



NEVADA COUNTY CALIFORNIA

COMPREHENSIVE PREVENTION PLAN OF NEVADA COUNTY

Title IV-E Agency Information:	
Submitting Authority	Child Welfare Services (CWS)
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Nevada County was created April 25, 1851. The county has a total area of 974 square miles and is defined by the course of Bear and Yuba Rivers and the irregular boundaries of deep canyons and adjoining counties (Sierra, Placer, and Yuba). It is a rural community located northeast of Sacramento. There are two distinct regions, Western Nevada County and Eastern Nevada County which are divided by the Sierra Nevada Crest. The western part of the county located in the Sierra-Nevada Foothills has two incorporated cities, Grass Valley, and Nevada City (which holds the government seat). Eastern County is located on the east side of Donner Summit and is home to one incorporated town, Truckee. Weather patterns vary greatly in these two regions with the Foothills being temperate and in the High Sierra Mountain area experiencing more extreme winter weather. Snow and ice often make travel between west and east challenging. There are times when conditions are so severe that Interstate 80 at Donner Pass will close, making travel to Truckee impossible.

Nevada County's population of 103,487 has concentrations in the three incorporated areas with Truckee town being the largest with 17,168, followed by Grass Valley city with 13,754 Nevada City with 3,1751.¹ The incorporated areas comprise 32.9% of the population. The other 67.1% of the population are spread unevenly throughout the unincorporated areas which include the small towns of Washington, Penn Valley, Rough and Ready, French Corral, North San Juan, and Cedar Ridge.

Nevada County has a large retirement community which comprises over a quarter of the population. The percentage of people over 65 has increased 4.9% since 2016 and is 14.4% above the California average. The only area where there is not a large retirement community is Truckee, which has 15% of the population over 65.

The percentage of children and youth under 18 has decreased down to 17%. However, the age demographic again differs in Truckee, in which 23% of the population is less than 18, which is slightly higher than the state-wide 18 and under population. In 2021, the child population was down to 15,1732.² This steady decline which has been seen over the last 20 plus years is likely due to the relatively high cost of living, general lack of livable wage employment opportunities, and low availability of affordable rental housing in the county. The unemployment rate was relatively low at 2.5% in May 2022, which was 0.9% below the California state-wide unemployment rate for that time period.³ This decrease in child population is positively correlated with a decrease in the number of children entering foster care.

Regionally there are economic differences in Nevada County. The median income for the county is \$68,333 which is about \$10,000 below the state-wide median. In Truckee, the

¹ U.S. Census Bureau, [Quick Facts](#) (June, 2022).

² 2010-2021 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Sex at Birth.

³ <http://www.labormarketinfo.edd.ca.gov>

median income is a great deal higher, coming in at \$98,587. For Grass Valley, the median income is much lower at \$42,477 which is over \$36,000 below the state-wide median.

There is a total of 9.2% of people living in poverty in Nevada County, which is 3.3% lower than the California poverty rate. Truckee's poverty rate is even lower at 7%. However, Grass Valley's poverty rate is higher than the rest of the county and California at 15.7% of individuals living in poverty.⁴ The median cost of a home in Nevada County is \$446,100 about \$90,000 less than the median for the whole state. However, Grass Valley's median housing rates are much lower at \$343,300 which is almost \$200,000 below the state median. Home ownership rates for the county are from 2016-2020 are relatively high with 74.8% of the population owning homes, about 20% above the state rates. Grass Valley's statistics are again very different from the county. In Grass Valley, only 38.5% of the population own homes. Affordable housing for families especially for low-income families is difficult to find throughout the county. Given the high ownership rates there is a short supply of rental housing throughout the county. This results in rental costs that are high relative to the income, especially in the Grass Valley area.

Though Truckee is an affluent community a dichotomy exists between the second homeowners and the local working families. The housing market is driven by these wealthy second homeowner and it is estimated that housing costs have tripled in the past decade and average around a million dollars. This means the lower income residents have to compete for the affordable housing units in Truckee. This often results in situations where low-income families are living in crowded or subpar living conditions. Additionally, cost of living is driven by the part-time residents and visitors with San Francisco Bay salaries. This makes it difficult for the service industry workers who keep the tourist economy running in the region. The tourist industry is also very dependent on the season and the resultant weather which leaves workers economically unstable. The tourism industry in Truckee was very affected by the COVID-19 pandemic.

Regional differences in economics are significant given that research has found that factors such as parental stress from economic hardship can detrimentally affect parenting behaviors and result in neglect and abuse. Several studies have found that parental stressors were significant predictors of child welfare involvement, and that increased poverty rates correspond to a rise in child maltreatment rates. This is reflected in the fact that there are more substantiated cases of child neglect and abuse in the Grass Valley area than in the more affluent Truckee region. This pattern has not changed for the past several years.

On a yearly basis Nevada-Placer Continuum of Care conducts a homeless count. The count's survey of both unsheltered and sheltered individuals was conducted February 24, 2022, by volunteers, nonprofit, and county staff, asking people where they stayed on the

⁴ <http://quickfacts.census.gov/qfd/states/06000.html>

night of February 23. In Nevada County, 527 individuals were counted. The count identified 442 adults over the age of 24; 25 youth aged 18 to 24; and 60 children under the age of 18 who were homeless. Of the total of 527 people counted, 54% (284) said they were sheltered, and 46% (243) were unsheltered on the night of February 23. There were 46 adults who had been in foster care at some point in their life, half of which were still in care at age 18. An additional effort to count children and young adults as part of a youth point in time count was made in 2022. The Youth Action Board of Nevada County Regional Continuum of Care, which includes Bright Futures for Youth's SAFE (Stability, Access, Foundation, Empowerment) program, Nevada County Superintendent of Schools, United Way of Nevada County and other organizations, held six events in the community to connect with youth to determine where they slept on the night of the February 23rd. Youth were contacted and completed surveys from February 24 - March 3 at these six locations around the county. Aside from the fact that this is a point-in time-count and individuals can move in and out of homelessness through the year; this count is likely to be incomplete as there are many heavily wooded areas where the homeless populations could exist undetected.

According to the 2021 population estimate from the US Census Bureau the population in Nevada County has only increased by 1.2% in the past year. Nevada County is predominately Caucasian. About half of the Hispanic population is located the incorporated areas of Truckee and Grass Valley. Only 8.1% of the population in the county speaks a language other than English. The highest concentration of Spanish speakers is in the Truckee area. Stakeholders in the Truckee area indicate that there is a great need for service providers who speak Spanish. This is especially true for mental health providers.

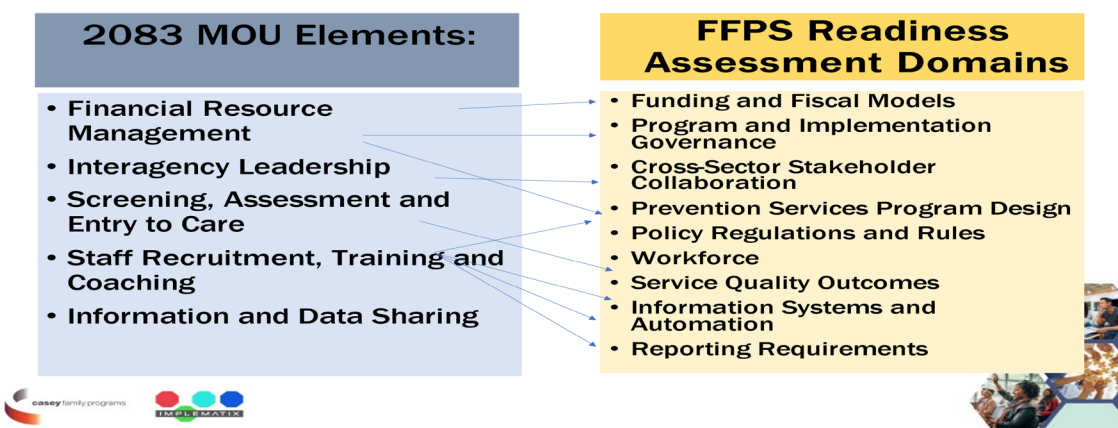
GOVERNANCE STRUCTURE

Nevada County formed its Interagency Leadership Team (ILT) in response to Assembly Bill (AB) 2083. This team of cross-sector leaders, Nevada County Social Services, the Probation Department, Behavioral Health, Public Health, Nevada County Superintendent of Schools, and Alta California Regional Center have been meeting since 2021. The ILT meets monthly with the goal to address systemic barriers to the traditional provision of interagency services. The aim has been to promote, develop and implement a Memorandum of Understanding (MOU) that sets forth the roles and responsibilities of Nevada County agencies and other partner entities that serve children, youth, and children in foster care who have experienced severe trauma.

A Children's Systems of Care (CSOC) MOU is a living document aimed to be flexible to ensure that as the Team identifies gaps in its structure or any missing element and can be amended as needed (see Attachment I, ILT MOU). The ILT included principles to the CSOC MOU showing commitment at its core to "collaboratively support the delivery of prevention and early interventions services, as defined by the county's Comprehensive Prevention Plan and the Family First Prevention Services Act." The ILT agreed to ensure that the voices,

experience and wisdom, children, youth and their families and caregivers are genuinely and concretely incorporated into the collaboration and partnerships in their MOU.

Nevada County worked with its Systems of Care consultant and several conversations were had about California’s Vision for Prevention Services. To ensure all team members understood and agreed to explore this important effort, an ILT meeting was held with a focused presentation (see Attachment II, California’s Vision for Prevention Services). This presentation demonstrated how the AB 2083 MOU elements are aligned with the Family First Prevention Services Readiness Assessment Domains.



The above domains will be addressed by the ILT overtime as the plan solidifies.

