended to stabilize the family situation and strengthen the family's capacity to care for their children and, when safety is not possible within the family, to focus on the child's need for a stable, permanent home as quickly as possible. The Division maintains strong partnerships both within HHSAs and in the broader community of agencies and programs.

Napa County has a long history of developing and administering programs to prevent child maltreatment and the need for removing children into foster care. Since 1989, the Child Abuse Prevention Council



(CAPC) of Napa County, a cross-sector collaborative, has operated under the direction of the Cope Family Center Board of Directors. CAPC is authorized by the Napa County Board of Supervisors under the authority of the Welfare and Institutions Code Section 18980, Chapter 12.5, Child Abuse Prevention Coordinating Council Act, whose primary purpose is to coordinate the community efforts to prevent and respond to child abuse. The primary activities of CAPC Napa County include developing community education campaigns, providing Mandated Reporter Trainings in partnership with HHS Child Welfare Services, and advocating for legislation that supports the prevention of child maltreatment.

In January 2019, CAPC members attended the first statewide Prevention Summit to strategically address the systemic issues that perpetuate child maltreatment. The group focused on the development of Napa County's first countywide prevention plan, aimed at aligning resources around child care, community education, and advocacy during the pandemic. Throughout the development of this CPP, CAPC members have been working closely with the Interagency Leadership Team (ILT) overseeing the process.

The County Children's Trust Fund (CCTF) was established to support community partners that are working to prevent child abuse and neglect in the community. Per Welfare and Institutions Code Section 18965, the Board of Supervisors "may designate an existing local voluntary commission, board or council" to carry out the purpose of the CCTF. The Board of Supervisors approved the Juvenile Justice Coordinating Council (JJCC) as the board to oversee and carry out the purpose of the County Children's Trust Fund. The JJCC is well suited to provide oversight of funding priorities because of its youth and child focus, with membership including representatives from many child- and youth-serving organizations and community members, including youth. The County Children's Trust Fund information is kept in the minutes of the Juvenile Justice Coordinating Council, which are open to the public.

HHS Child Welfare Services also operates a Family Preservation Services program providing short-term intensive in-home services to families where children are at risk for subsequent maltreatment. Family Preservation Services (FPS) is a Voluntary Family Maintenance Program intended to support families and connect them with community supports to avert further child welfare intervention. Family Preservation Services are also available to support families when children are returning to the home after exiting foster care and to assist families whose cases were successfully closed in juvenile court and who need after-care support to sustain safety following case closure.

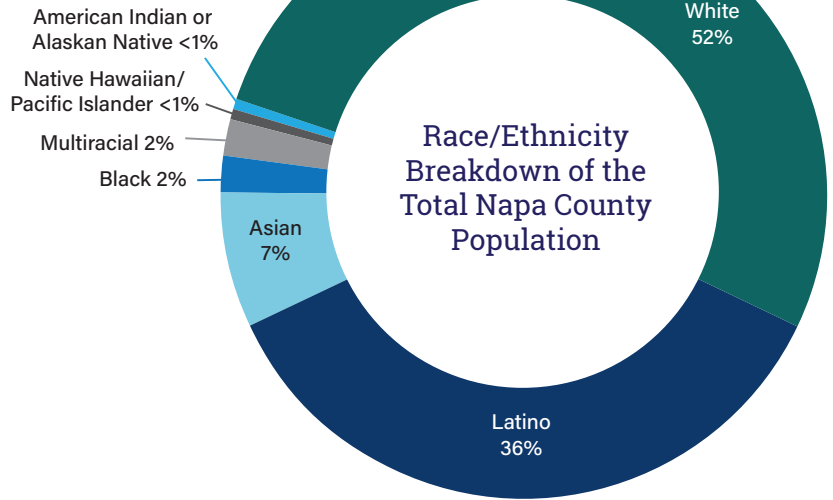
Napa County also is home to a countywide network of Family Resource Centers (FRCs), including in the cities of American Canyon, Calistoga, Napa, and St. Helena. These FRCs maintain deep connections to the community and provide a range of supports to community members, including primary prevention programs. They also help community members navigate public systems and access services throughout the county.

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

Napa County Data Profile

Population¹

| | |
|--------------------|---------|
| Total Population | 139,854 |
| Children Ages 0-17 | 25,981 |



Child Welfare Rates (per 1,000)²

| | Napa | CA |
|------------------------|------|------|
| Allegations | 62.2 | 49.5 |
| Substantiations | 5.4 | 5.8 |
| Entries to Foster Care | 1.6 | 2.3 |

Unique Napa County Indicators

- » In 2021, 30% of referrals to the child welfare system were for children under the age of one.
- » There were 102 adolescents ages 15-19 who gave birth in 2019-2021.
- » In Napa County, 60% of residents experience at least one adverse childhood experience and 15% experience four or more.
- » In 2021, there were 379 domestic violence-related calls for assistance.³

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

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

³ OpenJustice (n.d.). Domestic Violence-related calls for assistance. Retrieved from <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>

GOVERNANCE STRUCTURE

In 2018, the State of California passed Assembly Bill 2083 (AB 2083) which required counties to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. In 2021, Napa County established an interagency MOU to work toward a “collaborative approach and provide a system of trauma informed care to foster children and youth” in Napa County between the following “System Partners”: the Napa County Health and Human Services Agency—inclusive of Child Welfare Services and Mental Health, Napa County Probation Department, Napa County Office of Education, North Bay Regional Center, and the Department of Rehabilitation. Leadership from each of these System Partners participates via regular meetings of the AB 2083 Interagency Leadership Team (ILT), which serves as the governing board of the collaborative.

✓ **The vision for the interagency MOU, which is reviewed annually, is:**

“All children, adults and families in Napa County will be self-sufficient in keeping themselves, their children and their families’ safe, healthy, at home, in school or employed, and economically stable.”

The mission includes ensuring that “all public programs for children, youth and families will provide services in an integrated, comprehensive, culturally responsive, evidence-based or best practice manner, regardless of the agency door by which children and families enter. The mission includes “an awareness of and a commitment to incorporate foster youth experience and voice into county level collaborations and partnerships that manage or oversee the delivery of services affecting youth in foster care.”

As suggested by CDSS in ACL 22-23, Napa County intends to use this interagency collaborative as the basis for ongoing cross-sector collaboration envisioned in the CPP. To ensure broad community representation in the County’s cross-sector collaboration work, Napa County has also invited additional stakeholders to participate in the CPP development process, including stakeholders with lived experience in child welfare.

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

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

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

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

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

ROSTER OF CROSS-SECTOR CPP COLLABORATIVE PARTICIPANTS

| ORGANIZATION | NAME(S) |
|--|---|
| Cope Family Services/Child Abuse Prev. Council | Michele Grupe, Executive Director |
| Department of Rehabilitation | David Wayte, Regional Director |
| Health and Human Service Agency (HHSA) | Jennifer Yasumoto, Director |
| Child Welfare Services | Veronica Piper-Jefferson, Deputy Director of HHSA-CWS |
| Behavioral Health | Cassandra Eslami, Deputy Director of HHSA-BH |
| Public Health | Alicia Florez, Director of Public Health Nursing Monica Koenig, Health Services Nursing Supervisor |
| Self Sufficiency Services | Teresa Brown, Self Sufficiency Services Manager |
| North Bay Regional Center | Ellisa Reiff, Associate Regional Director |
| Office of Education | Barbara Thorsen, Assistant Director |
| On The Move | Amber Twitchell, Associate Director |
| Probation Department | Amanda Gibbs, Chief Kristin Week, Chief Deputy Crystal Villatoro, Supervisor |

The cross-sector collaborative also overlaps with—and intends to align and coordinate its efforts with—the Child Abuse Prevention Council (CAPC) of Napa County.

NAPA CHILD ABUSE PREVENTION COUNCIL

The Child Abuse Prevention Council (CAPC) Steering Committee includes representatives from HHSA including Child Welfare Services and Behavioral Health, family resource centers, education, Probation, battered women’s services, the schools, the District Attorney’s office, law enforcement, and other community-based organizations. HHSA Child Welfare Services partners with CAPC on mandated reporter training for the community. CAPC is supported through the County Children’s Trust Fund (CCTF).

Among the important missions of CAPC is raising community awareness about issues related to child abuse and child abuse prevention. CAPC sponsors quarterly trainings on topics identified by the Steering

Committee as relevant. In addition, in April (National Child Abuse Awareness Month), CAPC undertakes a countywide public education campaign including print, social media, posters, and radio public service announcements (PSAs). Trainings this past year have included Understanding Generational Trauma, Promoting Protective Factors and Strength Based Services to Prevent Child Maltreatment, and Utilizing a Community Supporter Approach to Preventing Child Maltreatment.

In 2022, Children’s Trust fund monies supported a renewed contract with Cope Family Center, a local non-profit, which houses the CAPC. CAPC services create a unified voice for child abuse prevention in Napa County; promote collaboration and coordinate the myriad of resource agencies that work in child abuse prevention; support projects that have direct positive effect on child abuse prevention and service delivery for abused and neglected children; and facilitate and co-sponsor events, workshops, and trainings.

In addition to CAPC, HHSA Child Welfare Services Division maintains formal MOUs and protocols for cross-sector collaboration with a broad range of other public and private agencies which include the following:

BRINGING FAMILIES HOME

HHSA Child Welfare Services and Self Sufficiency Services Division together offer the Bringing Families Home Housing Support Program (BFH) to families involved in Napa's Child Welfare Services Division. This program will support families to obtain sustainable housing. BFH strives to keep families housed and to support them in stabilizing their family upon reunification. BFH provides time-limited assistance with case management, locating housing, deposits, move-in costs, rental subsidies, job placement, and accessing vocational training. BFH participants work one-on-one with a Case Manager to determine an individual plan to help families obtain and maintain permanent housing and achieve family self-sufficiency.

CHILD ABUSE TREATMENT PROGRAM

This program is provided by Aldea Children and Family Services in partnership with the Napa County Child Advocacy Center that is The Courage Center. The Courage Center is Napa County's Multi-Disciplinary Interview facility. The Courage Center provides a safe holistic environment for child victims of sexual and physical abuse where interviews and physical examination can be provided in an all-encompassing, child-friendly environment. The purpose of the CHAT Program is to provide comprehensive psychotherapy services to children victimized by abuse and/or neglect. The program can extend psychotherapy services for the family via referrals to community partners. The services provided include clinical assessment, treatment planning, trauma-informed psychotherapy and/or culturally-centered therapy, crisis intervention, and transportation services to psychotherapy. The services are available in English and in Spanish.

COURT APPOINTED SPECIAL ADVOCATES (CASA)

HHSA Child Welfare Services Division and CASA work jointly to further the mutual goals of providing services to children who have been abused or neglected and to protect children at risk of harm. Napa CASA fulfills a critical role by providing advocacy, support, and mentorship. Napa CASA volunteers are often the only consistent person in the child's life throughout the entire time that the child is in foster care. The CASA Executive Director meets monthly with the Child Welfare Services Deputy Director to coordinate service provision and address program needs.

NAPA COUNTY MULTI-DISCIPLINARY CHILD SEXUAL ASSAULT RESPONSE TEAM

HHSA Child Welfare Services Division collaborates and works jointly with the Napa, St. Helena and Calistoga Police Departments, Napa County Sheriff's Department, Napa County District Attorney's Office, Napa/Solano SANE/SART, and Sexual Assault Victims Services (SAVS). The formal protocol outlines the process for investigating, within a multidisciplinary framework, possible child sexual abuse cases that occur within Napa County. The joint protocol establishes guidelines that ensure a cooperative and coordinated effort between the agencies.

