



SAN MATEO 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 SAN MATEO COUNTY

TITLE IV-E AGENCY INFORMATION

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INTRODUCTION

San Mateo 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 opted 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 San Mateo County has elected to pursue.

The mission of the San Mateo County Human Services Agency (HSA) is "to enhance the well-being of children, adults, and families by providing professional, responsive, caring, and supportive service." The Children & Family Services Division seeks to promote "healthy, thriving children, youth and families" by protecting the welfare of children, improving the "lifelong stability of children and youth," improving the "health and strength of families," and helping families "understand and solve the issues that lead to child neglect, abuse or exploitation." Strong partnerships are maintained with other county agencies, First 5 San Mateo, direct service providers, family resource centers, and other community-based organizations.

San Mateo County has a long history of developing and administering programs to prevent child maltreatment and the need for removing children into foster care. The Board of Supervisors established



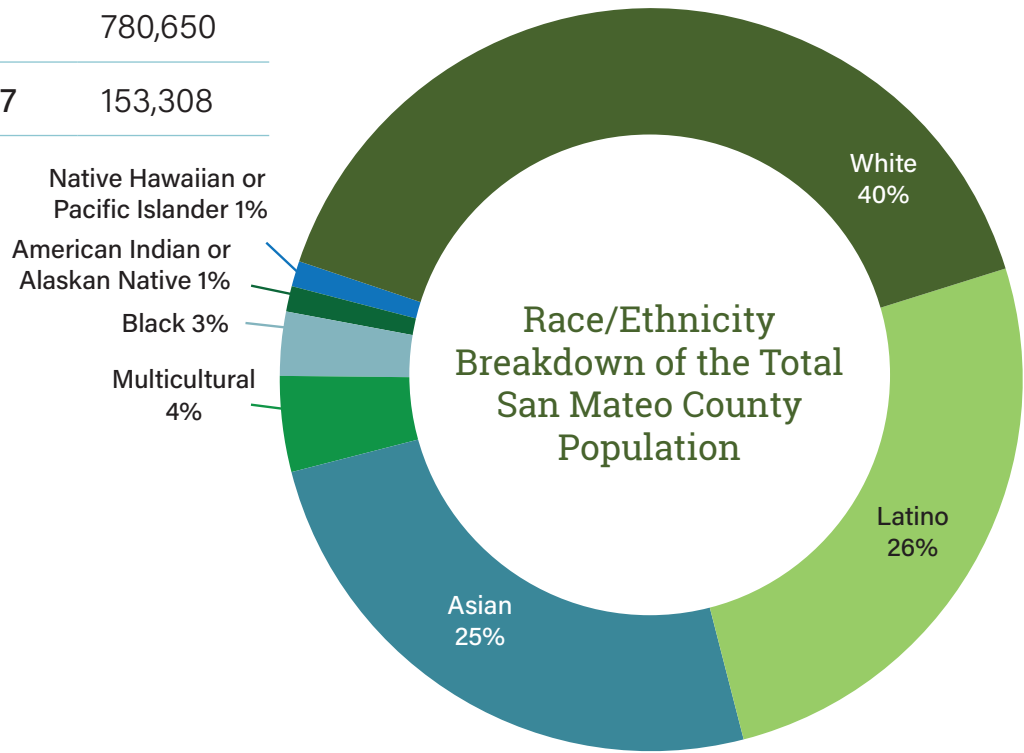
the Child Abuse Prevention Council (CAPC) in 1999 to provide leadership to prevent child abuse by advocating, coordinating resources, and raising community awareness through education and training. San Mateo operates a County Children's Trust Fund (CCTF) that distributes resources to fill gaps in local prevention program funding. The County is also home to a robust network of home visiting programs operated by both public and private agencies serving nearly 1,500 families per year.

- ✓ In developing this Comprehensive Prevention Plan (CPP), San Mateo 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 Block Grant funding, along with other resources, to expand the availability of prevention services within the County.

San Mateo County Data Profile

Population¹

Total Population	780,650
Children Ages 0-17	153,308



Child Welfare Rates (per 1,000)²

	San Mateo	CA
Allegations	29.6	49.5
Substantiations	1.4	5.8
Entries to Foster Care	0.5	2.3

Unique San Mateo County Indicators

- » While only 8% of the total population in San Mateo County live at or below federal poverty standards, 22% of those who are Black or African American and 13% of those who are Native Hawaiian or Pacific Islander live below the poverty level.
- » 43% of renters spend 35% or more of their household income on rent plus utilities.
- » Between 2017 and 2021, sexual abuse allegations reported to CPS increased by 364%.

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

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

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 2020, San Mateo County established an Inter-Agency MOU defining the collaboratively shared design, delivery, and management of services to children, youth, and families between the San Mateo County Probation Department (Probation), San Mateo County Health, Behavioral Health & Recovery Services Division (BHRS), San Mateo County Human Services Agency, Children & Family Services Division (CFS), and San Mateo County Office of Education (SMCOE).

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

As suggested by CDSS in ACL 22-23, San Mateo 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, San Mateo County has also invited additional stakeholders to participate in the CPP development process through the establishment of a Child Abuse Prevention Cross-Sector Team, including other County agencies, direct service providers, family resource centers, the Child Abuse Prevention Council (CAPC), Tribal representatives, and individuals with lived experience.

This working group consisting of the original interagency collaborative partners and other invited stakeholders has been meeting monthly since January 2023. 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.

✓ **The vision for the interagency MOU, which remains in effect until cancellation, is:**

“Healthy Community: Our neighborhoods are safe and provide residents with access to quality health care and seamless services.

Collaborative Community: Our leaders forge partnerships, promote regional solutions, with informed and engaged residents, and approach issues with fiscal accountability and concern for future impacts.”

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 Training Centers/Community Colleges » Others Identified by the Collaborative

HISTORY OF CROSS-SECTOR COLLABORATION

San Mateo County has a history of collaboration with public and private agencies to ensure a true public-private partnership with the county, partner agencies, and the community. These partnerships include internal partnerships and committees within the structure of county business, as well as the development of ongoing partnerships with community organizations to ensure the necessary supports in services and programs for children and families.

In San Mateo County, stakeholders and partners have historically been, and continue to be, extremely interested and involved with the CFS, child welfare issues, and Probation. Stakeholder and partner participation ranges from individuals, groups, and community-based organizations; law enforcement agencies; other County departments/agencies; San Mateo County Office of Education; boards and commissions such as the Foster Youth Advisory Board, Juvenile Justice Coordinating Council (JJCC) and the Juvenile Justice and Delinquency Prevention Commission (JJJPC); councils such as the Child Abuse Prevention Council; community colleges such as the College of San Mateo; the Superior Court; attorneys; and the Board of Supervisors.

CFS leadership encourages collaboration, internally and externally and believes it is through collaboration that children are safe, families and individuals are thriving, and communities are engaged.