Motivation to move forward with the needs assessment for the development of the Comprehensive Prevention Plan (CPP) was established. It was agreed that the Children’s Interagency Advisory Committee (CAIC) and the Child Abuse Prevention Councils in both Western and Eastern Nevada County (CAPC), with the input of a variety of stakeholders, would design and implement the CPP. Further that the CSOC ILT would function as the Nevada County’s Governance Body and would support connecting to MHSA, PEI, LCAP, MTSS, Public Health, other Prevention Efforts. A retreat was held September 12, 2022, to solidify these plans. Further, moving forward the ILT agenda would be used to share status and review key documents and elements. Work on a CSOC Dashboard that can be utilized to share key data elements across system including information related to the CPP was started following the retreat.

In support of this effort, the ILT established the Nevada County Family First Prevention Services Planning Team comprised of Child Welfare Services and CAPC representatives, which serves as the CPP’s implementation drivers. The Planning team meets bi-monthly. The CAIC team is appointed by the ILT and completes assigned tasks as prescribed by the ILT and provides internal support to and execution of the ILT mission. The CAIC meets monthly, and as needed. Members consists of Child Welfare Services,

Children’s Behavioral Health, Juvenile Probation, Alta California Regional Center, Nevada County Superintendent of Schools, and Public Health. CAPC in Western Nevada County meets monthly and convenes the Community Support Network, a valuable resource sharing and collaboration meeting for local family and community-serving agencies. Similarly, the CAPC in Eastern Nevada County meets monthly and is an active member in the Community Collaborative of Tahoe Truckee. These collaborative bodies will be crucial partners in the implementation of the plan.

We continue our efforts to engage Tribal leaders. The ILT Leadership, CAIC and Planning teams are committed to continue collaborating with cross-sector partners as this CPP is refined, once approved and during all stages of implementation including training, selection of EBP, fidelity monitoring, and continuous quality improvement.

Each team, the ILT, CAIC, CAPC, and Planning team have had a standing agenda item, FFPSA-Part I during which all aspects of the development of this CPP have been discussed. As a starting point, the teams dug deeper into exploring motivation for greater collaboration at a community level and capacity at the county level to work toward prevention in which community members are not interacting with system agencies until resources at the community level have not resolved challenges that put children in harm’s way. We used visualization techniques, asking teams, “What is good about living in Nevada County?” We explored what it would take to ensure that all Nevada County residents have access to services that promote their wellbeing. This level of exploration was necessary as county systems have not historically worked in this new and very important way. As a small county, resources are not plentiful and considering intended and unintended consequences need to be discussed.

The Planning Team was charged with the exploration stage, collecting data to better understand the community. Efforts to narrow down the Target Population will be discussed in detail under Target Candidacy Populations & Needs Assessment. The following activities were conducted:

- Mission and vision alignment / Consideration of change
- Environmental analysis / Exploration of the current situation
- Review of Benchmarks
- Brainstorming
- Discussion of outcomes
- Stakeholder meetings
- Fiscal consideration
- Discussion of sustainability

With standing agenda items on each team agenda, discussions were held at every step of the planning process. This communication structure will continue throughout all aspects of effort.

Nevada County has several structures in place that are comprised of cross sector leaders. They include but are not limited to the Youth Collaborative, the Community Support Network of Nevada County and the Tahoe Truckee Community Collaborative.

For this specific effort, given work and time constraints, not all participants joined monthly. However, when new information became available, meetings were held during times in which all participants could join to provide feedback and help guide next steps. As mentioned above the use of monthly meetings will continue to take place and first and foremost develop the relationship and trust needed to bring change into systems. In addition to the meetings (in-person and virtual), Nevada County developed an initial communication strategy aimed at reaching more members of the community (e.g., Community Based Organizations (CBOs), and residents). The first step is reaching out to the 70 CBOs identified during the Asset Map Planning (Attachment III, Communication Plan). The communication will be made by members of the team already have established relationships with these CBOs, with the goal of inviting the organizations to participate in the next phase of the planning process. Using the existing Community Support Network meeting format, CBOs will be encouraged to attend a “town hall” meeting hosted by members of the Planning team, CIAC, and CAPC to provide an update on the progress thus far, sharing the plan and next steps with key stakeholders and requesting their ongoing involvement. Following that meeting (currently scheduled for September 2023), CBOs will be invited to answer the following questions via Survey Monkey:

1. How could you adapt your work with children, youth and/or families given the opportunities under FFPSA?
2. Which Evidence Based Practice (EBPs) does your agency use and if not one of the 10 states’ selected EBPs? Would you be willing to adapt your practices?
3. How do you see FFPSA Part I and FFPS impacting the County of Nevada?
4. What are the needs of families residing in Nevada City (95959) and Grass Valley (95949 & 95945) particularly in the areas of substance use, mental health, and parenting support?
5. What do you recommend Nevada County needs to best meet the needs of those in your selected population/community?
6. What did we miss during the Needs Assessment?
7. Other feedback, thoughts, and considerations.

The communication tool will be incorporated into a page on the CWS website to further facilitate communication with the community. The same questions will be available for feedback. Data will be regularly aggregated, considered, and incorporated in the CCP continuous quality improvement efforts.

Each respective county agency will engage all levels of staff during All Staff meetings regarding the plan, and request input, and again, data will be regularly aggregated, considered, and incorporated in the CCP continuous quality improvement efforts.

Nevada County Child Welfare staff participated in the development of the CPP and identification of the Target Population by reviewing and analyzing data. As the data was analyzed, presentations were held with each team (ILT, CAIC and expanded CAIC) to share initial findings and obtain feedback. We met with youth, parents, and other community members with lived experienced. We provided an overview of the Family First Prevention Services Act, asked them to share their experience, any gaps in services, challenges, asked what services would have been beneficial to families before intersecting with Child Welfare Services (CWS) or Probation. This feedback usually resulted in digging deeper into the data (see Target Candidacy Populations & Needs Assessment for further discussion).

Nevada County is committed to keeping the FFPSA CPP as a standing agenda item and continue using the above-mentioned strategies to ensure that various stakeholders in the community ecosystem are a part of the process to catalyze the change needed to successfully implement the CPP.

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

Required Partners	Suggested Partners
<p>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)</p>	<p>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.</p>

All required partners (Child Abuse Prevention Council, Child Welfare, Probation, Office of Education, Behavioral Health, Youth Leader (Lived Expertise) Parent Leader (Lived

Expertise), Community Beyond Violence, Non-Profit and Current and Former Foster Youth have been engaged in the assessment and development of this plan.

Nevada County does not have federally recognized tribes, however it is the ancestral lands of the Nisenan. The Nevada City Rancheria was the original, federally-recognized reservation of the Nisenan Tribe of California. It was created by executive order of President Woodrow Wilson in 1913 and terminated by Congress in 1964 along with other California Rancherias. The Nisenan have been seeking to restore their federal recognition ever since. During its existence, the Rancheria was home to Nisenan families with ancient roots in what is now Nevada County, California. Efforts have been made to engage local and state Tribal representatives. The CWS Program Manager has reached out several times to the local tribal leaders with no response. The Director of Social Services also has reached out without response. The program coordinator for Indian Education has tried to engage the Indian Education tribal council without success. In an attempt to get some tribal input members from the Office of Tribal Affairs from the California Department of Social Services (CDSS) have been invited to planning and CAIC meetings, have accepted and have not attended. The population of local Nisenan is very small and may not have the capacity to engage in this planning process.

About a year ago Nevada County started work engaging the local tribes in an effort to form relationships and create procedure around Tribal Affairs. The Nisenan and Washoe Tribe (who have historical ties to the Donner Pass area and Truckee) have been engaged. There are two other tribes who have ties to Nevada County which also need to be engaged. The County Executive Office and Board of Supervisors are involved in this effort with the ultimate goal of identifying tribes, reaching out to build relationships, creating partnerships with the Tribes in an effort to benefit all residents in Nevada County. It is hoped that this effort will result in an Intergovernmental Agreement or MOU with the Tribes to establish formal channels of communication. To that end there is going to be established a Tribal Workgroup which consists of many agencies within the county with whom there are Tribal interests including Health and Human Services Agency. In terms of engagement for the purposes of the CPP, we are going to take a step back and let some of this very important relationship work and framework building occur. When relationships are built and formal channels of communication established it will be determined when and how to engage the tribes around prevention planning.

Nevada County Child Abuse Prevention Councils (CAPC), East and West, have been actively engaged partners from the onset. The teams have met for over two years. Much of this time spent was in creating the trusting relationship, sharing vision, developing guiding strategies and shared value. This relationship is key and the platform to ensure that partners are reviewing, consulting, and making decisions together. As mentioned above, meetings will continue to include discussions on implementation and the website page will be updated quarterly – responding to feedback, action and steps taken, why and why not.

Additionally, the CAPCs on each side of the county are made up of cross-sector leaders representing family-serving CBOs and various County departments; including CWS, Juvenile Probation, and Public Health. Staff and Board members from both CAPCs have been involved in the planning process and regularly have FFPSA as a standing agenda item. It is an asset to the process that leadership from the County, who are involved in the CIAC, also serve on the CAPC Board. This allows for continuity in discussions throughout this process. As described above, both CAPCs either facilitate or participate in monthly collaborative and resource sharing meetings (the Community Support Network and Community Collaborative of Tahoe Truckee). Additionally, CAPC in Western County disseminates a weekly e-newsletter to a distribution list comprising more than 400 stakeholders from across the community. This newsletter will serve as a helpful tool in informing community partners about updates and requesting feedback. The CAPCs will have pages on their respective websites linking to the county's FFPSA informational page.

We have so far been unsuccessful at engaging with Tribal leaders (see Tribal Consultation and Collaboration).

TRIBAL CONSULTATION AND COLLABORATION

There are no federally recognized tribes in Nevada County although small native population exists here and it is the historical home to the Nisenan tribe. There is a small number of tribal children who become involved in Child Welfare in Nevada County. Child Welfare works with a representative from the child's tribe who appears in court on the child's behalf. Children are referred for health services at Chapa De, which is the local agency contracted with Indian Health Services. Native children and youth are also connected to the Indian Education Program, which is run by the Nevada County Superintendent of Schools. This program provides educational support, a monthly Native Family Night (featuring cultural activities) and works in collaboration with the Nevada County Native TANF and Sierra Native Alliance. The major tribes that Nevada County CWS works with are Cherokee, Sioux, and Blackfeet Indian Tribes.