DRUG-ENDANGERED CHILDREN PROGRAM

HHSA Child Welfare Services Division works collaboratively with the Napa Special Investigations Bureau (NSIB) and the Napa County District Attorney's office to facilitate a coordinated response to families involved in dangerous drug environments when children are expected to be present in the home and/or have been exposed to toxic drug-related substances. A formal written protocol is in place outlining roles and responsibilities.

NAPA COUNTY JUVENILE PROBATION

There is a current comprehensive MOU between HHSA Child Welfare Services Division and Probation that outlines the process of interagency collaboration with respect to Welfare and Institutions Code 241.1 joint assessments and case planning for minor children involved in both the probation and child welfare systems. This MOU further delineates responsibilities regarding IV-E foster care payments. In addition, it outlines a protocol for responding to child abuse response in out-of-home care facilities.

JUVENILE JUSTICE COORDINATING COUNCIL

Established as a formal advisory board by the Board of Supervisors, this council membership includes the chief probation officer, a representative from the District Attorney's office, the Public Defender's office, the Sheriff's Department, the Board of Supervisors, the Health and Human Services Agency, the HHSA Behavioral Health Division, a community-based drug and alcohol program, a city police department, the County Office of Education, and an at-large community representative. The JJCC serves as the Children's Trust Fund Commission in Napa County.

NORTH BAY REGIONAL CENTER

The North Bay Regional Center provides assessment and diagnosis of eligibility and helps plan, access, coordinate, and monitor the services and supports that are needed because of a developmental disability. Services offered include assessment and diagnosis, counseling, case management, advocacy, family support, genetic counseling, training and education for individuals and families, in addition to a wide variety of programs in supported employment and supported living. Young children ages 0–36 months receive services through the Early Start Program mentioned above.

Child Start Incorporated: Child Start oversees the Head Start program in Napa County which focuses on early learning initiatives for young children and their families. Services include the

Head Start preschool programs and the Early Head Start program for pregnant women, infants, and toddlers ages 0–3. Head Start serves families through a variety of partnerships with agencies serving similar populations, such as the Therapeutic Child Care Center and Healthy Moms and Babies. The Becoming a Reader program partners with area preschools, early childhood home visitors, and community family centers. Trainings include engaging parents, goal setting, and conflict resolution. Services are available in English and Spanish.

FIRST 5 NAPA COUNTY

The mission of the First 5 Napa County Children and Families Commission is to improve the ability of local service providers to help children get a strong, healthy start in life, with emphasis on Early Childhood Learning and Education, Early Childhood Health, and Parent and Community Education. First 5 Napa County serves as a strategic funding partner with local non-profit organizations and government agencies.

NAPA COUNTY OFFICE OF EDUCATION (NCOE) EARLY CHILDHOOD SERVICES

The Napa Infant/Preschool Program (NIP) provides a variety of free educational services to children age birth through five years, with suspected developmental delays and conditions which challenge their ability to learn. Services include developmental assessments, individual speech and language services, home visits, consultation with preschool providers, family involvement activities, family education classes, coordination of services with other agencies, and transition to school age programs. Staff includes special education teachers, speech therapists, physical therapist, occupational therapist, psychologist, school nurse, family counselor, vision specialist, hearing specialist, bilingual support staff.

Child Development Programs serve the children of parents who are working, looking for work, or who are

in training. The programs provide subsidized child care for eligible families. Program goals are established to provide developmentally appropriate experiences for children in the areas of physical development, cognitive development, social-emotional development, language and literacy development, and parent, school, community involvement. Preschool program sites are in Napa, St. Helena, and Yountville. School Age sites are in Napa and Yountville. There is a state preschool site in Calistoga.

Napa County Child Care Planning Council works towards meeting the child care and developmental needs of children and families through education, coordinated planning, and advocacy efforts. The primary purpose of the Council is to assess Napa County child care needs and to address those needs. The membership consists of 20% child care consumers, 20% child care providers, 20% community representatives, 20% public agency representatives, and 20% at large members. The Board of Supervisors and the Superintendent of Schools appoint members to the Council, establish the terms of appointments, and review and approve needs assessments and local funding priorities.

NAPA COUNTY OFFICE OF EDUCATION (NCOE)

In addition to the early childhood services listed above, NCOE offers a wide variety of services to assist children, youth, and families. These programs include ROP career training classes in all high schools, and court and community school programs for children incarcerated, on probation, or expelled from district schools. The NCOE obtains grants for countywide services, such as Project PREPARED, Project CATALYST, Safe Schools/Healthy Students, and Foster and Homeless Youth Services. The NCOE coordinates a variety of community leadership efforts including staff support for the Napa Commission on Children, Youth and Families, and the Napa Child Care Council.

A Memorandum of Understanding defines collaboration between the Napa County Office of Education, Napa County Health and Human Services, and Napa County Department of Probation to ensure educational needs are met for children and youth in foster care. Per the MOU, NCOE hires, trains, and co-locates a full-time Education Liaison at the Child Welfare Services (CWS) Office. The Education Liaison provides educational support and resources to caregivers, social workers, and birth parents and facilitates communication between CWS and school district liaisons within and outside of Napa County. Napa County has established transportation MOUs with each school district within the county to formalize agreements for the coordination of transportation costs when a best interest determination is made for a foster youth to remain in the school of origin.

HEALTH AND HUMAN SERVICES BEHAVIORAL HEALTH DIVISION

The Behavioral Health Division, among other things, provides an array of recovery services to children and adults seeking treatment for a substance use disorder. This is provided directly and through community-based contracted providers.

A standardized assessment (ASAM) is used to determine the appropriate services for each individual seeking treatment. If treatment services are indicated, the Alcohol and Drug Services (ADS) division can coordinate residential treatment (adult and perinatal), provide outpatient and intensive outpatient services and recovery services. CWS and ADS have a monthly meeting to coordinate service provision for child welfare system involved families. Multi-disciplinary meetings are scheduled regularly and as needed between ADS clinicians and Child Welfare Services social workers to coordinate case plan services for their mutual clients.

NAPA EMERGENCY WOMEN'S SERVICES (NEWS)

An MOU between Napa Emergency Women's Services (NEWS) and Napa County HHSA Child Welfare Services Division outlines how both agencies will work together toward the mutual goals of providing assistance to victims of domestic violence and sexual abuse who reside in Napa County. NEWS provides a 24-hour crisis hotline, crisis intervention, a Safe House, counseling, accompaniment, and advocacy to victims of domestic violence and sexual abuse. NEWS staff offers support services to clients that includes requesting protective orders and participating in the criminal justice process regarding domestic violence and sexual abuse incidents. The Children's Club Program is specifically designed for children exposed to domestic violence, to help with trauma, anger, and self-esteem issues. NEWS trained crisis counselors are available in English and Spanish.

QUEEN OF THE VALLEY MEDICAL CENTER (QVMC)

As our largest in-county medical facility, HHSA Child Welfare Services regularly confers with staff at Queen of the Valley Medical Center (QVMC) and regularly receives referrals involving suspected child abuse from their staff. This MOU is an operational protocol for interacting on cases of suspected child abuse.

NORTH BAY REGIONAL SERVICES

The North Bay Regional Center provides assessment and diagnosis of eligibility and helps plan, access, coordinate, and monitor the services and supports that are needed because of a developmental disability. Services offered include assessment and diagnosis, counseling, case management, advocacy, family support, genetic counseling, training and education for individuals and families, in addition to a wide variety of programs in supported employment and supported living. Young children ages 0–36 months receive services through the Early Start Program mentioned above.

LOS NIÑOS CHILD DEVELOPMENT AND FAMILY PROGRAM

Los Ninos Child Development and Family Program is a program of Community Action of Napa Valley which provides a community service to both the employer and the families by enabling low-income working families to remain employed. Services offered include affordable, high-quality childcare for children ages birth to six years, multicultural curriculum, parent support and involvement, nutritious family meals, community involvement, developmental, hearing, vision, and dental screenings.

NAPA COUNTY HISPANIC NETWORK

The Napa County Hispanic Network is involved in collaborating with public and private agencies on critical issues affecting the Latino community such as promoting leadership and educational opportunities for Latinos; developing and implementing strategies for responding to the needs of Latinos in the community; establishing community partnerships and promoting events to help break down language/cultural barriers in the community. The Napa County Hispanic Network offers scholarships for advanced education to local Latinos.

TRIBAL CONSULTATION & COLLABORATION

There are no federally registered tribes operating within Napa County, and less than 1% of the community identifies as Native American. There has only been one child's case that required the application of the Indian Child Welfare Act (ICWA) since the last CSA was completed in 2009. In the rare circumstances that this occurs, Napa County works with the following agencies to ensure appropriate services for the child and family:

- » California Tribal TANF Partnership, Napa/Solano County Office, Fairfield
- » Ya-Ka-Ama Indian Education and Development Center, Forestville
- » Friendship House, Association of American Indians, Inc. of San Francisco
- » Lodge Program, Oakland
- » Sacramento Native American Health Center: This agency can offer medical and dental care, marriage, family, and individual therapy, alcohol abuse counseling, and substance abuse counseling.
- » Indigenous Nation Child & Family Agency, Bay Area American Indian Counsel, Foster Child Administration, Sacramento
- » California Indian Legal Services (CILS)—Sacramento
- » Inter-Tribal Council of California, Inc., Mendocino
- » Disability Rights of California-Native American Affairs, Sacramento
- » Centers for Medicare & Medicaid Services—American Indian, San Francisco
- » Access to American Indian Recovery, Sacramento

Napa County maintains contracts with two ICWA Experts, who conduct independent evaluations of the County's ICWA cases and give recommendations to the court. County staff are trained in ICWA procedures and Tribal Customary Adoption. Additionally, all services that are available to any family involved with child welfare are available to Native American children and families.