CROSS-SECTOR COLLABORATION IN THE DEVELOPMENT OF THE COMPREHENSIVE PREVENTION PLAN

The children and families that are the intended beneficiaries of services under San Mateo County's CPP interact with a range of child- and youth-serving systems including not just child welfare but also mental and behavioral health, public health, 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, San Mateo County has engaged numerous partners across systems to conceive and develop this CPP.

Looking ahead, as San Mateo County advances from planning toward implementation of the CPP, cross-sector collaboration will remain a high priority. The interagency collaborative 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.

San Mateo County Child Abuse Prevention Cross-Sector Team

ORGANIZATION	NAME(S)
San Mateo County Child Welfare	John Fong • Carine Verduco • Liliana Mendoza • Jeremy Latta
San Mateo County Children & Family Services	Marben Vasquez
San Mateo County Probation	Christopher Abalos
San Mateo County Behavioral Health	Ziomara Ochoa • Sylvia Tang • Doris Estremera
San Mateo County Health & Behavioral Health	Regina Moreno
San Mateo County Family Health	Lizelle Lirio de Luna
San Mateo County Office of Education	Kristen Shouse
San Mateo County Employment Services/ CalWORKs	Michelle Tom
First 5 San Mateo	Michelle Blakely
StarVista	Daryl Tilghman • Sara Mitchell
Family Connections	Eric Valladeras • Melissa Guariglia
CASA San Mateo	Laray Hill
Shared Vision Consultants (SVC)	Jane Smithson
Bay Area Collaboration of American Indian Resources (BACAIR)	Lana Burnett
Foster Youth Advisory Board (FYAB)	Anju DeLeon

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

SAN MATEO COUNTY CHILD ABUSE PREVENTION COUNCIL

The San Mateo County Child Abuse Prevention Council (CAPC) is a commission of the San Mateo County Board of Supervisors (BOS). The collaborative provides leadership, guidance, and advocacy for services to prevent child abuse and neglect. The CFS Director (or designee) is a member of the CAPC, and HSA acts as the fiscal agent for CAPC contracts with community service providers.

OTHER CHILDREN & FAMILY SERVICES COLLABORATIONS

Children and Youth System of Care (CYSOC)

The Children and Youth System of Care (CYSOC), which meets monthly, is composed of directors and administrators/managers of San Mateo County Children & Family Services (CFS), Behavioral Health and Recovery Services (BHRS), Juvenile Probation, County Office of Education, Special Education Local Plan Area (SELPA), Department of Rehabilitation (DOR), and Golden Gate Regional Center (GGRC). CYSOC is an administrative body for overseeing the placement funds of three youth service agencies (CFS, BHRS, and Juvenile Probation) and makes recommendations regarding use of any reserve funds. It provides oversight to programs that involve child- and youth-serving systems as well as direction regarding cross-department issues impacting youth. CYSOC ensures that the youth who receive services from these departments receive collaborative, optimal, and streamlined services. It serves as the Interagency Leadership Team (ILT) as described under AB 2083.

Keller Center for Family Violence Intervention

Located at the San Mateo Medical Center, the Keller Center is a child-friendly environment designed for interviews and evaluation of child abuse cases as well as for the provision of medical care for children who have experienced all types of abuse and neglect. The Keller Center provides a coordinated response that will involve a team composed of professionals and direct service staff to provide effective medical, investigative, and therapeutic responses to alleged child abuse. San Mateo County has been working with the Keller Center since 2001.

Partnership for Safe and Healthy Children

This initiative enables a coordinated effort between County Health—Family Health Services (FHS) and Behavioral Health and Recovery Services (BHRS) Divisions—and Children and Family Services to address the continuum of services for parents with children ages 0 to 5 years. These parents experience

significant mental health issues and at times alcohol and other drug issues. Services are intensive and often home-based with significant therapy, Alcohol and Other Drug (AOD) services, Public Health Nursing, case management and medication management, as needed. The goal is to maintain children at home with intensive supportive services to the parent(s) and prevent out-of-home placement for children.

Pathways to Well-Being

Psychiatric Social Workers in CFS work very closely with BHRS mental health staff to coordinate and deliver the Pathways to Well-Being program. All CFS children receive an initial mental health screening. If they meet a screening threshold, their case is sent to BHRS for further assessment. If they meet an assessment threshold, they are then given a full assessment by BHRS staff. In addition to the initial screening, all children in out-of-home care are then screened on a regular basis.

Other Collaborations With County Health

CFS has an MOU with County Health to provide a variety of programs, including child abuse treatment, wraparound system of care, and public health nursing. In addition to the initiatives described above, County Health and CFS collaborate on a number of initiatives or programs including:

- » Public Health Nursing
- » Home Visiting Parent Education Services
- » Canyon Oaks Youth Residential Center
- » Elysian Short-Term Residential Therapeutic Program
- » BHRS Prenatal-to-Three (Pre-to-3)
- » Healthy Community Collaborative (including Youth Asset Development)
- » Children's Health Initiative
- » Child Welfare Mental Health Team
- » Youth Transition Assessment Committee (YTAC)

First 5 San Mateo County

First 5 San Mateo County invests Proposition 10 tobacco tax revenues in local health, education, and family engagement programs and systems for expectant parents and parents with children ages 0 to five. First 5 funded programs create the conditions that affect children and families' well-being so that all children can thrive. The mission of First 5 San Mateo County is that "all children in San Mateo County will be emotionally, socially, and physically healthy, have a loving attachment to a parent or other caregiver, and live in an environment that promotes learning." The Director of HSA is a Commissioner on the First 5 Commission. The array of services funded through First 5 provide important services to many of the families in Children and Family Services as a significant number of these referrals and open cases involve families with children ages 0 to 5. The services provided by First 5 to families include program and community resources such as childcare referrals, access to quality learning environments, developmental screening, information on working with special needs populations, ACES (Adverse Childhood Experiences), dental health, and a free kit for new parents.

Child and Family Resource Centers

CFS funds the Child and Family Resource Centers (CFRCs) through a contract to provide school-based mental health services that focus on children with behavioral issues who are at risk of entering the child welfare, juvenile justice, and/or psychiatric emergency systems. The agreement provides six Spanish-speaking bilingual clinicians based at schools in the following school districts: Daly City, San Bruno, Pacifica, Ravenswood (East Palo Alto), South San Francisco, and San Mateo.

Court Appointed Special Advocates (CASA) San Mateo

CASA of San Mateo County recruits, trains, and supports adult volunteers who are paired one-on-one with youth ages 0-21 to provide mentorship and advocacy in court, school, and the larger community. After completing 30+ hours of training and court observation, CASA volunteers are designated as

officers of the court and build trusting one-on-one relationships with youth, providing a caring and consistent adult presence who provides crucial insight to the court. CASA staff and volunteers work closely with Children and Family Services to access vital resources and help ensure youths' needs are met. In addition to collaborating with social workers, CASA staff serve on the Child Abuse Prevention Council, partner with the Independent Living Program, participate in social worker training, and attend CFT meetings. Many CASA volunteers, and some staff, also serve as education rights holders for youth CASA supports. Staff from San Mateo County Children and Family Services, Probation, and the Office of Education also participate in the pre-service training for CASA volunteers.