There are very few children who are ICWA eligible that come into care in Nevada County. In the last five years there have been less than 10 children who are IWCA eligible and several were part of sibling sets. ICWA inquiry begins during investigation where workers assess if the child is native as regular practice. When a child comes into foster care a full inquiry is conducted whereby family and extended family of the child is contracted to determine if the child may have Indian ancestry. When family indicates the child may have Indian ancestry, the tribes that are named are noticed by the department. If the tribe confirms ancestry, an ICWA expert is contracted to do a full ICWA assessment for the court. The department works with the family and the tribe to ensure the child is in an ICWA preferred placement home. The tribe is noticed of all hearings and consulted about all decisions made

on the case.

Each contract that the Nevada County Department of Social Service holds contains language regarding addressing racial inequities and implicit bias. Contractors are expected to think holistically about creating services, program sites, and an employee culture that is welcoming and inclusive. Service design is to be tailored to client's diverse needs with outcomes on Diversity, Equity, and Inclusion to be tracked. Cultural appropriateness of services is also addressed during the Request for Proposal (RFP) process.

Nevada County is in the process of creating a Diversity, Equity and Inclusion (DEI) Action Team. It consists of 12 members from different departments across the Health and Human Services Agency. The purpose of the DEI Action Team is to address inequity and take actionable steps to improve culturally appropriate services, diversity, and inclusion in Nevada County.

As stated above, we been working to engage tribes locally and at the state level. It has been determined that the best course is to allow the elected Board of Supervisors continue their work of creating Tribal Affairs in the county and build relationships with Tribes. Work on an Intergovernmental Agreement with tribes is beginning and will help to set up formal channels of communication with Tribes in the County. Once formal channels of communication are established, it will be determined how information and feedback can be exchanged.

INTEGRATED CORE PRACTICE MODEL (ICPM)

Nevada County adopted the ICPM in 2014 and has ensured that all social workers have received Core training which includes ICPM. In October of 2021, the Interagency Leadership Team hosted a two-day training series for supervisors, managers, superintendents, and directors from Nevada County Department of Social Services, Behavioral Health, Probation, Nevada County Superintendent of Schools, and Alta California Regional Center with learning exploration about how the Integrated Core Practice Model is implemented within the County's Children's System of Care and how authentic strategic implementation supports that goal. We consider the implementation of the shared System of Care as a work in progress and have made great strides in recent years. We meet monthly with system partners, Behavioral Health, Probation, Public Health, Nevada County Superintendent of Schools, and Alta California Regional Center. The System of Care Interagency Leadership Team (ILT) has incorporated the leadership behaviors in their meeting structures and uses a team-based approach, inquiry, seeks ways to collaborate and integrate the work, are strength based, culturally responsive and seek ways to enhance the work for positive outcomes.

Further, agency partners such as the Children's Behavioral Health have services

aimed at both prevention and systems of care which are ICPM value based. They are:

Prevention Services:

- Early identification of children with mental health needs
- School-based screening programs
- Trauma screenings for children referred for care
- Early psychosis identification and care
- Children's System of Care
- Ongoing partnership with CWS, Juvenile Probation and school partners to ensure early identification of children and families in need of support
- Utilization of family centered multi-agency team meetings to design comprehensive plans for children and their families

ICPM is also regularly weaved into day-to-day practices. For example, Children Family Team (CFT) meetings, which embody the ICPM values and principles are held throughout the length of CWS and Juvenile Probation cases and reconvened as needed. CFTs are used to engage families, providers and relevant parties. CFT area also utilized to develop case plans, future steps, to make collaborative decisions on cases, and to transition to next steps. Integrating the ICPM has resulted in stronger collaborative relationships with service providers and families.

Tribes and other involved parties are invited and a part of the CFTs. We share Child Adolescent Needs Strengths (CANS) assessments with therapeutic agencies and other documents as needed. Although the local Tribe is not Federally recognized they do come under the umbrella of a recognized Tribe with whom we work closely. We have extended invitations to the local tribe Nisenan tribe and have not been successful in engaging them in long term planning and including their voice in our planning and strategy meetings. We remain committed to building a partnership and advancing the important work we all do to support children, families, and communities.

Although Nevada County has not formally adopted the use of Safety Organized Practice (SOP), some social workers have adopted this practice with families. Nevada County will consider and explore how to Safety Organized Practice can be integrated in the implementation of this plan with the goal to continue reducing the entries to foster care. Because SOP is a collaborative, trauma-informed child welfare practice model that utilizes skillful engagement, meaningful partnerships with families and their networks, and development of plans that foster behavior change within a family system to ensure child safety, permanency, and well-being, it is hoped that this framework for practice coupled with the set of tools and strategies will help Nevada County further integrate the Integrated Core Practice Model (ICPM) behaviors of engagement, assessment, teaming and planning with a family and their network.

Further, Nevada County is committed to offering Preventative and Early Intervention strategies that not only provide for the safety and permanency of children but also for services that target the overall well-being of families and meet the critical safety needs of all children and families referred into the Child Welfare System. In 2020, Nevada County Child Welfare Services contracted with Victor Community Support Services (VCSS), a community-based agency which delivers mental health and family support services in the homes, schools and communities in which people live. VCSS delivers programs ranging from prevention and early intervention to highly intensive home-based services designed to prevent residential and other institutional placements. VCSS is focused on empowering people of all ages to build upon their strengths and capacities to address the problems and needs they have within their lives.

The Rapid Response Team (RRT) program is a Child Welfare Services and VCCS collaborative focusing on Safety Planning, Connection Mapping, Strength Assessments, CANS, and an overall Safety related domain goal to address home and community needs. Weekly Child and Family Teams meetings occur in the home, or as needed:

- a. The Facilitator conducts weekly CFTs meetings with focus on celebrating achievements, evaluating progress on goals, collaborating on strategies to meet weekly needs and delegating tasks to formal/ informal and natural supports.
- b. Weekly and as-needed in-home Family Partner support to parent/caregivers to bridge the gap between families and existing resources.
- c. Weekly community and school support to identified child via Family Support Counselor in efforts of linking youth to community supports and provide mentorship/guidance and concrete skills. The Family Support Counselor ensures child's voice is heard throughout the process.
- d. Mental Health linkage is provided by the team to maximize the family's use of appropriate existing services.
- e. All service plans are written in conjunction with referring caseworker and family and within the context of the Child and Family Team.
- f. Rapid response services are provided for a maximum of approximately five to six months with the ability to graduate early or extend the time if the CFT agrees it benefit the youth and family.
- g. A 24/7 emergency on-call supervisor is provided to families to further their stabilization and safety goals and reduce reliance on formalized services.

The County's RRT Performance Measures are to 1) keep youth out of legal trouble and 2) reduce the amount of involvement with CWS and Probation. VCCS Performance Measures are to 1) prevent and reduce out-of-home placements and placement disruptions to higher levels of care 2) caregivers strengthen their parenting skills 3) every child

establishes, reestablishes, or reinforces a lifelong relationship with a caring adult and 4) caregivers improve connections to the community.

Outcome Objective Measure for RRT	Q1	Q2	Q3	Q4	FY 2022/23
At least 75% of clients stabilized at home or in foster care	7 of 8 = 88%	13 of 14 = 93%	14 of 14 = 100%	11 of 11 = 100%	45 of 47 = 96%
At least 80% of parents report an increase in their parenting skills as evidenced by the CANS	5 of 7 = 71%	3 of 5 = 60%	12 of 14 = 86%	11 of 11 = 100%	31 of 37 = 84%
At least 65% of clients identify at least one lifelong contact as evidenced by the Connection Map	7 of 8 = 88%	13 of 14 = 93%	14 of 14 = 100%	11 of 11 = 100%	45 of 47 = 96%
At least 80% of caregivers report maintaining or increasing connection to natural supports as evidenced by the Connection Map	7 of 8 = 88%	5 of 5 = 100%	14 of 14 = 100%	11 of 11 = 100%	37 of 38 = 97%
At least 70% of youth shall have no new legal involvement (arrests/violations of probation/citations.)	8 of 8 = 100%	14 of 14 = 100%	14 of 14 = 100%	10 of 11 = 91%	37 of 38 = 97%

TARGET CANDIDACY POPULATION(S) & NEEDS ASSESSMENT

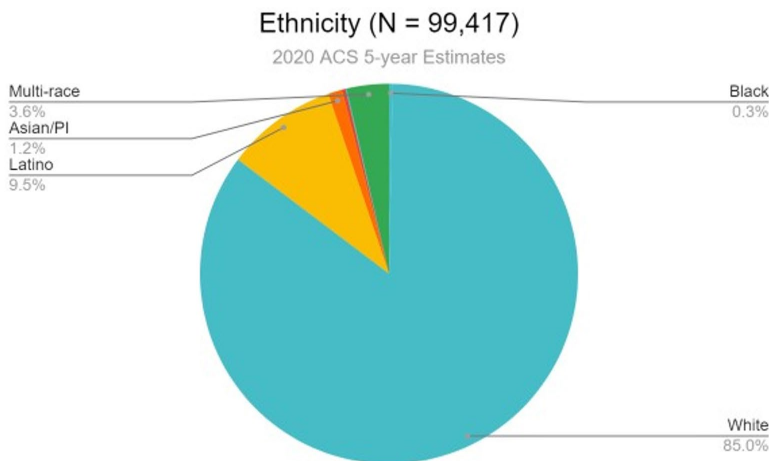
A variety of data was gathered and analyzed to identify children and youth at greatest risk of entry or re-entry into foster care. The Nevada County team gathered and reviewed information from the Census Bureau and Child Welfare data (Table 1).