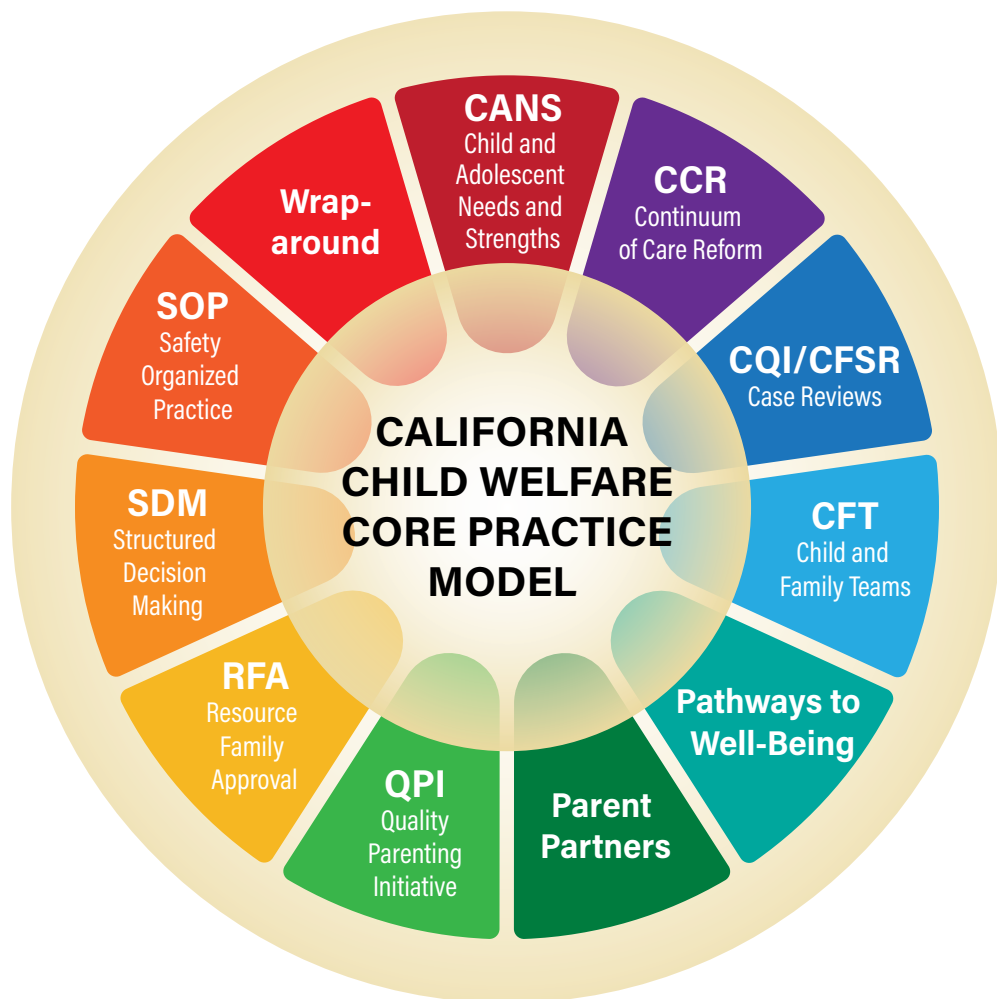
Going forward, Napa County will engage Tribal representatives in the region as appropriate throughout implementation of this CPP.

✓ Napa County notes that the rigid federal standards around what constitutes an "evidence based program" (EBP) have resulted in just one Tribal program thus far being listed on the Title IV-E Prevention Services Clearinghouse. This unfortunately limits the potential of FFPSA to support Tribal children and families, and Napa County is hopeful that federal policymakers will create an evidence-based evaluation process that is more inclusive of the programs and services that many Tribes utilize.

INTEGRATED CORE PRACTICE MODEL

Napa County continues to be guided by the theoretical framework of the California Integrated Child Welfare Core Practice Model (ICPM), which incorporates casework components and practice elements to guide CWS staff in providing service delivery and decision-making at all levels in child welfare. ICPM consists of an integration of key elements of current initiatives such as Child and Family Team Meetings, Safety Organized Practice, Faith-In-Motion, Continuum of Care Reform, Pathways to Wellness, Parent and Youth Partners, Structured Decision Making, and the Indian and Child Welfare Act (ICWA). The casework components utilized consistently include assessment, engagement, planning, service delivery, prevention, and ongoing teaming to serve children and families involved with the county.







As the County implements this CPP and expands the programs and services available to prevent the need for child removals into foster care, it is committed to continuing to integrate the principles of ICPM.



TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

Local Assets & Needs Assessment

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

-  Napa County System Improvement Plan 2018–2023 (SIP)
-  Napa County 2021-2022 Annual SIP Progress Report
-  Napa County Strategic Plan 2019-2022
-  Napa County 2012-2017 Child & Family Services Review County Self-Assessment (CSA)
-  Napa Child Abuse Prevention Council 2021 & 2022 Report on Children and Families
-  First 5 Napa County 2017-2022 Community Plan

The findings of these assessments were supplemented through the CPP development process with focus groups and individual meetings with County staff, direct service providers and other community stakeholders; primary and secondary data collection and review; utilization of the Capacity Assessment tool developed by CDSS; and facilitated conversations during monthly CPP cross-sector collaborative meetings.

Summary of Community Needs

In 2023, the makeup of the population in Napa County is 55% White, 33% Hispanic or Latino, 7% Asian, 2% Black, 2% multi-racial, and less than 1% Native Hawaiian or Pacific Islander and American Indian or Alaskan Native.

Resource inequality is a major issue in Napa County, and it is disproportionately impacting families of color in the community. The median income in Napa is \$97,498. The 2017–2021 American Community Survey (ACS) reports that 7.7% of adults and 8.1% of children under 18 were living below the poverty level. ACS data reveals that American Indian and Alaska Native (18.9%), Native Hawaiian and other Pacific Islander (16.3%), Black or African-American (16.1%), Hispanic or Latino (9.6%), multi-racial (7.9%) and Asian (6.9%) families are all more likely than their White (6.5%) counterparts to be experiencing poverty. Many additional families are living on the financial margins, with 32% of children living at or below twice the federal poverty level according to the Napa CAPC 2022 Report on Children and Families. An estimated 16.6% of households have income below \$34,999 a year, while 30.1% had income over \$150,000 or more. 12% of children under age 18 are experiencing food insecurity.

Napa County also experiences challenges with racial disproportionality in its child welfare system. According to the Napa CAPC 2022 Report on Children and Families, people of color represent just one-third of the population yet account for 64% of the referrals to CWS and 75% of the substantiated cases. “Research suggests that concentrated poverty among demographic groups explains much of the difference in substantiated rates, particularly substantiated rates of neglect,” notes the 2022 CAPC

report. The CSA states that “the need for bilingual and bicultural service providers to work with our Hispanic/Latino families is growing and will need to be addressed in terms of both prevention and intervention/treatment services.” Overall, there was a 7% increase in referrals to CWS in 2021, but a 2% decrease in substantiations. 30% of the referrals to CWS concerned children under the age of five.

According to the 2022 Napa CAPC report, 16% of residents have an adverse childhood experiences (ACEs) score of 4 or more from the household domain—without even considering the community and environmental domains. ACEs are traumatic events that occur in childhood, including things like experiencing violence, abuse, or neglect; witnessing violence in the home or community; having a member attempt or die by suicide; and other household environmental factors like substance use problems, mental health problems, and family instability. ACEs can have lifelong impacts on individuals, including increased likelihood of chronic health problems, mental illness, and substance use disorders.

Based on the review of previous community assessments and the collection of supplemental information gathered during the process of developing this CPP, the three pillars of need driving child welfare system involvement in Napa County—which are often co-occurring and can affect the level of complexity in the families being served—are:

1. Substance use disorders (SUDs) coupled with a lack of available resources
2. Limited availability of, and access to, mental health services
3. Increases in the rates of domestic violence with limited service provider capacity to meet demand

Underlying and intensifying each of these pillars of need are the stressors associated with poverty along with the local scarcity of affordable housing and childcare options for families. These critical issues are among the social determinants of health that influence child and family well-being. Unfortunately,



FFPSA does not provide any resources to address these challenges and limits federal funding for prevention to mental health, substance abuse, and in-home parent skill based programs. Despite this limitation in the federal law, Napa County remains committed to leveraging other programs and funding streams to strengthen the broader safety net to improve child and family outcomes.

These needs have further been intensified by the series of natural disasters experienced in recent years in Napa County, including the 2014 earthquake, numerous wildfires, and the COVID-19 pandemic. Each of these disasters has also disproportionately impacted low-income residents and community members of color, causing ACEs, increasing social isolation, and exacerbating preexisting inequalities in access to housing, education, employment, and other critical resources and support services.

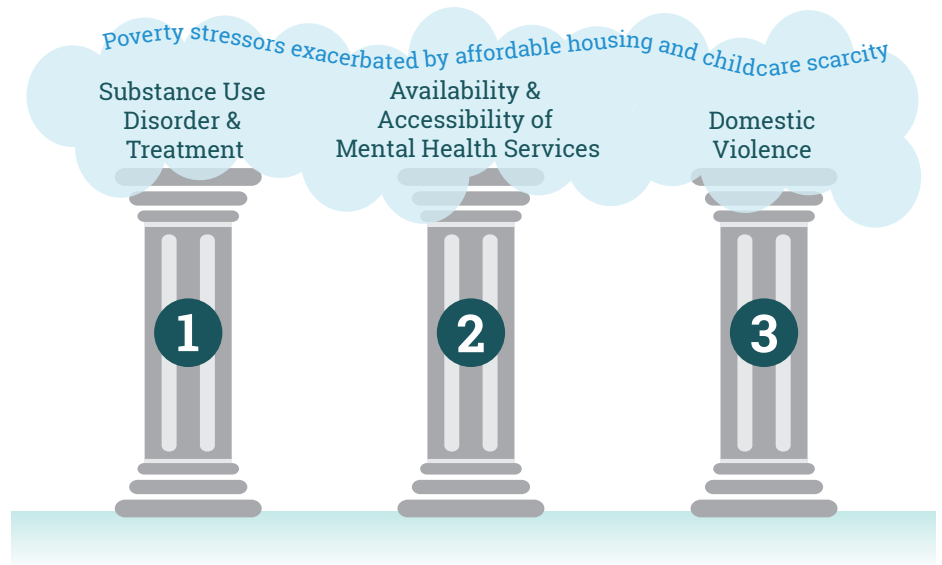


SUBSTANCE USE DISORDER & TREATMENT

While Napa County has a lower rate of arrests for drug-related offenses than the

State of California, approximately 85%–90% of Napa County Child Welfare cases at any given point in time are drug or alcohol related. Stakeholders interviewed as part of the CSA process suspected that 90% of families are affected by substance use disorders,

especially methamphetamine abuse and alcohol abuse. While some resources that address substance abuse issues exist in Napa, stakeholders in the CPP development process indicated that there are few bilingual services (for Hispanic and Asian populations) available in the community coupled with limited transportation (lack of access to personal vehicle and mass transit) which makes accessing existing services extremely challenging.



AVAILABILITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES

Napa County stakeholders identified the prevalence of mental health challenges combined with the lack of mental health resources to be another driver of referrals to the child welfare system. Napa County experiences issues related to intergenerational and chronic/complex trauma.

However, equitable access to services in the community, inclusive of private insurance providers, managed care plans, school-based mental health, and nonprofit providers, remain a challenge.

The Napa County CSA states “there is a lack of community-based, affordable mental health for ‘life stress,’ including anxiety and depression.” Eligibility issues for undocumented individuals, insufficient insurance coverage, and the lack of in-home, specialized, and school-based services were further identified by stakeholders as major challenges related to accessing mental health supports in Napa County.



DOMESTIC VIOLENCE

Napa County staff and partners cite a recent rise in the rates of domestic violence incidences. The CSA states that CWS anecdotally noticed an increase of domestic violence connected to referrals, and community stakeholders echo this concern. The Napa Police Department has also reported an increase in domestic violence calls and are routing these calls all to the sole provider of domestic violence support in Napa County. As mentioned above, issues of domestic violence are often co-

occurring with mental health conditions and substance use disorders. The CSA states that the impact of domestic violence and the complexity of families with multiple presenting issues affects their ability to meet performance outcomes.

Candidate Groups & Data Estimates

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

Data extracted in 2020 from the Structured Decision-Making (SDM) system and provided to Napa County by the California Department of Social Services indicates that **444** children received a risk assessment score of "high" or "very high" while

245 children had at least one identified safety threat. These numbers provide a reasonable range of estimates of how many children in Napa County may meet the "imminent risk" standard for eligibility for federal reimbursement for prevention services.