California Youth Connection (CYC)

California Youth Connection (CYC) promotes the participation of foster youth in policy development and legislative change to improve the foster care system, and strives to improve social work practice and child welfare policy. CYC chapters in counties such as San Mateo identify local issues and use grassroots and community organizing to create change. CYC is guided, focused, and driven by current and former foster youth with the assistance of other committed community members. San Mateo County provides funding for food at meetings as an incentive for youth, sponsors youth to speak at presentations, and supports youth participation

Bay Area Regional Children's Committee

HSA is a member of the Bay Area Regional Children's Committee, a regional subcommittee of the County Welfare Directors Association's (CWDA) Children's Services Committee. This committee, which is comprised of child welfare directors in the San Francisco Bay Area, develops interagency protocols and agreements. The committee is also a regional forum for the review of group home and foster family support letter requests.

San Mateo County Department of Housing and Housing Authority

The San Mateo County Department of Housing has developed an MOU with the HSA for distribution of 40 Family Unification Program (FUP) vouchers (similar to Section 8 vouchers) to support families involved with Child Welfare family reunification services when access to housing poses a barrier to reunification. FUP vouchers also support youth transitioning from the child welfare system into permanent housing. In June 2020, Department of Housing issued a notice of funding availability (NOFA) for the Affordable Housing Fund 8.0. As a result of this NOFA, CFS is collaborating with the Department of Housing, the Housing Authority, and housing developers to provide a minimum of 30 subsidized/voucher-based housing units to current and former foster youth. Construction for the three housing projects is underway and estimated to be completed between 2023 and 2025.



Resource/Adoption Family Meetings and Support Groups

CFS offers a number of meetings and support groups for resource parents. These groups are either hosted by CFS staff members or long-term resource parents. There are specific groups for families who care for medically fragile children, new resource parents, and resource parents who care for older youth. In addition, the county's Foster Family Agency offers a monthly resource parent group for those who provide therapeutic-level foster care.

Law Enforcement

A Sexual Assault Protocol is signed off by the law enforcement jurisdictions to specify the processes for investigating allegations of child and adolescent sexual abuse and assault within San Mateo County using a multidisciplinary framework. The protocol establishes a cooperative and coordinated effort among San Mateo County law enforcement agencies, Children and Family Services (CFS), the District Attorney's Office (DAO), San Mateo Medical Center (SMMC), Victim Services Division (VSD), Behavioral Health and Recovery Services (BHRS), and Rape Trauma Services (RTS).

The San Mateo County Police Chiefs and Sheriff Association is committed to a comprehensive, collaborative, multi-disciplinary approach to law enforcement activities involving Drug Endangered Children (DEC). On behalf of the Chiefs and Sheriff Association the San Mateo County Narcotics Task Force (SMCNTF) has taken a leadership role in the development of a countywide DEC Protocol and has since established the San Mateo County Drug Endangered Protocol Committee. The committee is comprised of stakeholders from Law Enforcement, Probation, Human Services Agency—Children and Family Services, Health Services, and the District Attorney's Office.

In 2015, per SB 855, CFS developed a county-wide MOU to address the Commercial Sexual Exploitation of Children (CSEC) that includes the Sheriff's Office (SO), which has a Human Trafficking (HT) Coordinator.

Through the SO, the HT Coordinator works with the other law enforcement agencies on various CSEC topics. The social work supervisor of the CSEC Unit is a member of the county Multidisciplinary Interview Committee (MDIC) advisory team. The MDIC is a collaboration of different agencies, including all law enforcement jurisdictions in San Mateo County, with an MOU to coordinate the county's child sexual abuse cases (including commercial sexual exploitation). As a member of the MDIC advisory committee the social work supervisor attends monthly multi-agency meetings for case discussion and presents on the topic of commercial sexual exploitation for the regular sexual abuse protocol training for law enforcement and social workers.



Economic Self-Sufficiency: Foster Care Eligibility and CalWORKs

CFS works closely with HSA branch partners in Economic Self-Sufficiency (ESS) to ensure collaboration between the Foster Care Eligibility Unit and CalWORKs program. Foster care benefits analysts are housed under the ESS branch and work closely with the child welfare staff and leadership to ensure families of the children who are involved in child welfare services receive benefits.

The Family Stabilization (FS) program is a voluntary component of CalWORKs that provides temporary services to families who are experiencing a crisis or emergency that impairs their participation in Welfare-to-Work (WTW) activities. The FS program, established by Assembly Bill (AB) 74, is designed to ensure a basic level of stability within a family prior to, or concurrently with, participation in WTW activities. The goal of the FS Program is to increase client success by providing intensive case management, constructive intervention, and barrier removal services to WTW participants and their families. CFS Psychiatric Social Workers provide clinical services to the families enrolled in the FS program.

Additional Child-Focused Community Partnerships

HSA is actively involved in the First 5 San Mateo County Commission and the San Mateo Child Care Partnership Council, partnerships that engage stakeholders across the county in the assessment of and planning for the well-being of children in San Mateo County.

Stakeholder Involvement

HSA and Probation routinely consult and coordinate with community partners and commissions through the above collaborations. In addition to the list above, CFS houses a Foster Youth Advisory Board which serves as an advisory body to the Director of Children and Family Services regarding child welfare and CFS programs and policies. Both departments value the input and feedback from their broad array of stakeholders to identify and bridge gaps and continually improve programming for San Mateo County.

TRIBAL CONSULTATION & COLLABORATION

San Mateo County acknowledges that it is located on the unceded ancestral homeland of the Ramaytush Ohlone peoples who are the original inhabitants of the San Francisco Peninsula. While there are no federally recognized Tribes within San Mateo County, CFS follows detailed procedures to protect the best interest of native children and to promote the stability and security of native Tribes and families. Generally, San Mateo County has a low volume of cases eligible under the Indian Child Welfare Act (ICWA). In 2021, San Mateo County had an average of three open cases, while the projected overall Native American child population is under 3 percent.

The standards that must be met before a Native American child may be removed from their family or placed in an adoptive or foster care placement are specified in the CFS ICWA policy. All staff is trained in the ICWA and related policies.

CFS policy defines the terms and emphasizes the need to consider the prevailing social and cultural conditions and way of life of the child's Tribes. All available resources are being utilized, including the extended family, the child's Tribe, and American Indian social services located in neighboring counties. Duties to inquire at screening, intake, and ongoing are outlined, and forms are explained. Documentation requirements are listed as are noticing requirements, including who must be notified, frequency of notification, and procedures for notifying. The County makes active efforts to provide services designed to prevent the separation of American Indian families and to ensure that the level of services being rendered is culturally appropriate.