Table 1: Child Population, Child Welfare Services Referrals, and Medi-Cal data

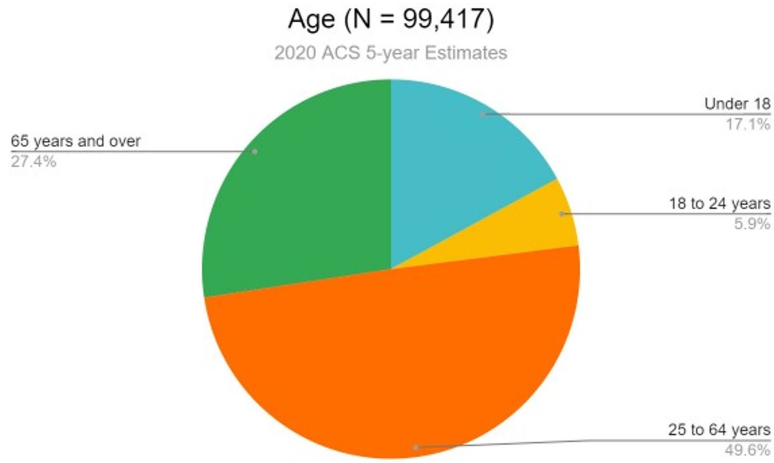
	Total Population (2020 Census)	Number of children under 18 (2020 Census)	Percentage of population that is under 18	Number of CWS Referrals (July 1, 2021- June 30, 2022)	Percentage of the Total Referrals	Number of children Medi-Cal Beneficiaries (July 2022)	Percentage of Child Population who are Medi-Cal Beneficiaries
Nevada County	99,417	17,000	17.1%	1,105	100.0%	7,354	47.6%
Cedar Ridge	1,132	59	0.4%	2	0.2%	4	0.1%
Chicago Park	1,185	130	0.8%	0	0.0%	3	0.0%
Floriston	28					20	0.3%
Grass Valley	13,754	2,586	16.7%	571	51.7%	3,685	50.1%
Nevada City	3,145	409	2.7%	150	13.6%	1,149	15.6%
Lake of the Pines	4,350	652	4.2%			237	3.2%
Norden	27			1	0.1%	1	0.0%
N. San Juan	178	27	0.2%	17	1.5%	78	1.1%
Penn Valley	1,341	480	3.1%	88	8.0%	636	8.7%
Rough and Ready	511	97	0.1%	8	0.7%	150	2.0%
Smarts Ville	487	130	0.8%	16	1.5%	131	1.8%
Soda Springs	46			1	0.1%	13	0.2%
Truckee	16,854	3,876	25.1%	130	11.8%	1,228	16.7%
Washington	185	48	0.3%	3	0.3%	19	0.3%

County demographics including ethnicity, age, age of child population, languages spoken in the home, language speakers by age, and language speakers by poverty states were carefully reviewed, as follows:

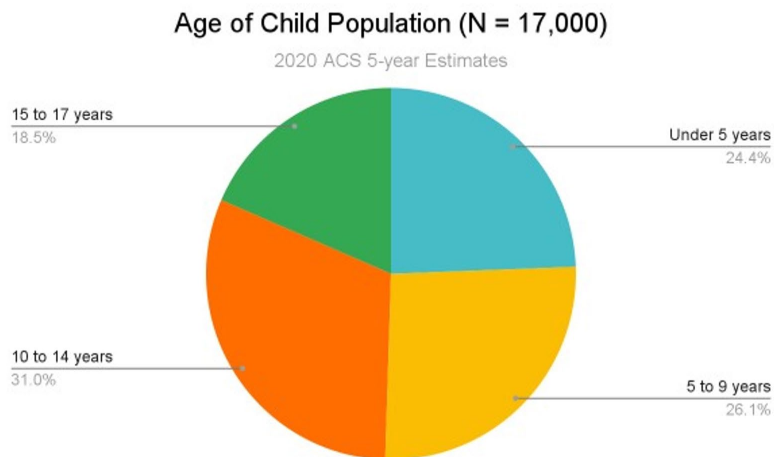
County Demographics



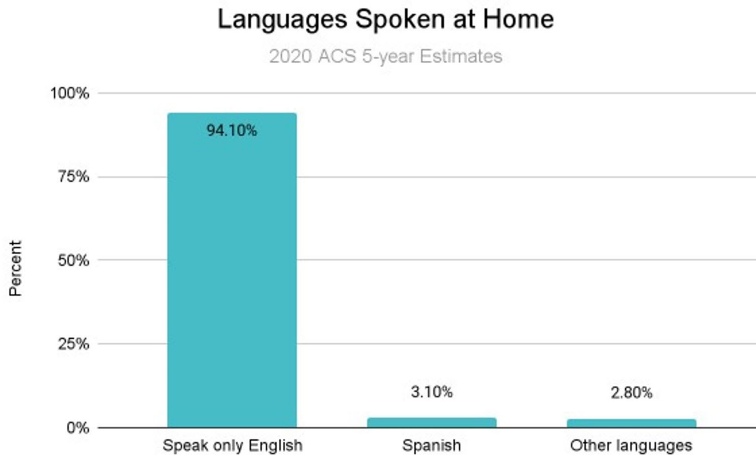
County Demographics



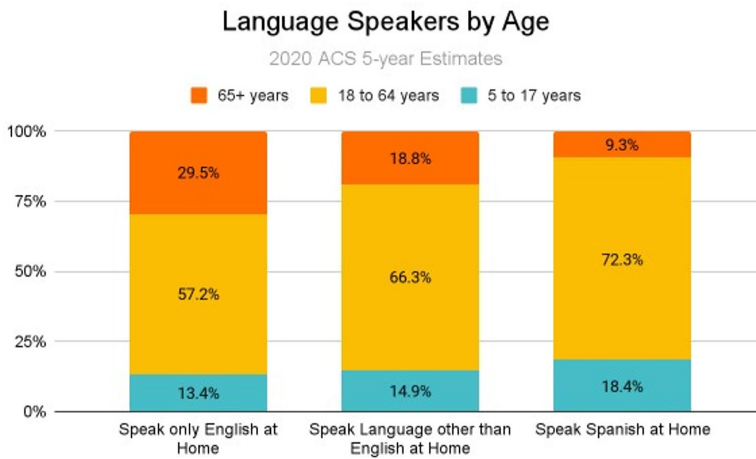
County Demographics



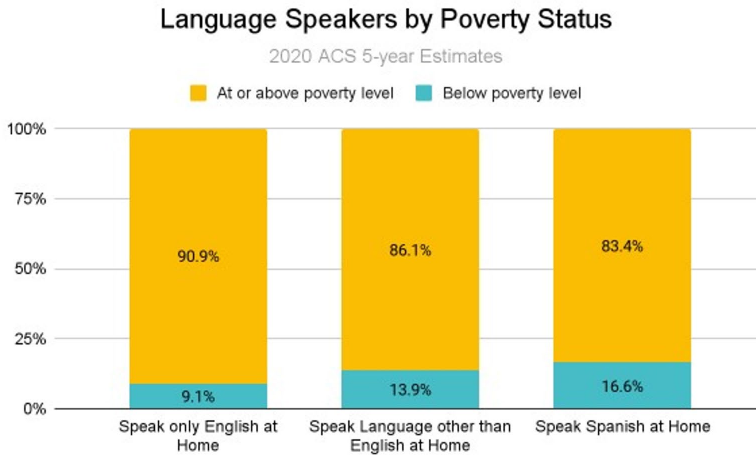
County Demographics



County Demographics



County Demographics



The Nevada Team reviewed data on entries and reentries into foster care and ethnicity and language in care.

Entries into Foster Care by age

Age Group	Interval					
	JAN2017-DEC2017	JAN2018-DEC2018	JAN2019-DEC2019	JAN2020-DEC2020	JAN2021-DEC2021	JAN2022-DEC2022
	n	n	n	n	n	n
Under 1	10	12	11	8	14	10
'1-2	6	11	5	6	7	5
'3-5	14	11	12	9	9	8
'6-10	13	10	9	11	7	11
'11-15	4	4	13	4	4	3
16-17	3	2	3	2	0	0
Total	50	50	53	40	41	37

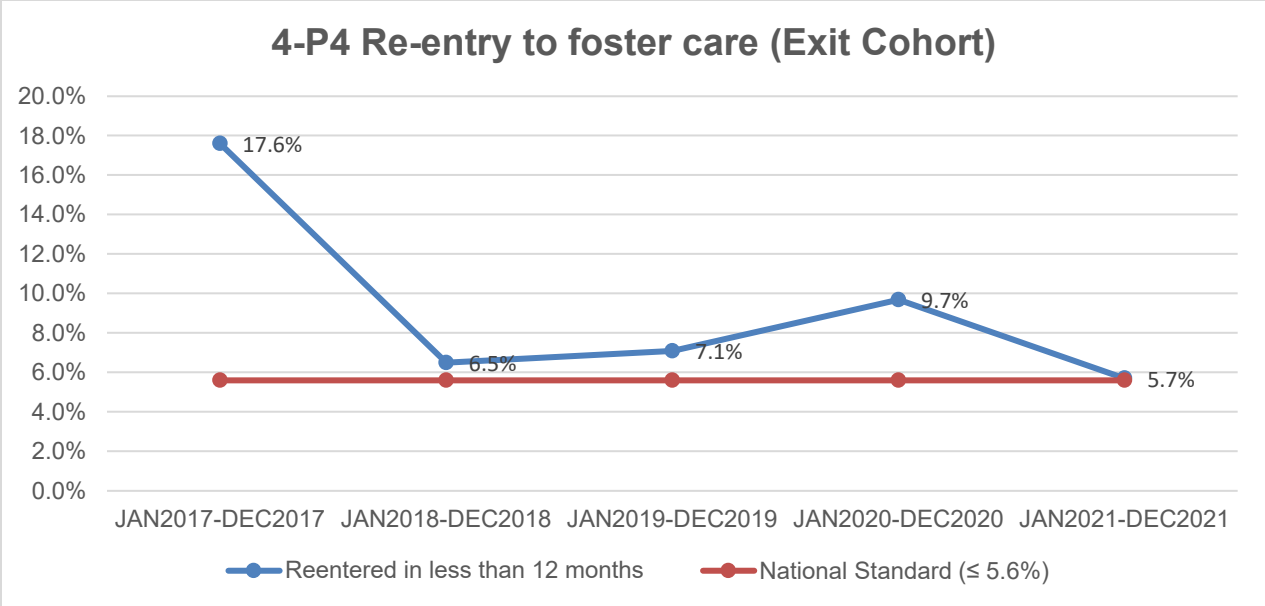
The graph⁵ above shows the number of children entering foster care by age. The majority of children to enter care are 10 years old or younger with those under a year old having the highest prevalence rates.