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



| Candidate Group/Target Population with Description and State Data | County Estimate |
|---|-----------------|
| <p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services</p> <p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services who are also determined to be at imminent risk for foster care will be eligible to receive services under the Title IV-E Prevention Program. These services are the traditional pathway to prevent entry into foster care and may also be provided after reunification to prevent reentry. During SFY 2019-20, there were 12,064 Voluntary Family Maintenance (VFM) cases in California, of whom 991 (8%) were removed within 12 months and placed in foster care. In that same year, there were 37,769 court-ordered Family Maintenance (FM) cases in California, of whom 3,878 (10%) were removed within 12 months and placed in foster care. FFPSA provides an opportunity to expand service capacity to this population.</p> | <p>89</p> |

| Candidate Group/Target Population with Description and State Data | County Estimate |
|--|---|
| <p>Probation Youth</p> <p>Probation youth subject to a petition under section 602 of the Welfare and Institutions Code (WIC), and for whom the probation department determined to be at imminent risk for foster care per a state-approved assessment tool, will be eligible to receive services under the Title IV-E Prevention Program. Per CDSS data, in any given month, approximately 3,900 probation youth per month in California have been determined to be at “imminent risk” of foster care.</p> | <p>35 current (per Napa County Probation); 140 current and former (per VOICES estimate)</p> |
| <p>Guardianship/Adoption at Risk of Disruption</p> <p>Children whose guardianship or adoption arrangement is at-risk of disruption and who are also determined to be at imminent risk of foster care will be able to receive Title IV-E prevention services. These are non-reunified children and youth who have exited foster care to some form of permanency and are at risk of re-entry due to disruption of that permanency arrangement according to an approved assessment tool. In SFY 19–20, 1,092 children, or four percent of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.</p> | <p>13 (guardianship) + 20 (adoption) + 243 in AAP</p> |
| <p>Children with Substantiated/Inconclusive Allegation</p> <p>Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for Title IV-E Prevention Services if the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (11.3%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the substantiated dispositions, 16,292 (11.3%) were closed after investigation, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.</p> | <p>370</p> |
| <p>Children w/Siblings in Foster Care</p> <p>Children who have siblings in foster care, and who are determined at imminent risk of foster care will be eligible to receive Title IV-E prevention services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents). In SFY 2019–2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.</p> | <p>CDSS estimate: 14 children</p> |
| <p>Homeless/Runaway Youth</p> <p>Homeless or runaway youth who are determined to be at imminent risk of foster care can receive Title IV-E prevention services. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.</p> | <p>20</p> |

| Candidate Group/Target Population with Description and State Data | County Estimate |
|--|---|
| <p>LGBTQ Youth</p> <p>The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.</p> | <p>230 (ages 14–17, per VOICES) 21 (CWS)</p> |
| <p>Substance-Exposed Infants</p> <p>Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.</p> | <p>50–60 per year (source: Dept. of Public Health)</p> |
| <p>Trafficked Children and Youth</p> <p>Trafficked children and youth who are determined to be at imminent risk of entering foster care will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019–20, there was an average of 1,081 youth identified as victims of CSE by child welfare and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care due to being trafficked, based upon the use of an approved assessment tool for this specialized population.</p> | <p>21</p> |
| <p>Children Exposed to Domestic Violence</p> <p>Children exposed to domestic violence who are determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E services. Between February and September of 2020, a total of 34,433 “Emotional Abuse” referrals were screened in for investigation. Of those, 23,409 (67.98%) had the “Exposure to Domestic Violence” indicator selected. Title IV-E funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child’s entry into foster care.</p> | <p>217 children received services through the Kids Exposed to Violence (KEDS) program</p> |
| <p>Children w/Caretaker Experiencing Substance Use Disorder</p> <p>Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E prevention services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare involvement compared to other children. The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, or chaotic environments. Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.</p> | <p>According to national data, 1 in 8 children in the U.S. live with a caretaker experiencing an SUD in a given year. Extrapolating from that data would mean 3,247 children in Napa County are living with a caretaker experiencing an SUD</p> |

| Candidate Group/Target Population with Description and State Data | County Estimate |
|---|-----------------|
| <p>Other Serious Risk Factors</p> <p>Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV- E prevention program when services identified in the state’s prevention plan may provide interventions that mitigate risk of entry into foster care. Examples include: Current or recent (within 6 months) family involvement with social services agency.</p> <ul style="list-style-type: none"> ▪ A change in family relationships characterized by frequent conflict or violence; ▪ Recent increase in substance use that impacts daily functioning and ability to care for the child or youth; ▪ Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth; ▪ Incarceration of the caregiver; ▪ Child or youth participated in criminal activity; and ▪ Other recent or current circumstance that may cause family instability or a threat to the child/ youth’s safety or well-being. | N/A |

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

| Candidate Group/Target Population with Description | County Estimate |
|--|-----------------|
| <p>Expectant and/or Parenting Youth in Foster Care</p> <p>Youth in foster care who are expectant, pregnant and/or parenting</p> | 2 |

Target Populations & Service Objectives–Phase 1

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

Under FFPSA the federal government will only fund three types of prevention services: mental health, substance abuse, and in-home parent skill-based programs. Unfortunately, this does not enable Napa County to access new federal funding through Title IV-E to directly address two of its identified pillars of need: Domestic Violence and Child Care Availability and Affordability. It does however provide new opportunities for Napa County to leverage federal Title IV-E funding to address the two other pillars of need: Substance Use Disorder and Treatment and the Availability and Accessibility of Mental Health Services.

Accordingly, in the early stages of the implementation of this CPP, Napa County intends to develop service pathways focusing on five distinct service objectives that apply across and within the state-identified candidate groups. These service priorities seek to address Substance Use Disorder and Treatment and the Availability and Accessibility of Mental Health Services as outlined in the Needs Assessment section of this CPP.

The five service objectives Napa County intends to address in Phase 1 of CPP implementation are:

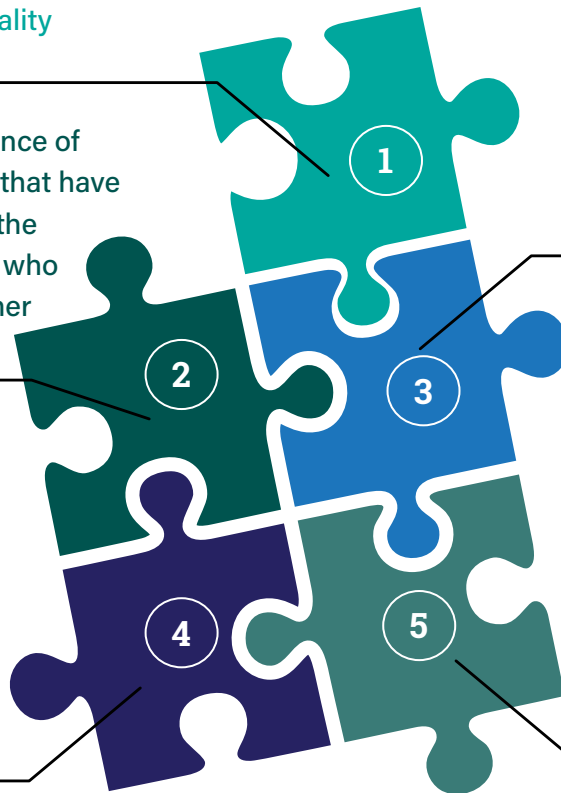
1. Developing culturally relevant services that can address the needs of immigrant and Spanish-speaking families and reduce child welfare system disproportionality

2. Preventing the recurrence of maltreatment in families that have come to the attention of the child welfare system but who can be safely kept together

3. Addressing youth behavioral health concerns including substance abuse in-home

4. Increasing the availability of services in rural/isolated parts of the County

5. Expanding the continuum of services available for families with children ages 0–5



COMMUNITY PATHWAY MODEL

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

California's Plan notes:

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

Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges while improving child and family outcomes and advancing equity.

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

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

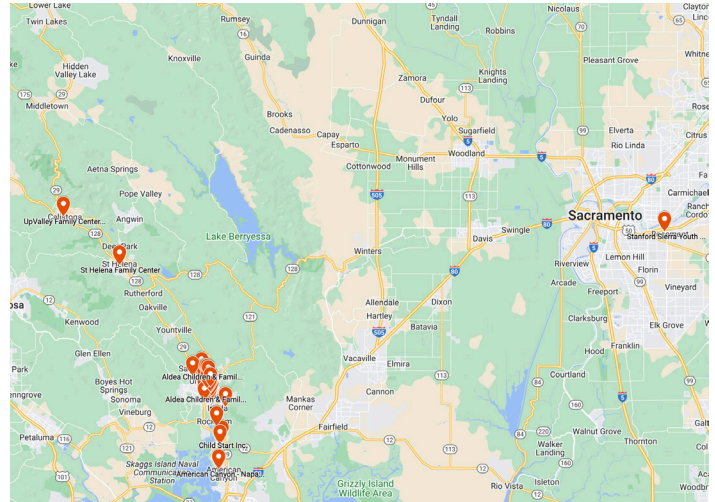


SERVICES/ASSET MAPPING

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

Asset Map

[Asset Map \(Live Version\)](#): An asset map was created using the results from the EBP survey to develop an inventory of child maltreatment and foster care prevention programs that are currently being delivered in Napa County. Identifying a current inventory will help determine any program deserts, gaps in services, provider capacity, and how services are meeting the needs of all children and families at risk of foster care entry. The mapped results will help develop appropriate strategies to leverage federal resources and determine how the County will expand programming over the next several years.



Below is a list of the current programs with descriptions and links to their websites. All agencies and organizations are plotted on the asset map:

| Agency | Description |
|---|--|
| First 5 Napa County | First 5 Napa County supports our community in developing and enhancing coordinated, integrated, and equitable systems that care for, support, educate, and respect families and children 0–5 years of age. |
| Napa County Executive Office—Housing and Homeless Services Division | Napa County offers a variety of services for people who are homeless or at risk of becoming homeless. Services are coordinated by Napa County and partnering agencies through the Napa City and County Continuum of Care. |
| Napa Department of Rehabilitation | The Department of Rehabilitation (DOR) provides services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. DOR administers vocational rehabilitation services that are designed to help job seekers with disabilities obtain competitive employment in integrated work settings. Independent living services may include peer support, skill development, systems advocacy, referrals, assistive technology services, transition services, housing assistance, and personal assistance services. |

| Agency | Description |
|---|--|
| <u>Napa County Health and Human Services Agency (HHS)</u> | <p>Napa County HHS is an integrated agency with a wide array of service programs delivered to the community. In addition to Child Welfare Services, other divisions include Behavioral Health Comprehensive Services for Older Adults, Self Sufficiency Services, and Public Health.</p> <p>HHS Child Welfare Services' primary goal is to prevent or remedy neglect, abuse, or exploitation of children while preserving, rehabilitating, or reuniting families. CWS works collaboratively with the above-referenced divisions to provide an array of services for families and children.</p> <ul style="list-style-type: none"> » Bringing Families Home: Health and Human Services Agency Child Welfare Services and Self Sufficiency Services Division together offer the Bringing Families Home Housing Support Program to families involved in Napa's Child Welfare Services division. » Napa County Multi-Disciplinary Child Sexual Assault Response Team: CWS collaborates and works jointly with the Napa, St. Helena, and Calistoga Police Departments; Napa County Sheriff's Department; Napa County District Attorney's Office; Napa/Solano SANE/ SART; and Sexual Assault Victims Services. The formal protocol outlines the process for investigating, within a multidisciplinary framework, possible child sexual abuse cases that occur within Napa County. » Drug Endangered Children Program: CWS works collaboratively with the Napa Special Investigations Bureau (NSIB) and the Napa County District Attorney's office to facilitate a coordinated response to families involved in dangerous drug environments when children are expected to be present in the home and/or have been exposed to toxic drug related substances. » HHS-Behavioral Health provides an array of services across a continuum of care operating two Medi-Cal managed care plans providing prevention and early intervention to treatment, crisis intervention, crisis residential, supporting living programs, inpatient hospitalization, withdrawal management, and residential treatment. Services are provided through county-operated programs and through a contracted provider network. » HHS-Public Health provides a variety of programs for children and families, including home visiting services, nutritional benefits, breastfeeding support, medical case management, child development services, and connection to community resources. |