The County maintains a partnership with Bay Area Academy for all ICWA-related training and has engaged Tribal representatives at the Bay Area Collaboration of American Indian Resources (BACAIR) through the CPP development process.

- ✓ **San Mateo County is concerned that the rigid standards around evidence-based programs (EBPs) established by the federal government have resulted in just one Tribal practice being listed on the Title IV-E Prevention Services Clearinghouse to date. The County urges the federal government to facilitate a more inclusive process around the evaluation of EBPs that will establish more opportunities to leverage federal funding to support Tribal programming. San Mateo County is also committed to exploring cultural adaptations to traditional EBPs that may make them more relevant to Tribal children and families.**

Going forward, San Mateo County will continue to engage Tribal representatives through the cross-sector collaborative overseeing implementation of the CPP and commits to engaging Tribal representatives in decision-making and in future reviews of and amendments to the CPP.

INTEGRATED CORE PRACTICE MODEL

The Integrated Core Practice Model (ICPM) is a statewide program outlining the practices, principles, and behaviors that inform the way in which child welfare work is conducted. Elements of the California ICPM include:

- » Shared Values
- » Core Service Components, and
- » Standards of Practice

Through the Integrated Core Practice Model philosophy, CFS staff engage with families to learn more about their strengths and worries. CFS staff are encouraged to team with families in the development of service plans, including access to services that are inclusive and culturally responsive. Social workers utilize the information gathered to collaboratively develop a service plan with the family that encourages participation and success, including considerations such as ensuring competent language matching; locating relatives for emergency placement; making every effort to keep the children connected to their own communities by identifying possible community placements, continuing important connections, and/or advocating for the child to continue to attend the school of origin if safe and possible; and creating linkages to community-based service providers.

San Mateo County Children and Family Services is committed to the use of the California Integrated Core Practice Model for children, youth, and families in the continued development and implementation of this CPP and the programs and services outlined within it.

The ICPM is based on five key components, three core values, and 10 guiding principles.

Key Components

The five Key Components within the ICPM model include:

1. Engagement
2. Assessment
3. Service planning/ implementation
4. Monitoring/adapting
5. Transitions

Values

The shared ICPM and person-centered planning values include:

1. Family-driven and youth-guided practices
2. Community-based services
3. Culturally and linguistically competent services

Principles





The 10 principles include:

1. Team-based
2. Family voice and choice
3. Natural supports
4. Collaboration and integration
5. Community-based
6. Culturally respectful
7. Individualized
8. Strengths-based
9. Persistence
10. Outcomes-base

TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

Local Assets & Needs Assessment

Multiple community studies have recently been completed in San Mateo County and were reviewed in the process of developing this CPP, including:

-  2022 San Mateo County Self-Assessment (CSA)
-  2022-2025 First 5 San Mateo Strategic Plan
-  2022 First 5 San Mateo Home Visiting Environmental Scan
-  2019 San Mateo County Community Health & Needs Assessment

The CPP development process expanded upon the findings of these prior assessments by utilizing the Capacity Assessment tool provided by CDSS, drawing on additional secondary data sources, and conducting key informant interviews and focus groups with a broad range of child welfare stakeholders.

SUMMARY OF COMMUNITY NEEDS

Income and wealth inequality and racial disparities are significant issues in San Mateo County. While the county ranked third in the state for median income (102% of median), housing costs are also among the highest in California (250% of median). There has been a 20% increase in the number of unhoused individuals in San Mateo County since 2017, outpacing the rest of the state. Access to childcare is another challenge in San Mateo County, where licensed childcare spaces are available for just 32.8% of children with working parents. Meanwhile, nearly half (45.6%) of the population of San Mateo County speaks a language other than English at home.

Racial Disproportionality and Disparities

Poverty and child welfare systems involvement is highly concentrated among Latinx and African American children, particularly young children. While only 10% of all children ages 0-5 in San Mateo County live at or below federal poverty standards, 31% of all African American children and 20% of all Latinx children within those age ranges live in poverty. According to the San Mateo First 5 Strategic Plan, low-income parents reported lower levels of both personal and neighborhood support.

While Black children represent the second smallest child population group, they have the highest child welfare allegation rate of any ethnic group and the highest rate of children entering foster care at 2.42 per 1,000, which is six times that of the general child population rate of 0.4. Native American children represent the smallest child population group but have the second highest allegation rate and very high (though also highly variable due to the low numbers) rate of removal into foster care. Latino children also experience higher rates of reporting for suspected maltreatment, and “Latinos continue to be one of the highest need populations experiencing high risk-

factors for entry to child welfare,” according to the San Mateo County CSA.

The CSA notes that in November 2021 San Mateo Children and Family Services (CFS) established a Racial Equity and Inclusion (REI) Subcommittee to “better understand the ethnic disparities and ensure improved and equitable outcomes for all families involved in the local public child welfare system, especially families in overrepresented communities.”

Mental Health and Substance Abuse Challenges

There is evidence that San Mateo County children and families struggle with mental health challenges and access to adequate care. According to the 2019 San Mateo County Community Health & Needs Assessment, one in ten residents reports a history of mental or emotional problems, a rate which has doubled in the past 20 years. The First 5 Home Visiting Environmental Scan similarly notes that 10.4% of adults in San Mateo County experience frequent mental distress. Among youth, 11th grade students had the highest rates of self-reported depression symptoms, with 43% of female students and 26.9% of male students reporting such struggles.

The stressful and isolating circumstances of the COVID-19 pandemic have exacerbated these challenges. Family Connections, a local community-based service provider, reported a 41% increase in the need for mental health services from the families enrolled in their Early Learning Classes. Furthermore, stakeholder interviews conducted for the CSA reveal the common co-occurrence of substance abuse and substance use disorders in many families struggling with mental health challenges. The CSA notes that more than 8% of adults ages 26 and older in San Mateo County are experiencing a substance use disorder.

While the CSA notes a “95% increase of adults who needed help and received treatment since 2015 in San Mateo County,” the behavioral health system struggles to sustain the capacity needed to address local needs. The CSA points out that of those who sought help for mental health and substance abuse challenges, 67.2% received treatment and

32.8% did not. The CSA further describes how CFS has difficulty effectively providing services to child-welfare involved children and families due to “insufficient capacity to meet the high demand for mental health, substance abuse, and housing assistance,” and “a variety of barriers arising from location, staffing levels, language availability, and continuously changing eligibility criteria.”

Increasing Sexual Abuse Allegations

There is also evidence of a growing need for services and treatment options for youth who have experienced sexual abuse and exploitation. San Mateo County recently established a commercial and sexual exploitation of children (CSEC) steering committee which worked to develop county-wide CSEC protocols and interagency MOUs to raise awareness about CSEC and better coordinate the response. The County also increased trainings and revised its screening policies.