⁵ Data Source: CWS/CMS 2023 Quarter 1 Extract.

Prevalence Rates of Ethnicity for Entries into Foster Care

Ethnic Group	Interval					
	JAN2017-DEC2017	JAN2018-DEC2018	JAN2019-DEC2019	JAN2020-DEC2020	JAN2021-DEC2021	JAN2022-DEC2022
	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000
Black	10.5	10.3	0	9.1	18.9	0
White	3.5	3.5	3.9	2.9	2.2	3.1
Latino	2.2	2.2	1.1	1.9	2.7	0.8
Asian/P.I.	0	0	0	0	24.5	0
Nat Amer.	0	0	0	0	7.1	0
Multi-Race	0	0	0	0	0	0
Total	3.1	3.2	3.4	2.6	2.7	2.5

This table represents prevalence rates for ethnicity children entering foster care in Nevada County. The table can be misleading as the rates for Black, Asian/Pacific Islander, and Native American show high prevalence when in fact they may only represent one child or a sibling set. Given the small number of children entering care and the small number of ethnic minorities living within the county prevalence data is difficult to interpret. Currently there is only one Spanish speaking family with an open CWS case. However, based on community needs assessment by First 5 and in the CSA there is an ongoing need for Spanish speaking services.



The above diagram shows the percentage of children who reentered foster care following reunification or guardianship. Following the pattern of entries into care, children who reentered were predominantly White followed by Latino children. No Black, Native American, or Asian/Pacific Islander children reentered care. Nevada County did not meet the National Standard during the five years of reported data.

Nevada County also reviewed the First 5 Needs Assessment, December 2019, report (see Attachment IV) and a variety of other data sources to select the target population (see Attachment V - Nevada County Prevention Data - Tables and Graphs) for demographics, child maltreatment, poverty, teen birth, substance use, human trafficking, health, crime, environment, housing, and LGBTQIA+.

Table 2: List of data sources used

Category	Data point(s)	Source	Link
Demographics	Population	County website	https://www.nevadacountyca.gov/378/Demographic-Information-About-the-County
Demographics	Population	Census	https://data.census.gov/cedsci/table?q=United%20States&q=0500000US06057
Demographics	Child Population	Census	https://data.census.gov/cedsci/table?q=United%20States&q=0500000US06057
Demographics	Ethnicity	Census	https://data.census.gov/cedsci/table?q=United%20States&q=0500000US06057
Demographics	Age	Census	https://data.census.gov/cedsci/table?q=United%20States&q=0500000US06057
Demographics	Child age	Census	https://data.census.gov/cedsci/table?q=United%20States&q=0500000US06057
Child Maltx	CW allegations	CCWIP	https://ccwip.berkeley.edu/childwelfare/reports/AllegationRates/MTSG/r/rts/s
Child Maltx	CW investigations	CCWIP	https://ccwip.berkeley.edu/childwelfare/reports/InvestigationRates/MTSG/r/rts/s
Child Maltx	CW substantiations	CCWIP	https://ccwip.berkeley.edu/childwelfare/reports/SubstantiationRates/MTSG/r/rts/s
Child Maltx	CW entries	CCWIP	https://ccwip.berkeley.edu/childwelfare/reports/EntryRates/MTSG/r/rts/s
Child Maltx	CW Referrals	County staff	https://docs.google.com/document/d/1ZhYXNVBU9Ei7pZU3E168jdbimLGpiF9a/edit?usp=drive_web&oid=106425489290803758436&rtpof=true
Poverty	Number of children Medi-Cal Beneficiaries		
Teen Births	Rate of teen births	Kids Data	https://www.kidsdata.org/topic/316/teen-births-age/bar#fmt=1193&loc=2,334&tf=88&pdist=10&ch=605.634.635&sort=loc
Substance use	Children whose caregivers experience SUD		
Human Trafficking	Population	Hotline Statistics	https://humantraffickinghotline.org/state/california
Health	Teen Births	Kids Count	Kidscount.org
Crime	Crime data	N.C Probation	https://www.nevadacountyca.gov/617/Probation

Health	Health Outcomes		https://www.countyhealthrankings.org/app/california/2022/rankings/nevada/county/outcomes/overall/snapshot
Domestic Violence	DV Calls for assistance	Kids Data	https://www.kidsdata.org/topic/12/domestic-violence-calls/table#fmt=940&loc=2,334&tf=110&sortType=asc
OTHER POTENTIAL DATA SOURCES			
Category	Data point(s)	Source	Link
Environmental	Water Toxicity	Grass Valley	https://www.nytimes.com/interactive/projects/toxic-waters/contaminants/ca/nevada/ca2910001-city-of-grass-valley/index.html
Environmental	Land Toxicity	Grass Valley	https://www.epa.gov/system/files/documents/2022-05/R09-22-A-017.pdf
Housing			https://www.theunion.com/news/the-quest-for-affordable-housing/
LGBTQ+ Youth	Sexual Orientation	SAFE Program	
LGBTQ+ Youth	Suicide risk	Trevor Project	https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf
LGBTQ+ Youth	Anxiety and depression	Trevor Project	https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf
LGBTQ+ Youth	Access MH Care	Trevor Project	https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf
Language	Language other than English	Census	https://data.census.gov/cedsci/table?q=language&q=0500000US06057

The process to determine the target population took over one year. In addition to gathering and analyzing data, we met with stakeholders and listened to insights, suggestions, and areas they identified as needing further exploration. We asked stakeholders to share any information that may help gain greater understanding of the strengths, challenges and barriers experienced by children, youth, and families.

A series of iterations took place as it relates to data, given input received. For example, the data collected regarding human trafficking is from the National Human Trafficking Hotline and only included California statistics and no Nevada County specifically. The youth we engaged with stated that Human Trafficking is an issue in Nevada County and asked that we explore this further. We reached out to police stations, the Sheriff's

Department and obtained data from the Sheriff's Department, Truckee, and Grass Valley Police Departments.

Nevada County Sheriffs

Missing Juvenile Reports and 601 W&I Reports

Year	Missing Juv. Reports	601 W&I Reports
YTD		
2022	30	8
2021	28	30
2020	14	25
2019	30	32

*As of November 2022

Truckee Police Department

Missing Juvenile Reports and Runaway Reports

Year	Missing Persons Reports	Missing Juv. Reports	Runaway Reports
2022	8	3	5
2021	22	5	0
2020	12	6	3

Grass Valley Police Department

Runaway Data

Year	# of reports
2022	22
2021	24
2020	25

Because the above data did not shed clear light to the concern the youths shared, we met with a local domestic violence prevention agency, Community Beyond Violence (CBV), who reported that most of their 'At-risk and Human Trafficking' clients initially come to their attention as domestic violence survivors. It is through the course of engagement and services that it is later revealed that the client was trafficked.

Nevada County opted into the Commercially Sexually Exploited Children (CSEC) funding options provided by the state and receives \$25,000 in funding a year. A policy and procedure were recently updated for Nevada County regarding CSEC. This policy and procedure have been used as a training tool and has help raise awareness of these children and youth in the department. Staff training is going to be a focus in the coming year. CWS and Juvenile Probation meet to discuss CSEC youth and those at-risk of CSEC on monthly basis. The CSEC prevention Cool Aunt Series which is an online tool for staff, parents, and

youth is being implemented in Nevada County. Currently, Nevada County is in the process of updating the interagency CSEC protocol.

This is one example of the challenges in narrowing the target population with many opportunities to provide prevention services widely. Much of the primary prevention work we will be establishing shared definitions, coordinating data collection, and establishing shared data agreements. We anticipate Nevada's Target Population may change over the course of time as we continue to gather, analyze data, and engage and collaborate with those with lived experience to guide implementation of the CPP and continuous quality improvement.

The expanded CAIC team (including CAPC Board members) also participated in various exercises such as Jam Board sessions during which participants asked questions about the population, listed agencies that serve the population and using free-flowing exercises, the team naturally became more curious about the strengths, challenges, and barriers. At this point the CAIC provided a recommendation to the ILT as to the Target population, substantiated or inconclusive referrals where no case was opened. To demonstrate Nevada County's commitment to integrating community voice, when this was presented to the wider CAIC team, the wider team was not in agreement.

Once additional data was collected which included the lifting the voice of individuals with lived experience, the ILT team members requested additional information. It was agreed that further exploration would be conducted in the form of case reviews.

Given the data analysis that had already been conducted, time constraints, and the variety of abuse categories in referrals categorized as "children with substantiated and inconclusive allegations and no case opened", it was decided that referrals with this designation would be randomly selected for review. The purpose of the case review was to gain a deeper understanding of who is coming to the attention of child welfare and why. The aim was of understanding underlying factors that led to the family coming to the attention of CWS. Reviewers were given the instructions to review the Emergency Referral Document, the Investigative Narrative, the Contact Logs and if more details are needed, to determine what may have been the root cause for the family coming to the attention of CWS. Reviewers were asked to explore what the problem was and what was the unmet service need that led to CWS intervention.

Initially, the Child Welfare team conducted case review assessments of 53 referrals from 2019. Nevada County had the opportunity to share its CPP process, including the results of the 2019 review during the March 9, 2023 Small Counties Learning Collaborative held by UC Davis Northern Academy (see Attachment VI, Nevada County Case Review Data

Story). Nevada County obtained their county colleagues perspective on the initial findings and shared the PowerPoint presentation to help other small counties.