| Organization | Description |
|---|--|
| <u>Aldea Children and Family Services</u> | <p>Aldea provides therapy through Medi-Cal funding under a contract with HHS-BH as part of the Specialty Mental Health Services Managed Care Plan and through the CWS allocation of Supportive and Therapeutic Options Program (STOP), funding for prevention and aftercare services to assist children and youth to remain in their home or to return home. The program provides Individual and Family Therapy, Anger Management Groups, a Gang Violence Suppression Program, and CLARO/CLARA mentoring for Latino youth. In addition, Aldea offers day treatment, foster care, and adoption programs.</p> <p>Child Abuse Treatment Program: The purpose of the program is to provide comprehensive psychotherapy services to children victimized by abuse and/or neglect.</p> |

| Organization | Description |
|---|--|
| <u>Alternatives for Better Living</u> | Alternatives for Better Living provides counseling and education services at various locations throughout Napa County. The staff members are licensed marriage and family therapists, certified drug and alcohol counselors, certified domestic violence and nationally certified anger management counselors and registered interns. |
| <u>Bay Area Legal Aid</u> | Bay Area Legal Aid provides free bilingual legal assistance to seniors, immigrants, and low-income residents of Napa County. They represent their clients before courts and agencies, help them obtain benefits, and protect their rights through advocacy, consultation, education, and referrals. |
| <u>Boys and Girls Clubs of Napa Valley</u> | The mission of the Boys and Girls Clubs of Napa Valley is to inspire and enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. |
| <u>Catholic Charities—Napa Nightingale Program</u> | Napa Nightingale Program provides medical respite for patients from the Queen of the Valley and St. Helena hospitals that can be discharged but have no place to continue recovery. It is critical that clients be released to a safe and stable environment to minimize recidivism. The facility has 11 beds to provide temporary on-site residential medical care. |
| <u>Catholic Charities—Rainbow House</u> | Rainbow House is a transitional, supportive housing program for young women (age 18–24), pregnant or with children under age 5. Services include counseling, case management, parenting and employment services and referrals to many other supportive programs in the Napa community. |
| <u>Child Start Incorporated</u> | Child Start is committed to the development of the whole child—educationally, socially, and emotionally—through our Head Start/Early Head Start programs and in collaboration with community programs and services that benefit low-income families. |
| <u>Community Health Clinic Ole and Sister Ann Community Dental Clinic</u> | Clinic Ole is a Federally Qualified Health Care Center providing medical care to nearly 15,000 patients and dental care to 10,000 patients annually. 45% of the patients are farm workers and their family members. 70% of the patients are Latino, with 55% preferring to speak Spanish. Services are charged on a sliding fee scale, based on poverty guidelines. In addition to the main facility in Napa, there are four satellite clinics: St. Helena, Calistoga, a homeless clinic in downtown Napa, and a student clinic at Napa Valley College. |
| <u>Community Resources for Children (CRC)</u> | CRC provides resources for the early care and education of children in Napa County. Services include maintaining the Napa County Centralized Eligibility list for childcare assistance for children ages 0–12, and for children age 13 with certain documented special needs such as a physical or behavioral disability. CRC provides information about subsidized child care programs in Napa, American Canyon, Yountville, St. Helena, Calistoga, and other outlying areas of the county. Additional programs include the Toy Library and Early Learning Center, Parent/Provider Trainings, Conflict Resolution, Story Telling, and the Children and Weight Coalition. Services are available in English, Spanish, and Tagalog. |
| <u>Cope Family Center</u> | With a mission to empower parents, nurture children, and strengthen communities, Cope provides parents with the education, resources, and support they need to raise children who thrive. |
| <u>Expressions of HOPE</u> | Expressions of Hope is a non-profit organization that provides resources and support to foster families in Napa County, and wraparound services to adoptive families in California. |

| Organization | Description |
|---|---|
| <u>Mentis</u> | Mentis staff and clinicians educate, support, and inspire people to take charge of their mental well-being. They provide early intervention programs to educate the community on good mental health, outpatient services that provide access to mental health treatment, and residential services that allow adults with mental illness to be given the tools and encouragement they need to live independently. |
| <u>Napa County Hispanic Network</u> | The Napa County Hispanic Network is involved in collaborating with public and private agencies on critical issues affecting the Latino community such as promoting leadership and educational opportunities for Latinos; developing and implementing strategies for responding to the needs of Latinos in the community; establishing community partnerships and promoting events to help break down language/cultural barriers in the community. The Napa County Hispanic Network offers scholarships for advanced education to local Latinos. |
| <u>Napa Court Appointed Special Advocate (CASA) Program</u> | The Napa Court Appointed Special Advocate (CASA) program advocates for the best interests of abused and neglected children who, through no fault of their own, have become dependents of the court. |
| <u>Napa Emergency Women's Services (NEWS)</u> | <p>NEWS offers battered women's services including a 24-hour crisis hotline, a safe house, and counseling. The Children's Club program is specifically designed for children exposed to domestic violence, to help with trauma, anger, and self-esteem issues. Safe Solutions provides one on one case management. Other programs include Court Advocacy Program and Domestic Violence.</p> <p>Sexual Assault/Victim Services (SAVS) include a 24-hour hotline for victims or significant others affected by sexual abuse, referrals, victims' compensation, emergency funds and support groups.</p> |
| <u>Napa Valley Youth Advocacy Center (NVYAC)</u> | NVYAC is a teen center and provides supervision and safe activities to mentor, build relationships, improve mental health, and help youth build real-life skills. As a youth advocacy and support resource, the NVYAC networks with other local agencies to provide youth grades 5-12 and their families with access to counseling, mentoring, consulting, and community connections. |
| <u>North Bay Regional Center</u> | North Bay Regional Center (NBRC) assists people with developmental disabilities in obtaining the services and supports needed to live as others do in the community. NBRC has established strategic goals to guide our efforts in focused areas: employment, independence, community access, and family supports. |
| <u>On The Move</u> | On The Move partners with communities and mobilizes emerging leaders to act in pursuit of social equity. Their initiatives include On The Verge, VOICES Youth Programs, Neighborhood Initiative, LGBTQ Connection, Innovations Community Center, Napa County Recovery Center, and La Plaza. Each program focuses on removing barriers and opening opportunities for communities that have been disproportionately impacted by systemic oppression in institutions. |

| Organization | Description |
|--|--|
| <u>On the Move Napa Junction</u> | <p>On the Move Napa Junction Family Resource Center offers services in the southern region of Napa County in both English and Spanish, including Information and Referral Services, Parent Education, Care Provider Workshops, Support Groups, Community Events and Resource Fairs, Access to Health and Social Services Programs, One on One Support, Family Literacy Classes, and Kinship Support.</p> |
| <u>Parents CAN (Parent-Child Advocacy Network)</u> | <p>Parents CAN provides families with special needs children an array of services. They partner with and guide parents when challenges arise in their child’s education, health, behavior, or development.</p> |
| <u>Planned Parenthood—Napa Health Center</u> | <p>Planned Parenthood provides high-quality, affordable health care for adult women, men, and teens. They provide a range of reproductive and general health services including birth control, prenatal care, pregnancy testing, STD screening and treatment, sterilization and counseling, and other services. Planned Parenthood provides Community Services and an Education Program, including comprehensive, responsible, age-appropriate sexuality education and case management services for youth, teens, and adults. Services are also available for parents.</p> |
| <u>Progress Foundation</u> | <p>Napa County contracts with Progress Foundation to operate its Transitional Housing Program Plus (THP+) program. Housing and case management services for emancipated foster youth in Napa County are provided with a focus on supporting self-sufficiency, education, and employment. This is funded through the state’s THP+ allocation. In addition, Progress Foundation operates community-based alternative mental health and co-occurring treatment programs and housing for adults, families, and youth.</p> |
| <u>Puertas Abiertas Community Resource Center</u> | <p>Puertas Abiertas Community Resource Center serves as a gateway for access to health and social services in the Napa community, a culturally appropriate service provider to Latino families, and a collaborator with a wide variety of community partners.</p> |
| <u>Queen of the Valley Medical Center (QVMC)</u> | <p>Queen of the Valley Medical Center (QVMC) is the largest, most comprehensive health care facility in the region. QVMC has been committed to extending its role in the community far beyond the traditional medical model to address such public health concerns as domestic violence, medical and dental services for low-income families, prenatal care, quality child care, health education and much more. The hospital’s outreach to the underserved has blossomed due to ongoing collaboration efforts with non-profit businesses and church groups in Napa.</p> |
| <u>Stanford Sierra Youth & Families</u> | <p>Stanford Sierra Youth & Families provides a continuum of care to empower youth and families to overcome challenges together, and connects youth in foster care to permanent families. This includes the following array of comprehensive programs: family advocacy and support; behavioral and mental health services; juvenile justice intervention; mentoring; foster care; adoption services; and pre- and post-adoption support.</p> |

| Organization | Description |
|--|--|
| <u>UpValley Family Centers</u> | <p>The UpValley Family Centers operates as a Family Resource Center serving families and strengthening communities. Taking a prevention-focused, community-responsive approach, their services are culturally sensitive and aim to help families and communities build on the strengths they already possess to create a future of opportunity for themselves. They serve children, youth, adults, and seniors who live and/or work in the rural communities of Calistoga, St. Helena, Deer Park, Angwin, Pope Valley, Lake Berryessa, Oakville, and Rutherford.</p> <p>Calistoga Family Resource Center, one of the UpValley Family Centers, offers services in the northern region of Napa County in both English and Spanish, with many co-located, collaborative programs. Programs include Family Education, Plaza Comuntaria (for adult learners to complete their education through the high school level) Home Visitation, Economic Success, English Language classes, Student Assistance program, housing services, legal services, the Strong Families program, Family Counseling, Family Violence Prevention, and Kinship Support.</p> |
| <u>VOICES (Voicing Our Independent Choices for Emancipation Support)</u> | <p>VOICES is contracted through the CWS ILP allocation to provide the Independent Living Skills Program for eligible youth in Napa County. As mentioned elsewhere in this report, VOICES operates under a strong youth leadership model.</p> |
| <u>Wayfinder Family Services</u> | <p>Wayfinder provides a range of trauma-informed services to help children, youth, and adults discover their path to sustained well-being. They provide early intervention, special education, recreation, independence, workforce development, and mental health programs. Wayfinder offers temporary shelter for youth who have been removed from their families due to maltreatment; a residential therapeutic program for foster youth; medical and mental health services for youth who are in the child welfare system; and foster care and adoption services.</p> |

CAPACITY ASSESSMENT OVERVIEW

Napa County utilized the CDSS Capacity Assessment Tool during the development of this CPP. After being briefed on the tool and its purpose, CPP cross-sector collaborative members were encouraged to complete the tool individually and submit their results. The scores were then aggregated, the written feedback was consolidated, and the findings were presented back to the CPP collaborative at its May 2022 meeting. Following the presentation of these findings, a facilitated

conversation solicited additional feedback. Collaborative members then collectively developed strategies for addressing areas of challenge and identified areas where additional guidance or technical assistance may be needed from the State. The completed tool was then submitted to the County's CDSS Office of Child Abuse Prevention (OCAP) liaison. The results from the tool, including areas of strength and challenge, can be found in Appendix I of this CPP.