Following the institution of more intensive procedures to track and identify CSEC, between 2017 and 2021 sexual abuse allegations reported to CPS increased by 364%. Similarly, the number of human trafficking victims identified by San Mateo County’s Human Trafficking Program, service providers, and local non-governmental organization (NGO) partners more than doubled. Staff from agencies responding to exploitation note that whether survivors enter foster care or not, they need specialized services and treatment.

The increase in sexual abuse allegations reported to the San Mateo County Child Abuse Hotline may be attributed to increased awareness of CSEC risk factors by community and system partners, particularly in the education space. The San Mateo County CSEC Multi-Disciplinary Team (MDT) was active during that time in their cross-sector approach to staff training related to identifying suspected child abuse and/or neglect. Additionally, the San Mateo County Children & Family Services Hotline assessment process, procedures, and data entry standards were overhauled during that time, which also impacted the number of suspected abuse

allegations entered into the statewide database. Addressing Sexual Abuse and CSEC across systems in San Mateo County will continue to be a focus in the prevention space.

Increasing Severity of Maltreatment and Vulnerability of Young Children

In San Mateo County, the youngest children are the most vulnerable to maltreatment and subsequent child welfare system involvement. More than half of children who enter foster care each year are ages 0-5. Children under age 1 are particularly vulnerable: These babies have the highest rate of substantiated maltreatment in San Mateo County and enter foster care at a rate five times higher than other children (2

per 1,000 compared to 0.4), despite having a lower than average rate of allegations.

There is growing evidence that the severity of maltreatment experienced by young children increased significantly during the pandemic. County data indicates that the number of children under age 5 experiencing severe physical abuse more than doubled during the first 18 months of the pandemic—despite reductions in the identification of other forms of maltreatment during that same timeframe while children and families were more isolated and not regularly engaging with public services and mandatory reporters.

The Importance of Social Connection to Child and Family Well-Being

In May 2023 the U.S. Surgeon General released *Our Epidemic of Loneliness and Isolation*, a report documenting the impacts of social isolation on individual and community health. The report notes that social connection “is an important social determinant of health, and more broadly, of community well-being,” and individuals lacking social connection are at increased risk of major health and mental health challenges including anxiety, depression, and suicide. Yet isolation has been increasing for decades in the United States, and in recent years about half of American adults have reported experiencing loneliness. The COVID-19 pandemic further exacerbated these trends, and a 2022 study found that just 39% of adults in the U.S. feel very connected to others. Ominously, the declines in social participation have been “stark for young people ages 15 to 24,” and young adults “are almost twice as likely to report feeling lonely than those over 65,” indicating that these underlying trends are continuing to accelerate. Meanwhile, just one in five individuals who experience continuous loneliness and isolation “recognize it as a major problem,” according to the study.



The populations at the highest risk for social disconnection include many of the same families at risk of child welfare system involvement, including those who “experience discrimination or marginalization” as well as single parents and those experiencing physical and mental health challenges and/or disabilities, financial insecurity, and domestic violence. These families are often already struggling with a range of stressors which can increase the likelihood of child maltreatment. If they happen to be experiencing social isolation, that can have a major compounding effect as “being isolated or in poor quality relationships can increase the likelihood that one perceives challenges as stressful,” and this stress “may be heightened because the individual has less support and fewer resources to draw upon to cope with the situation.” Conversely, families with high levels of social connection are more likely to experience better child and family health and well-being.

Based on these community assessments, the four main pillars of challenge driving child welfare system involvement in San Mateo County—all of which have been exacerbated by increasing levels of social isolation since the COVID-19 pandemic—are:

1. Racial disparities in poverty and child welfare system involvement
2. Mental health and substance abuse challenges
3. Increased rates of sexual abuse allegations and identified victims of exploitation
4. Increasing severity of maltreatment and vulnerability of young children



San Mateo County's Four Main Pillars of Challenge



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 San Mateo County by the California Department of Social Services indicates that **338** children received a risk assessment score of "high" or "very high" while **387** children had at least one identified safety threat. These numbers provide a reasonable range of estimates of how many children in San Mateo 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 San Mateo 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>156 in Calendar Year 2022</p>
<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>3 in Calendar Year 2022</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.</p> <p>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>16.6% of exit from foster care in San Mateo County in Calendar Year 2022 were due to adoption and/or guardianship. San Mateo County estimates fewer than 5 of these would be at risk of disruption.</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<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>663 in Calendar Year 2022</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>195 in Calendar Year 2022</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>135 in Calendar Year 2022</p>
<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>San Mateo County estimates that 39 children and youth in out-of-home care in Calendar Year 2022 identify as LGBTQ.</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>47 infants were referred to CFS in Calendar Year 2022 with a contributing factor of substance abuse.</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<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>45 at risk in Calendar Year 2022</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>Approx. 2,300-2,500 children in San Mateo County were living in families referred for DV services in Calendar Year 2022</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>National data indicates that 1 in 8 American children live with a caretaker experiencing an SUD. Extrapolating from that data would mean 19,164 children in San Mateo County are living with a caretaker experiencing an SUD.</p> <p>Meanwhile, San Mateo had 48 open cases with a contributing factor of Substance Abuse in Calendar Year 2022 (37% of cases opened that year)</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. 	<p>N/A</p>

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 and State Data	County Estimate
<p>Expectant and/or parenting youth in foster care</p>	<p>7</p>



Target Populations–Phase 1

Looking ahead, San Mateo County intends to work across County agencies and with 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 take time and resources that are currently not available.

Accordingly, in the early stages of the implementation of this CPP, San Mateo County intends to re-envision service delivery and develop service pathways focusing on addressing five specific objectives that will advance progress across the state-identified candidate groups. These five service objectives aim to address some of the most pressing community needs in San Mateo County that serve as primary drivers of child welfare system-involvement for children and families.

THE FIVE SERVICE OBJECTIVES SAN MATEO COUNTY INTENDS TO ADVANCE IN PHASE 1 OF CPP IMPLEMENTATION ARE:

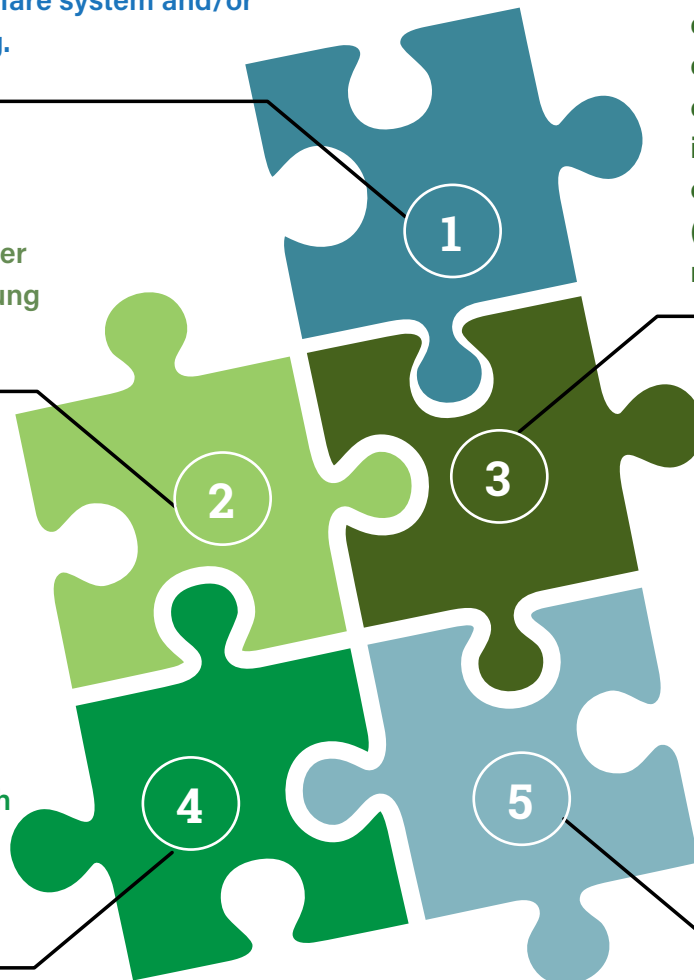
1. Leveraging and strengthening existing differential response (DR) infrastructure to facilitate greater access to prevention programs for children and families that have come to the attention of the child welfare system and/or those who are reunifying.

2. Expanding the home visiting service array to prevent the need for foster care for families with young children.

4. Increasing access to mental health services and raising mental health awareness for youth and caregivers with acute needs.

3. Addressing racial disproportionality and disparities through robust community engagement, including the enhancement of Family Resource Center (FRC) services and effective mandated reporter training.

5. Increasing the availability of substance abuse treatment services for youth experiencing substance use disorders (SUDs).



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.

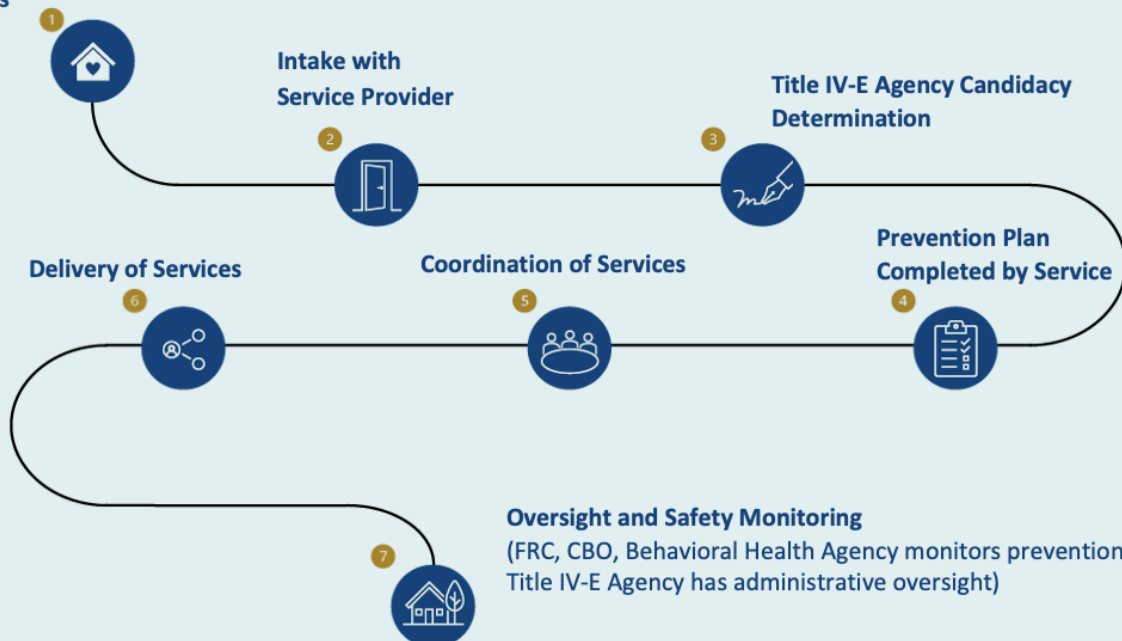
San Mateo County is very interested in further exploration of the Community Pathway model during the implementation phase of this CPP and believes the concept holds great promise. The Community Pathway approach is consistent with objectives of the County’s existing Differential Response (DR) program. However, to operationalize the model, San Mateo 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
- » Licensing and accreditation requirements for CBOs
- » 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 CBOs and public agencies

To support counties in implementing the Community Pathway, particularly counties with existing DR programs, CDSS should develop a learning community where counties can work collaboratively with the State on transitioning and alignment of DR programs with the Community Pathway model.

COMMUNITY PATHWAY: THROUGH THE LENS OF AN INTEGRATED PRACTICE MODEL

Family in Need of Supports and Services



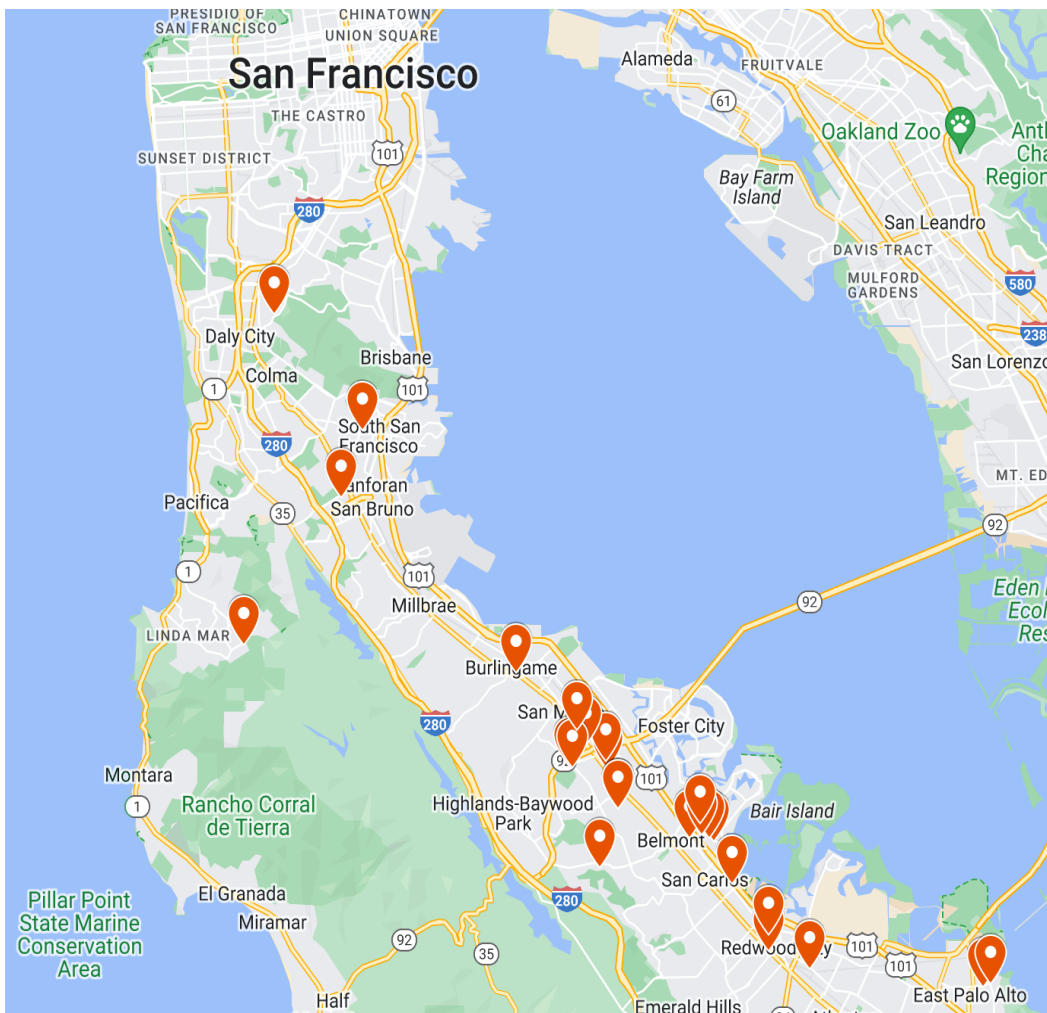
Oversight and Safety Monitoring
(FRC, CBO, Behavioral Health Agency monitors prevention plan, Title IV-E Agency has administrative oversight)