The results of this case review showed problem identification emerging in three zip codes with the highest number of referrals, and more specifically for children aged 0 to five and children 12 to 17. Further, 87% of the families had prior referrals which was an opportunity to engage with the family and offer services. The below graph highlights the underlying issues that the 2019 families presented with.

Results - 2019 Underlying Issues of referrals reviewed

n = 53

Parent w/ MH issue	11	20%
Substance Use by parent	32	59%
Parent w/history of CAN as a minor	9	17%
Domestic Violence	18	33%
Housing/Unhoused	7	13%
Transportation Issues	2	4%
Lack of or No Support System	11	20%

This led to further exploration/ case reviews. An additional 12 referrals from 2021; 10 referrals from 2022 and 31 referrals that were deemed as appropriate to receive Rapid Response Team (RRT) engagement and services were reviewed, for a total of 106 referrals. 2020 data was excluded from the case review because 2020 was the start of the worldwide pandemic COVID-19 therefore abnormal. Nevada County experienced a decrease in staff and the community was suffering – lack of housing, limited employment options, increase of struggles with alcohol and methamphetamines and increase in domestic violence. To address those concerns CWS created a contract with the local Wraparound Services provider to pilot a Rapid Response Team (RRT), described above. This contract serves both CWS and Juvenile Probation families.

The RRT is a community-based service that utilizes a strength-based approach to support and empower families in accessing their natural supports and achieving individualized goals. This is done with the use of a team approach that quickly “wraps” the family with support and services. The RRT sends a member to the CWS Review, Evaluate, Direct (RED) team to assess referrals for child abuse and neglect daily. The RRT responds together with the CWS caseworker to the family on the cases identified for a joint response. The Family Resource Centers are contracted to provide services and case management to families before and after CWS involvement. CWS also has a contract with Granite Wellness Center, a local drug and alcohol treatment provider to provide a support group and

leadership opportunities to families who are involved or have had previous involvement in CWS.

Whereas the 2019 case reviews showed that most referrals were coming from 95945, 95959 and 95946, the review of 2021, 2022 and RRT referrals showed that 95959, 95949 and 95945 had the largest number of referrals.

Review of 2021, 2022, & RRT referrals by Zip Codes

n = 53

	96161	95945	95949	95602	95948	95946	95959	95960	Unk
2021 (12)	1	5	2	1	0	1	1	0	1
2022 (10)	1	1	4	0	1	1	2	0	0
RRT (31)	0	11	7	0	0	2	6	1	2
Total	2	17	13	1	1	4	9	1	3
%	4%	32%	25%	2%	2%	8%	17%	2%	6%

Juvenile Population by Residence Zip Code

ZIP Code	Area Descriptor	2017	2018	2019	2020	2021
95945	Grass Valley/Pear dale	61	95	84	45	56
95946	Penn Valley	5	18	14	7	16
95949	Alta Sierra	27	35	29	25	18
96111	Floriston	0	0	0	0	0
95960	North San Juan	0	0	0	3	3
95959	Nevada City	19	36	28	22	9
95712	Chicago Park	0	0	0	0	0
95975	Rough and Ready	2	2	2	2	0
95977	Smartsville	2	1	2	1	4
95986	Washington	0	1	1	0	0
96160	Truckee	1	2	6	2	2
95924	Cedar Ridge	0	0	0	0	0
96162	Truckee	0	0	1	3	1
96161	Truckee	21	46	42	32	16
95602	Lake of the Pines	21	10	7	3	3
Total		159	246	216	159	212

Probation data supported this with 95945 having the highest number of referrals. The CWS data also confirmed that children 0 to five and 13 to 17 were referred at greater rates. Most families were white, English speaking which is consistent with ACS data (see above data).

SUBSTANCE ABUSE

According to the 2019 Community Health Needs Assessment/Community Health Assessment of Nevada County conducted by Sierra Nevada Memorial Hospital and Nevada County Public Health, substance use was indicated by interview and survey respondents as a health issue in the county. Substance use emergency department (ED) visits for Nevada County greatly exceeded the state rate at 662.30 ED visits per 100,000 compared to the state rate of 453.00 visits per 100,000. Interview participants spoke about the prevalence of opioid usage, alcoholism, smoking, and marijuana usage in the county. Moreover, secondary data showed that age-adjusted drug overdose deaths in Nevada County were 21.90 per 100,000 compared to the state rate of 12.20 deaths per 100,000. Specific to opioid usage, opioid overdose deaths for Nevada County were 5.47 deaths per 100,000 compared to the state at 4.49 deaths per 100,000, and emergency department visits due to opioid overdose was at 22.03 ED visits per 100,000 versus the state at 10.31 per 100,000. Interview participants also discussed high alcohol consumption for many residents in the county, though survey results for excessive drinking fell just below the state rate. Secondary data showed that the percentage of adults reporting binge or heavy drinking was 19.09% for Nevada County compared to the state percent of 17.81%. Liver Disease mortality was also slightly higher in the county compared to the state (14.36 deaths per 100,000 versus 13.18 deaths per 100,000).

Marijuana usage in the county, including the growing of marijuana, was discussed extensively by the interview participants. Though no comparative state benchmark exists, more than 60% of survey participants indicated that they have used marijuana or hashish in their lifetime. Additionally, survey data on how frequently marijuana or hashish is smoked showed that more Nevada County and Tahoe Forest survey respondents report smoking 16-20 days; 21- 25 days; and 26 or more days a month which is higher than state survey respondents.

There are some regional differences that exist in the county in terms of substance abuse. In Western County, there is a marijuana growing culture. Recreational cannabis has become legalized. Some of the themes from the Community Health Assessment Qualitative Interviews were that marijuana availability and usage are normalized in the county, there is multiple generational usage, there is high usage in pregnant mothers, and it brings transient workers to the area for seasonal work. Youth in Nevada County grow up in an environment where there is wide support in the community marijuana cultivations as many individuals in

the county use it to support their families. Given this culture, marijuana use is normalized to a greater degree than other areas in the community.

In Eastern County, alcohol abuse is very prevalent. It is a resort community serving the Lake Tahoe Basin and the city of Reno, Nevada. Many of the activities available are dependent on tourism, where outdoor sports, fundraisers, and community activities often involve alcohol. In 2021, 40% of Tahoe Truckee adults reported drinking frequently which was up by 21% from 2011 baseline. Twenty-seven percent of Tahoe Truckee adults reported binge drinking which was up by 25% of the baseline.

Methamphetamine continues to be prevalent in the county as it is inexpensive and readily available. Of growing concern in Nevada County is fentanyl. Often it is mixed with methamphetamine to increase its potency and addictiveness. In 2019, Grass Valley Police Department had .21 grams of fentanyl powder booked into evidence, in 2020 it had 7.03 grams and in 2021 it increased to 366.79 grams. As a result, fentanyl overdoses are on the rise.

PARENTING SUPPORT

Nevada County Child Welfare Services contracts with several agencies to provide parenting support. These services are funded through the Office of Child Abuse Prevention (OCAP) funding streams of Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT), and Community-Based Child Abuse Prevention (CBCAP) Program dollars. Helping Hands Nurturing Center utilizes the Nurturing Parenting Program to provide individualized one-on-one parenting sessions, group sessions (including a father's group), parent coaching in the home and in the community, and supervised visitation. Helping Hands served 42 families in fiscal year (FY) 2021/22. PARTNERS Family Resource Centers also utilizes Nurturing Parenting Program but only in a group setting with supportive coaching calls provided between group sessions. In FY 21/22, PARTNERS served 92 with approximately 50% of those families belonging to an ethnic minority.

The Healthy Babies program provides home visiting services utilizing the Health Family's America model for pregnant families and enrolls up to age three months. The home visitor continues to work with the families until the child's age of five. Healthy Babies also is initiating a Parents as Teachers (PAT) model. Both models are evidence-based. The PAT program provides home visiting services for families whose babies are older than four months up to age five and will work with the families for a minimum of two years. Both home visiting programs provides parenting education, parent/child activities, assessments on child development, pre/post-natal depression, and relationships. Families receive case management services, support, and resources to help them attain their goals and for the

baby's healthy development through milestones. Healthy Babies provides services in Western and Eastern County as well as Spanish speaking services. Healthy Babies provided services to 107 families in FY 21/22, over 46% of which belong to ethnic minorities, and over 1400 home visits.

MENTAL HEALTH DATA

Community Health Assessment participants indicated that there is a great need for more mental health providers in the county for treatment and prevention of mental illness across the spectrum of severity. This was enforced by secondary data showing that Nevada County is considered a federally determined Health Professional Shortage Area (HPSA) for Mental Health and Psychiatry Providers. The rate of psychiatry providers per 100,000 people was 9.13 in the county compared to 13.42 for the state. It is difficult for adults to receive County Behavioral Health services as the bar to qualify is quite high, requiring a DSM 5 diagnosis of mental illness. Even when services are available, they are impacted with long waits to receive services. Services for AOD treatment are prevalent need for families that become involved in CWS and Juvenile Probation. Nevada County adopted the Medi-Cal Organized Delivery System (ODS) that provides 60 days of in-patient substance abuse treatment for those who qualify which serves many CWS and Probation clients. Unfortunately, there are no AOD treatments that are specifically geared to youth available in the community.