EVIDENCE-BASED PROGRAMMING

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

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

Providers were also surveyed about whether their current programming is being delivered in-person, virtually, or both; which communities it is being delivered in; how it is being financed; and whether it is being delivered as a primary, secondary, and/or tertiary intervention. This survey process provided Napa County with rich data and a comprehensive understanding of local provider prevention service capacity and informed the selection and categorization of the EBPs within this CPP.

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

Tier 1 Services

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

| Program | Service Category | Target Population | Outcome Objectives |
|----------------------------------|-----------------------------------|--|---|
| Functional Family Therapy | Mental Health | Adolescents aged 11-18 and their parents/caregivers | <ul style="list-style-type: none"> » Improved child behavioral and emotional functioning » Decrease in youth substance use » Improvements in parental capabilities |
| Motivational Interviewing | Substance Abuse/ Cross-Cutting | Adolescents and their parents/ caregivers | <ul style="list-style-type: none"> » Decrease in youth substance use » Decrease of parent/caregiver substance use » Improved physiological, psychological, and lifestyle outcomes |
| Parents as Teachers | In-Home Parent Skill Based | Parents/caregivers with children ages zero to kindergarten | <ul style="list-style-type: none"> » Increased number of developmental milestones met » Increased positive parenting practices » Improvement of parent/caregiver emotional and mental health |

Tier 2 Services

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

| Program | Service Category | Target Population | Outcome Objectives |
|-----------------------------------|------------------|---|---|
| Bounce Back | Mental Health | Students from kindergarten through 5th grade who have witnessed or experienced traumatic life events and are experiencing traumatic stress symptoms | <ul style="list-style-type: none"> » Increased child well-being: Behavioral and emotional functioning » Increased child well-being: Social functioning |
| Child-Parent Psychotherapy | Mental Health | Children ages birth through 5 and their parents/caregivers | <ul style="list-style-type: none"> » Increased child well-being: Behavioral and emotional functioning » Increased adult well-being: Parent/caregiver mental or emotional health |

| Program | Service Category | Target Population | Outcome Objectives |
|--|------------------|--|--|
| Cognitive Behavioral Intervention for Trauma in Schools | Mental Health | Students from 4th grade through 12th grade who have witnessed or experienced traumatic life events and have significant symptoms of PTSD or depression | » Increased child well-being: Behavioral and emotional functioning |
| Cognitive Processing Therapy | Mental Health | Adults with PTSD | » Increased adult well-being: Parent/ caregiver mental or emotional health |
| Mindfulness-Based Cognitive Therapy | Mental Health | Adults with depression symptoms or other mental disorders, such as anxiety | » Increased adult well-being: Parent/ caregiver mental or emotional health » Increased adult well-being: Parent/ caregiver physical health |
| Mindfulness-Based Cognitive Therapy—Parents | Mental Health | Parents of children ages 2–12 with parental depression symptoms | » Increased adult well-being: Parent/ caregiver mental or emotional health » Increased adult well-being: Parent/ caregiver physical health |
| Trauma-Focused Cognitive Behavioral Therapy | Mental Health | Children and adolescents who have experienced trauma including those who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems | » Increased child well-being: Positive parenting practices » Increased child well-being: Social functioning » Increased adult well-being: Parent/ caregiver physical health. » Increased adult well-being: Parent/ caregiver mental or emotional health |
| Triple P: Positive Parenting Program—Group (Level 4) | Mental Health | Families with children (up to 12 years) who are interested in promoting their child's development or who are concerned about their child's behavioral problems | » Increased child well-being: Behavioral and emotional functioning » Increased adult well-being: Positive parenting practices » Increased adult well-being: Parent/ caregiver mental or emotional health |
| Triple P: Positive Parenting Program—Standard (Level 4) | Mental Health | Families with children (up to 12 years) who exhibit behavior problems or emotional difficulties | » Increased child well-being: Behavioral and emotional functioning » Increased adult well-being: Positive parenting practices » Increased adult well-being: Parent/ caregiver mental or emotional health |

Other Prevention Programming

Additional community resources available in Napa County include:

Child Start Incorporated: Child Start oversees the Head Start program in Napa County which focuses on early learning initiatives for young children and their families. Services include the Head Start preschool programs and the Early Head Start program for pregnant women, infants, and toddlers ages 0–3. Head Start serves families through a variety of partnerships with agencies serving similar populations, such as the Therapeutic Child Care Center and Healthy Moms and Babies. The Becoming a Reader program partners with area preschools, early childhood home visitors, and community family centers. Trainings include engaging parents, goal setting, and conflict resolution. Services are available in English and Spanish.

First 5 Napa County: The mission of the First 5 Napa County Children and Families Commission is to improve the ability of local service providers to help children get a strong, healthy start in life, with emphasis on Early Childhood Learning and Education, Early Childhood Health, and Parent and Community Education. First 5 Napa County serves as a strategic funding partner with local non-profit organizations and government agencies.

Napa County Office of Education (NCOE) Early Childhood Services:

- » **The Napa Infant/Preschool Program (NIP)** provides a variety of free educational services to children ages 0–5, with suspected developmental delays and conditions which challenge their ability to learn. Services include developmental assessments, individual speech and language services, home visits, consultation with preschool providers, family involvement activities, family education classes, coordination of services with other agencies, and transition to school age programs. Staff includes special education teachers, speech therapists, physical

therapist, occupational therapist, psychologist, school nurse, family counselor, vision specialist, hearing specialist, and bilingual support staff.

- » **Child Development Programs** serve the children of parents who are working, looking for work, or in training. The programs provide subsidized child care for eligible families. Program goals are established to provide developmentally appropriate experiences for children in the areas of physical development, cognitive development, social-emotional development, language and literacy development, and parent, school, community involvement. Preschool program sites are in Napa, St. Helena, and Yountville. School Age sites are in Napa and Yountville. There is a state preschool site in Calistoga.
- » **Napa County Child Care Planning Council** works towards meeting the child care and developmental needs of children and families through education, coordinated planning, and advocacy efforts. The primary purpose of the Council is to assess Napa County child care needs and to address those needs. The membership consists of 20% child care consumers, 20% child care providers, 20% community representatives, 20% public agency representatives, and 20% at large members. The Board of Supervisors and the Superintendent of Schools appoint members to the Council, establish the terms of appointments, and review and approve needs assessments and local funding priorities.

Napa County Network of Family Resource Centers:

All the Family Resource Centers in the network do continuous outreach to families in their geographic areas or, in the case of Parents CAN, with their targeted population of families with children with disabilities. In addition to distributing pamphlets and flyers in their areas, they each maintain very close connections with the schools and law enforcement in their communities who join them in identifying families in the community to target for outreach. Each FRC also uses fundraising events to increase general community awareness of their services and the needs of families across the county for these kinds of services and interventions.

- » **Cope Family Center** is the founding agency of the Network and works with local and regional agencies to develop effective partnerships to ensure families have access to the resources and services they need. The collaborative programs are designed to better serve the families throughout the entire valley by sharing best practices and resources through the co-location and the provision of comparable services, as opposed to duplication of services. Cope Family Center provides all services in both English and Spanish. Services include Home Visitation, Parent Education, Family Economic Success, Supervised Visitation, Child Assault Prevention Education, Emergency Aid, and Kinship Support. Cope is contracted for the provision of these services through the use of the PSSF/CBCAP/CAPIT and Children's Trust Fund money.
- » **On the Move Napa Junction Family Resource Center** offers services in the southern region of Napa County in both English and Spanish, including Information and Referral Services, Parent Education, Care Provider Workshops, Support Groups, Community Events and Resource Fairs, Access to Health and Social Services Programs, One on One Support, Family Literacy Classes, and Kinship Support.
- » **Up Valley Family Resource Centers** offers services in the northern region of Napa County

in both English and Spanish, with many co-located, collaborative programs. Programs include Family Education, Plaza Comunitaria (for adult learners to complete their education through the high school level), Home Visitation, Economic Success, English Language classes, Student Assistance program, housing services, legal services, the Strong Families program, Family Counseling, Family Violence Prevention, and Kinship Support.

- » **Parent-Child Advocacy Network (Parents CAN)** is also a part of this network and as a Family Resource Center, Parents CAN provides families with children who have special developmental or mental health needs an array of services, which are all available in either English or Spanish, with half of their staff bilingual and bicultural. They are a KSSP provider as well for kin caregivers with special needs children. Services include serving as Family Advocates, Mental Health Family Partners, Early Start Community Liaisons, and conducting support groups for parents.
- » **Puertas Abiertas Community Resource Center:** Puertas Abiertas offers services to the Latino community to help them achieve healthy living, self-sufficiency and opportunities for leadership and community engagement. Services include referrals to health care and social service providers, life skills classes, education classes, English language classes, self-sufficiency and community leadership. This program collaborates with St. John's Catholic Church in Napa.

Community Resources for Children (CRC):

CRC provides resources for the early care and education of children in Napa County. Services include maintaining the Napa County Centralized Eligibility list for childcare assistance for children ages 0–12, and for children age 13 with certain documented special needs such as a physical or behavioral disability. CRC provides information about subsidized child care programs in Napa, American Canyon, Yountville, St. Helena, Calistoga, and other

outlying areas of the county. Additional programs include the Toy Library and Early Learning Center, Parent/Provider Trainings, Conflict Resolution, Story Telling, and the Children and Weight Coalition. Services are available in English, Spanish, and Tagalog. CRC is the CWS contracted provider for the Bridge Child Care program that provides subsidized child care services to foster youth and children at risk for removal.

Community Health Clinic Ole and Sister Ann

Community Dental Clinic: Clinic Ole is a Federally Qualified Health Care Center providing medical care to nearly 15,000 patients and dental care to 10,000 patients annually. 45% of the patients are farm workers and their family members. 70% of the patients are Latino, with 55% preferring to speak Spanish. Services are charged on a sliding fee scale, based on poverty guidelines. In addition to the main facility in Napa, there are four satellite clinics: St. Helena, Calistoga, a homeless clinic in downtown Napa, and a student clinic at Napa Valley College.

Health screenings and education are provided at migrant farm worker housing camps and vineyards throughout Napa County. Clinic Ole collaborates with other health and human services agencies to bring a variety of services and information to farm workers where they live and work. Clinic Ole provides Adult and Pediatric Medicine, including primary and preventative health care and health education. Clinic Ole participates in the Reach Out and Read program which encourages early literacy by giving new books to children when they come in for well child exams. Sister Ann Community Dental Clinic provides preventative and restorative dental care and education. Services are available in Spanish and English.