SERVICES/ASSET MAPPING

Despite these challenges, San Mateo 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 currently being delivered in San Mateo 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
<u>First 5 San Mateo County</u>	First 5 San Mateo County promotes positive outcomes for young children and their families through strategic investments, community leadership, and effective partnerships.
<u>San Mateo County Behavioral Health and Recovery Services</u>	San Mateo County Behavioral Health and Recovery Services (BHRS) provides services for residents who are on Medi-Cal or are uninsured, including children, youth, families, adults, and older adults, for the prevention, early intervention, and treatment of mental illness and/or substance use conditions.
<u>San Mateo County Children and Family Services</u>	Children and Family Services (CFS) protects the welfare of children; improves the lifelong stability of children and youth; and improves the health and strength of families. CFS helps families understand and solve the issues that lead to child neglect, abuse, or exploitation. In those cases when a child must be removed from the home for safety reasons, CFS helps families resolve their issues as soon as possible.
<u>San Mateo County Employment Services</u>	Employment Services provides coaching and support, assisting participants in setting short- and long-term employment goals. Their services include adult education and training, job search and job readiness assistance, community service (volunteer opportunities), employment placement opportunities, and counseling for domestic violence, mental health, and/or alcohol and drug dependence.
<u>San Mateo County Family Health</u>	Family Health Services focus on the health and well-being of infants, children, teens, young adults, and parents. Services include home visits including developmental screenings; nutritional support and education; parenting classes; care coordination; physical and occupational therapy for children with special health care needs; immunizations for children and adults; training and technical assistance for pediatric, obstetric, and dental providers; lead/asthma assessments; oral public health promotion; and health education.
<u>San Mateo County Health Department</u>	San Mateo County Health administers public health programs and provide clinical and supportive services to the community.
<u>San Mateo County Office of Education</u>	The San Mateo County Office of Education (SMCOE) supports local school districts in San Mateo County by providing services that can be done more efficiently and economically at the county level. The County Office also provides a wide range of instructional programs, including special and career and technical education, and instruction in juvenile detention facilities.
<u>San Mateo County Probation</u>	The mission of the San Mateo County Probation Department is to enhance community safety, reduce crime, and assist the victims of crime through offender accountability and rehabilitation.

Organization	Description
<u>Ability Path</u> (formerly GatePath)	Ability Path provides a lifetime of support services for children, adults, and seniors with developmental disabilities and their families in the greater Bay Area.
<u>American Indian Child Resource Center</u>	The American Indian Child Resource Center is an American Indian led, American Indian serving non-profit community service organization focusing on American Indian foster care, mental health, education, and cultural protective factors.
<u>Bay Area Legal Aid</u>	BayLegal provides low-income clients with free civil legal assistance, including legal advice and counsel, effective referrals, and legal representation.
<u>Boys and Girls Clubs of North San Mateo County</u>	The Boys & Girls Clubs' mission is to inspire and enable young people to realize their full potential and contribute to their communities.
<u>CALL Promise</u>	CALL Primrose is a non-profit corporation providing free grocery assistance to low-income families and individuals in San Mateo County.
<u>Caminar</u>	<p>Caminar transforms the lives of youth and adults across San Mateo, Santa Clara, San Francisco, Solano, and Butte counties through education, behavioral health care, and support. They deliver prevention, treatment, and recovery services to those with complex mental health, substance use, and co-occurring needs.</p> <p>Project Ninety is a division of Caminar bringing together mental health and substance use treatment programs. They support individuals in recovery, especially adults with co-occurring disorders.</p>
Children and Family Resource Centers (CRRCs)	CFRCs provide school-based mental health services that focus on children with behavioral issues who are at risk of entering the child welfare, juvenile justice, and/or psychiatric emergency systems. There are six Spanish-speaking bilingual clinicians based at schools in the following school districts: Daly City, San Bruno, Pacifica, Ravenswood (East Palo Alto), South San Francisco, and San Mateo.
<u>Community Overcoming Relationship Abuse (CORA)</u>	CORA helps those affected by domestic violence. They offer counseling, emergency housing, and legal assistance.
<u>Court Appointed Special Advocates (CASA) of San Mateo</u>	Court Appointed Special Advocates (CASA) of San Mateo County ensures children and youth in the child welfare and juvenile justice systems have a caring and consistent adult who provides mentorship and advocates for needed resources. Our volunteers provide life-affirming connection and empower young people to reach their fullest potential.
<u>Daly City Partnership</u>	The Daly City Partnership's mission is to promote and facilitate collaborative efforts to ensure that all members of our community have access to health, education, and social services.
<u>Edgewood Center for Children and Families</u>	The Edgewood Center provides mental health care, social services, and academic support to children and youth through committed staff, many with lived experiences, who strongly believe in the mission.