SCHOOL LIAISON OFFICER (SLO)

Currently there is much industry wide discussion regarding the commonly referenced school to prison pipeline. There was previously proposed legislation last year trying to get at the belief that children are being funneled out of public schools and into the juvenile and criminal justice systems. There is also a belief that police in schools lead to students being criminalized for behavior that should or would normally be handled inside the school setting. At the same time there is a call to increase counseling and social work in schools. In 2019, Nevada County's total student enrollment (excluding charter schools) was 11,330. The average amount of criminal referrals received in years' 2017-2019 (not including 2020 as it was an anomalous year with Covid-19) from law enforcement is 276. Given the natural and trained skillsets of probation officers it is felt they are in a unique position to assist with those concerns. Nevada County Probation began working with the local school districts in 2019 to implement a new program to assist with early intervention and connection to appropriate resources prior to or in conjunction with law enforcement. Four Juvenile Probation Officers service all the schools in Western Nevada County on an as-needed basis. They are assigned to regularly serve 5 of the schools deemed to be higher risk than others. The data analyzed to determine this included suspensions, expulsions, criminal referrals as well as SMART and SARB referrals. The referrals to Probation are not focused on discipline, rather bridging the gap between need and service. The aim is to provide services to youth in the school setting and may include direct service, case management and service referrals.

Project Objective: Increase school safety through providing emotional and behavioral support.

Target issues or behaviors include: Truancy, anti-social behaviors, drug and alcohol use, students with anti-social peers, bullying, family stressors, mental health concerns, lack of pro-social recreation or activity and students that appear to be struggling in some capacity.

It is believed that prevention programs should teach a variety of general life skills for helping adolescents deal with the challenges of adolescent life⁶. Accordingly, certain skills have emerged as critical to preventing and reducing substance abuse and violent behavior, including communication, assertiveness, media resistance, resistance training, social problem-solving, character/belief development, empathy and perspective taking, stress management and coping, and anger management or impulse control.⁷ School and classroom environment programs seek to address these needs as they enhance educational skills from within the classroom environment.

Below is a snapshot of the underlying issues and factors identified in the case reviews for 2021, 2022 and RRT families in support of this CPP (see Attachment VII, Selection of Target Population – FFPSA CPP)

2021 & 2022 Underlying Issues of Referrals Reviewed

n = 22

45% Domestic Violence or Unhealthy Relationship
45% Substance Issue and often accompanied with DV or Court Involvement
18% Mental Health Issues

⁶ Midwest Regional Center for Drug-Free School and Communities 1994
⁷ Northeast Center for the Application of Prevention Technologies 1999

Rapid Response Team Referrals - List of Underlying Factors & Services Provided

n = 31

Prior System Involvement
Unhoused
Lack of Goods/ Food Scarcity
SUD / SUD Treatment
Domestic/ Family Violence
Person in the Home with Developmental Issue
Person in the Home with Behavioral Health Needs
Life Skills & Support
Medical/Dental
Public Assistance
Arrest History

The prevalence rates for ethnic minorities does not follow the statewide patterns for 2021 perhaps because Nevada County is as stated above is 84% White Non-Hispanic. Black children do follow the statewide pattern for disparity where they are about three times more likely to experience a report of abuse or neglect than their white counterparts. However, Hispanic and Native American children are less likely to experience an allegation of abuse or neglect in Nevada County than white children which is contrary to the state pattern. Asian and Pacific Islander children are more likely experience an allegation than white children which is the opposite of the statewide pattern that they are less likely than white children to experience an allegation. It must be noted that the numbers for ethnic minority children in Nevada County are very small, in some cases under 10 which makes it difficult to make inferences about disparity (see below graph). We will need to still assess needs for Black and Asian/Pacific Islander populations. However, given this is a small rural community, we want to be careful protect confidentiality and will report in the aggregate.

Allegations of Abuse and Neglect by Ethnicity

Ethnic Group	Interval					
	JAN2016-DEC2016	JAN2017-DEC2017	JAN2018-DEC2018	JAN2019-DEC2019	JAN2020-DEC2020	JAN2021-DEC2021
	n	n	n	n	n	n
Black	31	14	23	18	22	16
White	708	743	682	689	609	563
Latino	155	114	111	99	91	99
Asian/P.I.	8	9	9	13	5	13
Nat Amer.	5	8	5	2	0	4
Multi-Race	0	0	0	0	0	0
Missing	304	323	500	525	382	369
Total	1,211	1,211	1,330	1,346	1,109	1,064

CPP TARGET POPULATION

After thorough and careful review of data, Nevada County's target population for Primary Services will be children 0 to 5 and 13 to 17 residing in Nevada City 95959, and Grass Valley 95949 and 95945. Additionally, the zip code 96161 in Truckee is going to be further explored to determine why there appears to be less children referred to CWS. For Secondary and Tertiary Prevention Services, the target population will be children, youth, and families with an Inconclusive and Substantiated Referrals with No Case Opened.

There are approximately 11,000 children who live in the 95945, 95949, and 95959 zip codes and another approximately 4000 that live in the 96161 zip code. Of the children living in 95945, 95949, and 95945 zip codes there were about 850 referrals for child abuse and neglect from September 1, 2021-October 31, 2022. In the Truckee region there were approximately 150 suspected child abuse reports during that same time frame. There were approximately 200 inconclusive findings and a handful of substantiations that did not result in an open CWS case the majority of which are from the zip codes 95945, 95949, 95959, and 96161.

Nevada County's needs assessment thus far shows that families in Nevada City 95959, and Grass Valley 95949 and 95945 have greater contact with systems and entries into care. Our assessment shows that substance use and mental health are the issues that

initially present themselves. Thus far, outcomes from Nevada County's RRT show linkages to Mental Health Services are the largest need for families who successfully complete the program, followed by linkages to CalWORKs, CalFresh, and Medical. Other prevalent services that RRT families are referred to are domestic violence, substance abuse services, parenting, housing, legal services, child care, and education support.

We anticipate that the Target Population may change over the course of time as we continue to gather, analyze data, and engage and collaborate with those with lived experience to guide implementation of the CPP and continuous quality improvement efforts.

Our service and asset mapping, discussed in detail below show that there are more services than originally known by the Nevada County team. To obtain a deeper understanding of the needs, our CPP is to continue engaging community services providers and those with lived experience to explore needs as it relates to substance use, mental health, and parenting support and together decide on the EBP, strategies and goals.

SERVICE/ASSET MAPPING

The team reviewed Nevada County's July 2021 – June 2026 County Self-Assessment (CSA) as a starting point and the First 5 Nevada County Needs Assessment, conducted December 2019. The CSA revealed that geography had a lot to do with what services were available to families. Some parts of the county are geographically isolated and transportation could be a barrier to receiving services. Additionally, most of the services for parenting, substance use disorders, and mental health services reside in the Western region of the county. In Truckee, a region in the county that has more native Spanish speakers, there is a need for Spanish speaking services that is lacking. There is a general lack of Spanish speaking mental health providers. Stakeholders felt that there was a marked lack of mental health services for families who did not have Medi-Cal and that Specialty Mental Health Services beyond talk therapy were needed. Respite care services were also seen a need. Foster youth felt that there needed to be more prevention services and that those services needed to be offered sooner in order to avoid children entering foster care.

The First 5 Nevada County Needs Assessment revealed that the local service providers were working hard to address the needs of the children 0- 5 and their families. It found that Nevada's small size allowed for relationships to be made and maintained, which helps better support service participants. The First 5 Assessment showed that community-wide issues that disproportionality affect children ages 0-5 and their families are: housing, transportation, cost of living and employment, healthcare, immigration, cultural competency, language, substance abuse, and mental health. In Eastern County, the distance creates disconnect with services, providers, and some county support. However, through asset mapping, the team explored a number of programs that are currently addressing these needs

in Nevada County. These programs may be leveraged in a way that would allow them to expand their services and reach. For example, Family Resource Centers on both sides of the county work to address the needs of families and serve as a one-stop shop for the communities in which they are housed. In the next phase of planning, the team will dive deeper into exploring the capacity for change and growth within many similar CBOs.

A key reflection from the needs assessment was that there may be a lack of awareness about existing programs and ambiguity about service clearinghouses including 2-1-1 Connecting Point. Another key reflection was the need to engage in state and local advocacy and cross-agency community table-setting lifting the importance of prevention. This needs assessment was timely, as the FFPSA Part I served as a key vehicle to lift the reflections (see Attachment IV First 5, First 5 Needs Assessment).

Given the Needs Assessment that had been conducted with input from a variety of stakeholders, Nevada County had garnered the support and momentum to explore and conduct an Asset Map. In line with the First 5 Needs Assessment, the following questions were explored:

- What are the opportunities for better promotion and outreach?
- Is there a single resource sheet/clearance house of up-to-date information about all program and services available for 0-5?
- Is this 2-1-1 Connecting Point's role?

As reflected in the First 5 Needs Assessment, the number of service providers in the county was not known. We found that Nevada County's 2-1-1 Connecting Point website was difficult to navigate. However, 2-1-1 Connecting Point receives an average of 100 calls quarterly from families with young children 0-5. Services most often referred are housing, employment, food resources, community supports, mental health and substance use. We also learned that most families were referred to the Family Resource Center, Hospitality House (the local homeless shelter), the Nevada County Homeless Outreach and Medical Engagement (HOME) and Coordinated Entry.

As we explore the best way to promote 2-1-1 as the first stop for families seeking services and support, it will be important for organizations to ensure that 2-1-1 Connecting Point has the most up-to-date service information. The Community Support Network, facilitated by CAPC in Western County, will serve as a resource and catalyst for assisting 2-1-1 in reaching service providers to review and update their listing information. This will assist the 2-1-1 Call Center staff in making the most meaningful referrals based on the needs of the callers.

The results from the case reviews were similar to the above needs assessment, with mental health, substance use and domestic violence being key unmet needs that resulted in

children removed for their safety. The data also supported that youth ages 13 – 17 had a high rate of referrals to CWS.

The CAIC set out to understand which service providers existed, then to understand provider and system capacity and capability to partner in this plan. Several brainstorming sessions were conducted over six months using Jam Board exercises to gather information on the resources in Nevada County. The exercises were led by CWS, County Partners, Western Child Abuse Prevention Council (CAPC) and Eastern CAPC. Traditional and non-traditional stakeholders, including those with lived experience participated in this Asset mapping exercises. To set the stage, Table 1 was shared with all participants, and they were informed of the potential candidates. A sample of the exercise is attached (See Attachment VIII CAPCWNC FFPSA Part I Western).