Last year, Clinic Ole, through a partnership with county alcohol and drug services and mental health services, opened a satellite clinic on the campus of Health and Human Services. This clinic has recently expanded the eligibility criteria to serve any HHS service recipient, age 13 and older, regardless of insurance coverage or income.

Migrant Education Program: This is a federally funded program that provides supplementary educational and support services to children and youth of migrant families, ages 3–21. Services offered include educational and job training resources, assessment of needs, academic and vocational counseling, early intervention, payment for urgent dental, medical, and vision services, translation and transportation, emergency clothing and food, and preschool programs. Services are offered in Spanish and English.

Boys and Girls Clubs of Napa Valley: The Boys and Girls Clubs of Napa Valley provide dedicated facilities that are open daily after school to serve the needs of children in the community ages 6–18. Clubhouses are located in Napa and American Canyon, with an additional eight school sites, including more remote areas of the county. Services offered include programs that address youth issues including Character and Leadership, Education and Career, Health and Life Skills, The Arts, and Sports, Fitness and Recreation.

Napa Valley Youth Center: The Napa Valley Youth Advocacy Center (NVYAC) opened in 2004 as an Angwin after-school center (originally called the Angwin Community Teen Center) dedicated not just to providing supervision and safe activities but also to mentor, build relationships, improve mental health, and help youth build real-life skills. As a youth advocacy and support resource, the NVYAC networks with other local agencies to provide youth grades 5–12 and their families with access to counseling, mentoring, consulting, and community connections.

MHSA Full Service Partnership for Children:

The MHSA Full Service Partnership for Children is funded by the Mental Health Services Act and provided by collaborative service agreements between Napa County Health and Human Services and community agencies. Primarily aimed at monolingual Spanish speaking families, the program provides wraparound services for families such as respite, support at school, and parenting education. The goal of the program is to prevent removal of children from the home. Services target underserved Latino children and their families.

Mentis: Mentis provides affordable psychotherapy for all ages, as well as families, couples, and seniors. Services are available in English and Spanish.

Sexual Assault/Victim Services (SAVS): SAVS is a program of the Volunteer Center of Napa Valley. Services offered include a 24-hour hotline for victims or significant others affected by sexual abuse, referrals, victims' compensation, emergency funds, and support groups. The program serves children and adults. Services are provided in English and Spanish.

Bay Area Legal Aid (BayLegal): BayLegal provides free bilingual legal assistance to seniors, immigrants, and low- income residents of Napa County. They represent their clients before courts and agencies, help them obtain benefits, and protect their rights through advocacy, consultation, education, and referrals. They help people solve critical problems affecting their most basic needs, thereby enabling them to lead healthier, safer, and more productive lives. BayLegal offers services to seniors and low-income people including those who are homeless and victims of domestic violence. They offer immigrant legal services. BayLegal holds free clinics throughout the county, including a bi-monthly clinic on the campus of HHSA.

Catholic Charities: Rainbow House is a transitional, supportive housing program for young women (age 18–24), pregnant or with children under age 5. Services include counseling, case management, parenting and employment services, and referrals to many other supportive programs in the Napa community.

Services to Native American Children: Napa County only occasionally has a case with a Native American child. In the rare circumstances that this occurs, the County works with the following agencies to ensure appropriate services for the child and family:

- » California Tribal TANF Partnership, Napa/Solano County Office, Fairfield
- » Ya-Ka-Ama Indian Education and Development Center, Forestville
- » Friendship House, Association of American Indians, Inc. of San Francisco
- » Lodge Program, Oakland
- » Sacramento Native American Health Center: This agency can offer medical and dental care; marriage, family, and individual therapy; alcohol abuse counseling; and substance abuse counseling.
- » Indigenous Nation Child & Family Agency, Bay Area American Indian Council, Foster Child Administration, Sacramento
- » California Indian Legal Services (CILS)—Sacramento
- » Inter-Tribal Council of California, Inc., Mendocino
- » Disability Rights of California—Native American Affairs, Sacramento
- » Centers for Medicare & Medicaid Services—American Indian, San Francisco
- » Access to American Indian Recovery, Sacramento

LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS

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

As noted earlier, the five service objectives Napa County intends to address in Phase 1 of CPP implementation are:

- » Developing culturally relevant services that can address the needs of immigrant and Spanish-speaking families and reduce child welfare system disproportionality
- » Preventing the recurrence of maltreatment in families that have come to the attention of the child welfare system but who can be safely kept together
- » Addressing youth behavioral health concerns including substance abuse
- » Increasing the availability of services in rural/ isolated parts of the County
- » Expanding the continuum of services available for families with children ages 0–5



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

| Program | Service Category | Phase 1 Service Objectives | Outcome Objectives |
|----------------------------------|-----------------------------------|---|---|
| Functional Family Therapy | Mental Health | <ul style="list-style-type: none"> » Expanding availability of services for Spanish-speaking families » Preventing maltreatment recurrence » Addressing youth BH challenges including SUD » Increasing availability of services in rural areas | <ul style="list-style-type: none"> ✓ Improved child behavioral and emotional functioning ✓ Decrease in youth substance use ✓ Improvements in parental capabilities |
| Motivational Interviewing | Substance Abuse/ Cross-Cutting | <ul style="list-style-type: none"> » Expanding availability of services for Spanish-speaking families » Preventing maltreatment recurrence » Addressing youth BH challenges including SUD » Increasing availability of services in rural areas | <ul style="list-style-type: none"> ✓ Decrease in youth substance use ✓ Decrease of parent/caregiver substance use ✓ Improved physiological, psychological and lifestyle outcomes |
| Parents as Teachers | In-Home Parent Skill Based | <ul style="list-style-type: none"> » Expanding availability of services for Spanish-speaking families » Preventing maltreatment recurrence » Increasing availability of services in rural areas » Expanding services for families with children 0–5 | <ul style="list-style-type: none"> ✓ Increased number of developmental milestones met ✓ Increased positive parenting practices ✓ Improvement of parent/caregiver emotional and mental health |

LOGIC MODEL

TARGET POPULATIONS

Spanish-speaking children and families • Families that have come to the attention of the child welfare system that can be kept together with intervention • Youth with behavioral health challenges and/or abusing substances • Families in areas of the county with few services • Parents and caregivers abusing substances • Families with children ages 0–5

COMMUNITY NEEDS

- » Over-representation of referrals and substantiated cases for children of color in the child welfare system
- » Increased rates of domestic violence
- » Limited availability of, and access to, mental health services
- » High rates of ACES as compared to the state average
- » A lack of safe and affordable childcare providers
- » Approximately 85%-90% of Napa County Child Welfare cases are drug- or alcohol-related

INPUTS

- » Critical administrative supports, including: Information technology tools; interagency collaboration; training and workforce supports
 - » Strong programming within Child Welfare including Differential Response & Family Preservation Services Program
 - » Commitment to inter-agency collaboration and cross-sector partnerships
 - » Strong collaboration with Child Abuse Prevention Council (CAPC) of Napa County
- Other resources—outside of Child Welfare Services—but by the County and HHSA more broadly are being directed to these issues and will have a positive impact.
- Network of FRC's located throughout county— Delivery of high-fidelity evidence-based programs that are aligned with the specific needs and characteristics of each family in the target population including: Functional Family Therapy • Motivational Interviewing • Parents as Teachers

OUTPUTS

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

SHORT-TERM OUTCOMES

- ✓ Racial disparity in the child welfare system is reduced
- ✓ Expanded services are available to youth with behavioral health challenges
- ✓ Decreased rates of domestic violence
- ✓ Expanded childcare capacity
- ✓ Improved child behavioral and emotional functioning
- ✓ Decrease in youth substance use
- ✓ Expanded services are made available to underserved areas of the county.
- ✓ Decrease of parent/caregiver substance use
- ✓ Improved physiological, psychological, and lifestyle outcomes
- ✓ Increased number of developmental milestones met
- ✓ Increased positive parenting practices

LONG-TERM IMPACT

- ✓ Families in Napa County are strengthened and stabilized
- ✓ Reduced counts of child maltreatment
- ✓ Decreased rates of removal and placement into foster care
- ✓ Reduced foster care census

CPP SPENDING PLAN

CHILD WELFARE—ESTIMATED COSTS

| SOURCE | ALLOCATION |
|--|------------------|
| State Block Grant | \$400,261 |
| Activity | |
| Program Implementation: Community Resource Guide (Primary Prevention) | \$181,372 |
| Program Development: Parents As Teachers Capacity Building | \$181,372 |
| Program Planning and Staffing: Prevention Services Manager part-time support (partial salary for one year) | \$37,517 |
| Total | \$400,261 |
| CBCAP | \$26,095 |
| Activity | |
| Program Implementation: "Community Supporter—Mandated Reporter" Training (Primary Prevention) | |
| Total | \$26,095 |
| CBCAP ARPA | \$60,953 |
| Activity | |
| Primary Prevention: Community Awareness Campaign (Mi Familia/Mi Comunidad) | \$60,953 |
| Total | \$60,953 |
| FFTA | \$100,869 |
| Activity | |
| Program Planning: Social Change Partners/CPP Development | \$100,869 |
| Total | \$100,869 |

The CPP strategies will be funded through several funding sources as displayed in the tables above. These include the Family First Prevention Services (FFPS) State Block Grant (SBG), Family First Transition Act (FFTA) Grant, Community-Based Child Abuse Prevention (CBCAP) Grant and CBCAP-ARPA (American Rescue Plan Act). CWS intends to spend the FFPS State Block Grant on three main activities: 1) Implementation of a Community Resource Guide (Evident Change) 2) Contributing to the expansion of the Parents and Teachers evidence-based program and 3) Partial Salary for the CWS Prevention Services Manager.

Implementation of a Community Resource Guide

\$181,372.00 will be invested in a contract with Evident Change for the development of a Community Resource Guide. Evident Change's Community Resource Guide helps communities collaboratively develop accurate, equitable child protection reporting practices tailored to their needs. The public, online guide includes decision trees for neglect or abuse concerns, linked to a regularly updated roster of local prevention agencies. The result is a real-time decision aid that helps reporters and concerned community members understand and consider the range of local options to help families.

Parents as Teachers Expansion

One of the main EBPs to be utilized in Phase 1 of the CPP is the Parents as Teachers program. In partnership with the COPE Family Services, CWS will be requesting expansion of the Parents as Teachers eligibility criteria to include child welfare protocols. 181,372.00 will be dedicated to assisting COPE Family Services in developing and implementing its plan for approval by Napa County Board of Supervisors.

Program Planning and Staffing

Prevention Services Manager New Position part-time support (partial salary for one year)

Lastly, CWS has hired a Staff Services Manager who will devote 20% of their time to the coordination and implementation of the CPP in collaboration with the FFPSA Advisory Committee and contracted providers.

Other Initiatives

Child Welfare Services will utilize several other funding streams to round out the CPP Phase 1 prevention strategies. CBCAP and CBCAP-ARPA will be dedicated to primary prevention which will include ongoing community outreach funded by CBCAP (\$26,095) with the expansion of Community Supporting (aka Mandated Reporting) training and (\$60,953.00) to be used to fund a community awareness campaign Mi Familia/Mi Comunidad.

The FFTTA grant of \$100,869 has already been earmarked for Program Development including writing of this CPP plan in a contract with Social Change Partners.

PROBATION

| SOURCE | ALLOCATION |
|--|---------------------|
| State Block Grant | \$144,408.00 |
| Activity | |
| Program Implementation: Plan and implement Title IV-E eligible prevention programs | \$113,203.00 |
| Program Planning and Staffing: Staff Service Analyst part-time support (partial salary for one year) | \$31,205.00 |
| Total | \$144,408.00 |

Napa County Probation Department's (CPD) CPP strategies will be funded through several funding sources. CPD intends to spend the FFPS State Block Grant on prevention/early intervention efforts. The plan is to identify and provide services to the candidate population and their families by providing prevention/early intervention services through the implementation and use of Motivational Interviewing as well as other services. CPD will devote 20% of an Analyst's time to the quality assurance and fidelity of the evidence-based services/programs for CPD prevention/early intervention efforts.

ADDITIONAL ASSURANCES

Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES COUNTY OF NAPA

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

Title IV-E Prevention Program Reporting Assurance

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

Napa County Health & Human Services Agency

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

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

Child Safety Monitoring Assurance

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

Napa County Health & Human Services Agency

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

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

Workforce Development and Training Assurance

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

Napa County Health & Human Services Agency

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

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

Trauma-Informed Service Delivery Assurance

Napa County Health & Human Services Agency

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

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

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

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

Napa County Health & Human Services Agency

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

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

Advancement of Fairness and Equity Strategies Assurance

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

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

Assurance of Coordination with Local Mental Health

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

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

Assurances Signatures

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

Veronica Piper-Jefferson
July 27, 2023 *Signature of Veronica Piper-Jefferson, HHSA Deputy Director, Child Welfare Services*
(DATE) (SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE)

Amanda Gibbs
July 27, 2023 *Signature of Amanda Gibbs, Chief Probation Officer*
(DATE) (SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE)

APPENDIX I

Napa County Capacity Assessment: Summary of Findings and Areas to Address

| Domain | Strengths | Areas to Develop & Challenges | Possible Strategies & Next Steps |
|--------------------------------|---|--|---|
| Motivation for Change | Leadership Buy-In; Stakeholder Buy-In | | Continue County/stakeholder collaboration and engagement; build off established trust and shared vision |
| Provider Capacity & Capability | Established Meeting Frequency; Transparent Communication with Cross-Sector Partners | | Maximize the leveraging of resources across funding streams; empower CBOs to develop and implement community involvement and engagement |
| System Capacity & Capability | | History of Cross-Sector Partnerships; Needs Assessment; Implementation Support for CQI; Data Collection; Adequate Staffing | Need to establish clear consistencies and policies around data entry; maximize the leveraging of resources across funding streams; need to ensure systems align and speak the same language; identify strategies to address hiring/retention challenges |
| Policy Supports | Alignment with Current Initiatives | Data Sharing Agreements | Continue aligning FFPSA/PPP planning process with CAPC planning process to identify overlap and areas of compliment; develop data sharing processes |

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

The lack of a community needs assessment (specific to child welfare) has been identified as absent/missing. This process has been initiated by Napa CWS as part of the FFPSA planning process – and focus groups of stakeholders have already been engaged to solicit their feedback. CWS intends to include this needs assessment and analysis in its Comprehensive Prevention Plan.

Continuous Quality Improvement (CQI) has been identified as absent/missing. Napa County could use technical assistance and resources from CDSS to develop this infrastructure locally.

Data collection, tracking, analysis monitoring, and sharing has been identified as absent/missing. Napa County could use technical assistance, training and resources from CDSS to develop this infrastructure locally.

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

Shared mission and vision/buy-in between public agency and stakeholders; communication and partnership; and alignment with existing county practices and policies. The local CAPC also has built a strong foundation for collaboration.

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

Cross-sector partnerships; data collection, tracking, analysis monitoring, and sharing; organization stability and adequate staffing; needs assessment; and CQI implementation.

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

1. Data collection, tracking, analysis monitoring, and sharing
2. CQI implementation support

APPENDIX II

Capacity Assessment

PLEASE USE THE FOLLOWING SCALE TO ASSESS THE ITEMS BELOW:

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

| Doman | Subdomain | Item | Rating | Notes/Rationale/Attachments |
|----------------------------------|----------------------------------|---|--------|---|
| Motivation for Change | Leadership Buy-In | Leadership states change is needed and beneficial. | 1.375 | CWS has been clear about necessary changes..... Working with Social Change Partners is a step in the right direction to get the collaborative partners ready. |
| Motivation for Change | Stakeholder Buy- In | Stakeholders state change is needed and beneficial. | 1.375 | Stakeholders are clear that things are/need to change. |
| Motivation for Change | Collective Commitment to Change | There is shared resolve and commitment for change among Title IV-E agency leadership, other public agencies, and community partners. | 1.125 | I am concerned this commitment has not been expressed by the BOS and other administrative departments within the County. |
| Provider Capacity and Capability | Information Sharing and Exchange | Best practices for sharing information is established. | 1 | If these are present, I am unaware.... Lots of collaboratives where this happens.... Individuals are motivated to coordinate and share information. Practices need to be put in place |
| Provider Capacity and Capability | Communication Strategy | Title IV-E agencies, other public agencies and community partners have effective processes in place for communication about change and new initiatives. | 1 | Some communication processes are in place however, none specific to this work that I am aware of....We are still trying to figure out what other public agencies should be invited to work with us.... Individuals are motivated to coordinate and share information. Practices need to be put in place |

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| Provider Capacity and Capability | Established Meeting Frequency | Meetings (in person, virtual, telephonic) are regularly coordinated. | 1.438 | Some meetings are regularly scheduled, some may have not been communicated yet.....Regular meetings set up with HHSA and school partners, need to add CBOs and residents with lived experience..... CAPC....There is expressed interest in meeting, but regular meetings with community providers have not yet been put in place |
| Provider Capacity and Capability | Transparent Communication with Cross-Sector Partners | Leaders practice reflective, supportive communication. | 1.375 | I believe both the HHS & CWS Director practice reflective communication.... CAPC.... There is expressed interest in transparent communication, and appears transparent when it occurs, but occurrence of communication is inconsistent |
| Provider Capacity and Capability | Organizational Stability | There is stability among leadership within Title IV-E agencies, public organizations and community partners, including agency directors, administrators, and program managers. | 0.75 | Hiring challenges are real – the County struggles to fill all applicable positions.....Leadership changes have made it difficult to complete some practice change initiatives.....I'm not sure how the word stability is being defined here, but we just had one member leave the county and another member promoting and leaving our team from an outside agency. |
| Provider Capacity and Capability | Organizational Equity | Organizational culture is inclusive and diverse. | 1 | I have heard this discussed as a focus area but do not feel anything really has been done.....I would rate this higher if we were talking just about HHSA. |
| Provider Capacity and Capability | Feedback Loop | Title IV-E agency staff, other public agencies and community partners have opportunities for involvement in discussions and decisions. | 1.063 | CAPC presents opportunities for involvement – less opportunities are made available through the County entities....This is particularly challenging for rural communities in Northern Napa Co. |

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| Provider Capacity and Capability | Adaptability | Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization. | 1.25 | This has been stated by County as a goal – I believe there will be more push back when we actually begin implementing innovative strategies.....CBOs tend to be more innovative/inclusive than Title IV-E and public organizations. |
| Provider Capacity and Capability | Shared Values | Leadership within Title IV-E agencies, other public organizations and community partners have shared awareness and are committed to the vision and mission. | 1.125 | I believe the community partners and HHS are aligned and committed to the vision and mission; I do not believe this is shared at the BOS level..... No values have been shared. |
| Provider Capacity and Capability | Cross-Sector Partner Investment | Title IV-E agencies, other public organizations and community partners have committed adequate time and resources to the task of implementing a comprehensive prevention plan. | 1 | CAPC has dedicated resources; less resources have been dedicated at the County level. |
| System Capacity and Capability | History of Cross-Sector Partnerships | History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners. | 0.714 | No examples come to mind. |
| System Capacity and Capability | Community Engagement Strategy | Title IV-E agencies, other public organizations and community partners have structures and processes in place to engage tribes, youth, parents and caregivers, those with lived experience, and underserved populations in change initiatives. | 0.875 | I have seen desire for strong engagement of youth; I am less aware of strategies for the other populations.....As trusted messengers, CBOs are better suited to develop/implement community.....Lower for Up Valley locations involvement/engagement strategies..... Engagement and opportunities to engage unserved populations varies across the system |
| System Capacity and Capability | Community Involvement | Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives. | 1.125 | I believe there are other organizations that should be represented/the same organizations are always engaged as trusted messengers, CBOs are better suited to develop/implement |

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| | | | | community involvement/engagement strategies....Engagement and opportunities to engage unserved populations varies across the system |
| System Capacity and Capability | Needs Assessment | A needs assessment has identified the gaps in services and evidence-based practices (EBP's) in the service array to be included in the comprehensive prevention plan (counties may leverage existing assessments or analyses on service array) | 0.438 | I know this has been started – not clear on where we are in the process.....Funding needed for this area. Leverage funds in partnership with CAPC. |
| System Capacity and Capability | Implementation Support for CQI | Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts. | 0.438 | Funding needed for this area. Leverage funds in partnership with CAPC. |
| System Capacity and Capability | Data Collection | Title IV-E agencies, other public organizations and community partners have data systems and processes in place to track and monitor the comprehensive prevention plan outputs and outcomes that inform decision-making. | 0.438 | Funding needed for this area. Leverage funds in partnership with CAPC. |
| System Capacity and Capability | Adequate Staffing | Staffing levels support effective functioning and implementation of new programs and practices. | 0.25 | Recruitment/Retention is a huge problem for Napa County.... The Covid pandemic has led to a staffing shortage across the state.... All organizations appear to be working hard to fill vacant positions and the workforce shortage across the State does impact capacity for implementing programs timely and effectively |

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| System Capacity and Capability | Expertise in Data Analysis and Accessibility | Title IV-E agencies, other public organizations and community partners have the internal expertise or ability to access external expertise to collect and analyze data. | 0.75 | The expertise is available; not uniform. |
| System Capacity and Capability | Infrastructure | Title IV-E agencies, other public organizations and community partners have appropriate resources (e.g. staff, facilities, materials, and technology) to develop a comprehensive prevention plan and begin implementation. | 0.875 | We have the appropriate resources because of CAPCs leadership – without this coordinating body we would not have the resources to participate....Alignment with CAPC’s work on countywide Prevention Plan would help. |
| Policy Supports | Relationship with Local Governance | Leaders of the Title IV- E agencies, other public organizations and community partners have a positive working relationship with local (city/county) governance body (i.e. Board of Supervisors, City Council, etc.). | 1.063 | Relationships between HHS and community are strong; relationship between community and the BOS are not strong.....Depends on which body |
| Policy Supports | Data Sharing Agreements | There are data linkage and information sharing agreements among Title IV- E agencies, other public organizations, and community partners. | 0.438 | Unsure if these exist – my agency has nothing like this in place..... Public Health has begun to look at this through CSII grant. Maybe could build upon lessons learned... Uncertain of the level of data that is shared between organizations and partners |
| Policy Supports | Alignment with Current Initiatives | The comprehensive child and family well- being prevention plan supports existing programs and initiatives and aligns with existing county practices. | 1.375 | This is the intention; unsure of the progress.....Aligns with CAPC Prevention Planning process, countywide Triple P collaborative, Family Support and Home Visiting collaborative (led by First 5) |



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