From these ‘Jam Board’ session, a list of 70 plus agencies were identified and the Asset Map Table continues to grow. Information gathered included program name, office zip code, service area, service zip codes, best contact director level and best contact for referrals; program description, eligibility requirements, Evidence-Based Programs used in service delivery, Medi-Cal billing, and prevention level (primary, secondary and tertiary). In the next phase of the planning process, each service provider will receive communication to provide information on the FFPSA effort and invite them to participate in other stakeholder engagement efforts, including the “town hall” meeting and survey. This incredibly important approach to this work is time-consuming and has not been completed. As such Nevada County’s Comprehensive Prevention Plan (CPP) is a work in progress.

This CPP is a plan to continue efforts to better understand the community and its needs, and together select the best Evidence-Based Program (EBP) to address the primary, secondary, and tertiary prevention services. Thus far, efforts have revealed that Motivational Interviewing is an EBP that many providers are using and can be leveraged for this effort.

The target population for Primary Services will be children 0 to 5 and 13 to 17 residing in Nevada City 95959, and Grass Valley 95949 and 95945. For Secondary and Tertiary Prevention Services, the target population will be children, youth, and families with an Inconclusive and Substantiated Referral with No Case Opened. Given the Needs Assessment, the services of mental health, substance use, and parenting will meet the identified presenting problems using Motivational Interviewing or another EBP later selected by the stakeholders. Nevada County’s CPP takes a stages approach. Below details Stage 1, as follows:

1. By September, personally engage with the service providers identified during the Asset Mapping to invite them to participate in an informational meeting that will update the community on the FFPSA process and create a formal “call to action”. This meeting will be hosted by the CAPC Board and co-facilitated by the Planning

Team.

2. By November 1st, invite service providers to participate in completing a survey to assess their capacity and capability (Primary Secondary, Tertiary) including:
 1. How can the service provider adapt their work with children, youth and/or families given the opportunities under FFPSA?
 2. Which Evidence Based Practices (EBPs) does the service provider use and if not one of the 10 selected EBPs? Would the service provider be willing to adapt your practices?
 3. How does the service provider see FFPSA Part I and FFPS impacting the County of Nevada?
 4. What are the needs of families residing in Nevada City (95959), Grass Valley (95949 & 95945), and Truckee (96161) particularly in the areas of substance use, mental health, and parenting support?
 5. What does the service providers recommend Nevada County needs to best meet the needs of those in your selected population/community?
 6. What did the Nevada County team miss during the Needs Assessment?
 7. Other feedback, thoughts, and considerations.
3. By January 30th, gather outcome data from provider community to determine which services have the most success and can be scaled up, and which can be enhanced or replaced with an EBP.
4. By January 1st, amend and update the Asset Map with a goal to assist 2-1-1 Connecting Point in developing a comprehensive service delivery guide (Primary, Secondary, Tertiary). CAPC will utilize the Asset Map and Community Support Network to connect with CBOs to ensure that the information on the 2-1-1 website is accurate and helpful for users.
5. By February 1st, analyze the data from Placer and Nevada County Suspected Child Abuse Reports in the Truckee region to determine trends and if there is under reporting.
6. By February 1st select EBP. Current data shows that providers have capacity and capability to implement Motivational Interviewing (Primary, Secondary, Tertiary).
7. By February 1st determine if Nevada County will adopt Safety Organized Practice (Primary, Secondary, Tertiary).
8. By April 1st, the CIAC and CAPC will identify areas for county-wide training and workforce development. The CAPCs in Eastern and Western county will serve as the conveners for these trainings.
9. Upon completion of Stage 1 by July 1, 2024, Nevada County will submit an addendum to this CPP.

THEORY OF CHANGE/LOGIC MODEL

Problem/Issue: We observe that 65% of child welfare and probation referrals come from zip codes 95945, 95959 and 95946. Referrals from these zip codes have high rates of Substance Use, Mental Health issues, and Domestic Violence. It is after child placement that underlying needs such as financial assistance, food insecurity, and unemployment surface. Demographics for this population is primarily white and English speaking with poverty rates of 11.3% for 95945, 12.8% for 95959, and 7.8% according to the 2020 Census.

The Truckee area (zip code 96161) has more children under the age of 18 (25%) than any other Nevada County town and has a low rate of referrals (12%). We seek to answer the following questions: does Truckee have a strong prevention network that we can learn from? Are we missing important information that may increase child safety and possibly address underreporting of maltreatment?

Theory of Change: If we employ a more in-depth needs assessment, using engagement, exploration, and collaboration strategies for the target population in the designated zip codes, we will select the appropriate strategy to provide primary, secondary, and tertiary prevention services and thereby decrease the number of children entering foster care.

Target Population: Families residing in zip code 95945, 95959 and 95946 with children under the age of 5 and teens 13 to 17. Explore prevention services in place in the Truckee area 96161.

PLANNED WORK/METHODS		INTENDED RESULTS		
RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
Structured Decision Making Child Adolescent Needs Strength Assessment Wraparound School Liaison Officers Special Multi-Agency Resource Team (SMART) Integrated Psychiatric Solutions Sierra Family Therapy Early Psychosis Intervention Psychological Evaluation County Office Education Differential	PRIMARY (Social Determinants of Health) <ul style="list-style-type: none"> Culturally responsive, services in the client's primary language Transportation Food security Collaborate with 2-1-1 School Liaison Officers Define pathways and prevention programs Substance Abuse prevention through Public Health Early Psychosis Intervention Possibly Motivational Interviewing 	Increased family support and empowerment through improved connection to the community. Decrease the number of target population children from entering and reentering into foster care. Increase engagement and building a stronger circle of support for the families. Increased awareness of and partnership with CBOs and county departments. Increased parental capacity to	Strong Community engagement and support in the selection of prevention plan strategies and complete the plan. Develop a Nevada County Prevention model that includes partnerships, funding, and a well-trained and skilled workforce. Increase knowledge of community-based support. A decreased of children under the age of 5 and children ages 13 to 17 entering and reentering the foster care system. Agreed upon selection of	Increase capacity (everyone knows what everyone else has). Aligned service array. Shared language and understanding throughout Nevada County of prevention services. Children remain with family and the family receives services that address their underlying needs. Increased investments in prevention services across Nevada County.

<p>Response Victim Witness and contracts with Occupational Therapist Positive Toc Infants Community Collaboratives in Eastern and Western Counties Regional Centers Full-Service Partnership Family Preservation Kin Support Group Education Support</p>	<p>SECONDARY (Protective Factors against family violence)</p> <ul style="list-style-type: none"> • Culturally responsive, services in client's primary language • Substance Abuse Tx • In-home support • Mental health • Parenting • Domestic Violence support • Rapid Response Team • Possibly Motivational Interviewing <p>TERTIARY (Preventing recurrent family violence)</p> <ul style="list-style-type: none"> • Same as secondary noted above <p>Informal survey of staff in Children System of Care on training and use of Motivational Interviewing (collect baseline data), and use of MI to fidelity.</p> <p>Survey community-based organizations for EBPs used and capacity to use EBPs.</p>	<p>meet their children's needs. Increased protective capacity.</p>	<p>Evidenced-Based Program and monitoring to fidelity.</p>	
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SPENDING & SUSTAINABILITY PLAN

Guiding Questions

1. What prevention services included in the CPP are already available in the community and what funding sources are available to support the implementation of the CPP?
 - FFPSA is an opportunity to further engage current and reach out to new partners, as not previously done before. It is in this new coordinated and deliberate way that together, Nevada County will improve the well-being of children, youth, and families. Nevada County spent nearly two years engaging stakeholders and has not reached all who can contribute to this plan. This will include obtaining feedback on the needs assessment and asset mapping conducted such as are they accurate and identifying the intervention / services (see page 33 of the CPP).
 - It is anticipated that once the EBP is selected, funding will be used to pay for training County and community partners. This would also include cost to purchase a training for trainers to sustain programming. As later deemed applicable, pay for supportive services not paid by Medi-Cal and/or purchasing direct services and supports to help families. Funds will also be used to pay for all applicable administrative cost.
 - ARPA funds are currently being used by the Child Abuse Prevention Counsel of Western Nevada County to support planning and implementation of the CPP.

2. How will the State Block Grant, federal and Title IV-E prevention funding sources be used?
 - The State Block Grant will be used to support Eastern CAPC's continual participation in this effort. Providing financial support to the CAPC will strengthen our partnership and help Nevada County move further "upstream" in preventing children from being maltreated and supporting children, youth, and families within their community by their community. Once this plan is completed, Nevada County will submit a new spending and sustainability plan, which may include using the State Block Grant for the 50% match.

3. How will you leverage other funding sources (grants, local county funds, state general funds, etc.) to ensure a continuum of prevention services are available to primary, secondary, and tertiary services for selected populations?
 - The FFPSA Nevada County Fiscal team which consists of CWS, Probation, Behavioral Health and HHSA administration will continue meeting to assess which funding sources (grants, local county funds, state general funds, etc.) can be used to ensure the continuum of prevention services for primary, secondary and tertiary services as selected per this plan. It is Nevada County's intent to blend and braid funding resources to fund and sustain services.

ADDITIONAL ASSURANCES

Please see Attachment B.

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SAVED LANGUAGE



KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

ATTACHMENT B- ASSURANCES

Family First Prevention Services (FFPS) Program Assurances

County of _____

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

Title IV-E Prevention Program Reporting

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California Welfare and Institutions Code (WIC) section 16587(d)(9), _____, (Name(s) of participating child welfare services and/or probation agency) is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring

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

Workforce Development and Training

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

Trauma-Informed Service Delivery

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

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement

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

Equitable and Culturally Responsive Services and Supports

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

Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the _____ (Name of participating child welfare services and/or probation agency) assures the agency will establish a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Signatures

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

Signature of Authorized CWS Representative

Date

Signature of Authorized Probation Representative

Date