Organization	Description
<u>Family Connections</u>	Family Connections provides free high-quality whole-family education, paired with in-depth whole family support. Family Connections offers a family learning community focused on education and growth for children and their parents and caregivers.
<u>Filipino Mental Health Initiative San Mateo County</u>	FMHI-SMC's mission is to improve the well-being of Filipinos in San Mateo County. While their primary mission focuses on mental health and well-being, FMHI-SMC also strives to provide culturally relevant resources in response to current needs. They emphasize community collaboration and strengthening networks through collaboration.
<u>Free At Last</u>	Free At Last provides communitybased, culturally appropriate bilingual (English/Spanish) treatment, intervention, and prevention services designed to reduce the rates of substance abuse and HIV infection.
<u>Keller Center for Family Violence Intervention</u>	Located at the San Mateo Medical Center, the Keller Center helps victims of child abuse, elder abuse, sexual assault, and domestic violence. They provide medical, emotional, social, and legal care and support.
<u>Pacifica Resource Center (PRC)</u>	PRC's mission is to support the resilience and well-being of families and individuals in Pacifica and along the coast. PRC assists the community with groceries, emergency financial assistance for rent and mortgage, homeless services, and other critical services.
<u>Ravenswood Family Health Center</u>	Ravenswood's mission is to improve the health of the community by providing culturally sensitive, integrated primary and preventative health care to all. Ravenswood collaborates with community partners to address the social determinants of health.
<u>Samaritan House</u>	Samaritan House provides case management services, community clinics, emergency shelters, and food and financial empowerment programs.
<u>Sitike Counseling Center</u>	Sitike's mission is to provide community-based counseling and education in a safe and healing environment that embraces the cultural and emotional needs of every client.
<u>StarVista</u>	StarVista's Counseling Center offers support to children, youth, adults, couples, and families. They provide quality care in a safe, supportive, non-judgmental environment.
<u>The Latino Commission</u>	The Latino Commission works within the Latino community providing culturally rooted healing interventions for individuals and families. They are a recovery community organization.



CAPACITY ASSESSMENT OVERVIEW

San Mateo 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 to 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 November 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 San Mateo County and assess the current and prospective local capacity for the delivery of Evidence-Based Programming (EBP), 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 San Mateo 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.

San Mateo 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. A further limitation in San Mateo is the lack of community-based direct service providers operating within the County, which in effect forces public agencies to take on a greater role in developing and delivering services directly.



Tier 1 Services

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

Program	Service Category	Target Population	Outcome Objectives
Healthy Families America	In-Home Parent Skill Based	Prenatal to 5 years (services offered within 3 months of birth)	<ul style="list-style-type: none"> » Increased positive parenting practices » Increased nurturing parent-child relationships
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
Nurse Family Partnership	In-Home Parent Skill Based	Young, first-time, low-income mothers beginning early in their pregnancy until the child turns two	<ul style="list-style-type: none"> » Reduced child welfare administrative reports » Improved child cognitive functions and abilities » Improved child physical development and health » Improved adult economic and housing stability
Parent-Child Interaction Therapy	Mental Health	Children ages 2–7 and their parents/ caregivers	<ul style="list-style-type: none"> » Reduction in child negative behaviors » Increased positive parenting practices » Improvement of parent/caregiver emotional and mental health
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 San Mateo 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 San Mateo County intends to explore leveraging Title IV-E for them.

Program	Service Category	Target Population	Outcome Objectives
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
Eye Movement Desensitization and Reprocessing	Mental Health	Individuals experiencing distress associated with traumatic memories and/or a variety of other mental health problems	<ul style="list-style-type: none"> » Increased child well-being: Behavioral and emotional functioning » Increased adult well-being: Parent/caregiver mental or emotional health » Increased adult well-being: Parent/caregiver physical health
GenerationPMTO Individual	Mental Health, In-Home Parent Skill Based	Parents of children and adolescents ages 2–17 with behavioral problems such as aggression, antisocial behaviors, conduct problems, oppositional defiance, delinquency, and substance use	<ul style="list-style-type: none"> » Increased child well-being: Social functioning
Incredible Years—Toddler Basic Program	Mental Health	Parents with toddlers (ages 1–3) including higher risk parents who need support forming secure attachments with their toddlers or addressing their toddlers' behavior problems	<ul style="list-style-type: none"> » Increased adult well-being: Positive parenting practices
Intensive Care Coordination Using High Fidelity Wraparound	Mental Health	Children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families	<ul style="list-style-type: none"> » Increased least restrictive placement » Increased child well-being: Behavioral and emotional functioning

Program	Service Category	Target Population	Outcome Objectives
Mindfulness-Based Cognitive Therapy	Mental Health	Adults with depression symptoms or other mental disorders, such as anxiety	<ul style="list-style-type: none"> » Increased adult well-being: Parent/caregiver mental or emotional health » Increased adult well-being: Parent/caregiver physical health
Promoting First Relationships	Mental Health, In-Home Parent Skill Based	Caregivers of children ages 0–5	<ul style="list-style-type: none"> » Increased child well-being: Behavioral and emotional functioning » Increased adult well-being: Positive parenting practices
SafeCare	In-Home Parent Skill Based	Parents/caregivers of children 0–5 who are either at-risk for or have a history of child neglect and/or abuse	<ul style="list-style-type: none"> » Improved child permanency: Out-of-home placement
Strengthening Families Program: For Parents and Youth 10-14	Mental Health, Substance Abuse	Families with youth ages 10–14	<ul style="list-style-type: none"> » Increased child well-being: Substance use
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	<ul style="list-style-type: none"> » 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 age 12) who are interested in promoting their child's development or who are concerned about their child's behavioral problems	<ul style="list-style-type: none"> » 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

PREVENTION-FOCUSED SERVICES

San Mateo County Children and Family Services (CFS), directly and through providers, is responsible for obtaining or providing services to children at risk for and/or in foster care. This includes intervention and applicable services to protect the well-being of children and to help families address issues of child maltreatment and issues that cause probation to place youth in foster care. CFS' prevention-focused services include primary, secondary, and tertiary prevention strategies.

San Mateo County's Child Abuse Prevention Council (CAPC) is designated by the County Board of Supervisors and exists to develop, implement, and continually refine a collaborative interagency system of children's services that provides for a continuum of care from prevention to treatment. The goal of the programs and services is to provide community-based services to at-risk families before children are abused and neglected in order to support the prevention of child abuse and the stabilization of families and children in their homes. CAPC provides leadership to prevent child abuse by advocating and coordinating resources and raising community awareness through education and training. CAPC's goal is to facilitate an accessible and integrated community-based, family-centered system of care for children, youth, and families in San Mateo County.

The following primary prevention services are delivered under agreements with CFS:

Parent Education and Clinical Support Services/ Family Connections—OCAP Funded Program

The goal of the Family Connections Parent Education and Clinical Support Services program is to address the needs of families at risk for entry into the child welfare system. The individualized treatment plans are informed by assessing existing risk factors in a family system and addressing them collaboratively with parents and children using evidence-based practices through a combination

of case management, clinical services, and parent education. The evidenced-based practices consist of utilizing the Ages and Stages Questionnaire (ASQ) tool to assess youth, Nurturing Parenting curriculum, Parents as Teachers (PAT) model, Patient Health Questionnaire (PHQ-9), Parenting Stress Index (PSI), ASQ-3 and ASQ-SE2 questionnaires, and Protective Factors Survey (PFS). This program is evidence-based and funded through CAPIT.

Target Population: Families who may be at risk for entry into one or more of the following systems: child welfare, juvenile justice, psychiatric emergency services

Target Geographic Areas: East Palo Alto, East Menlo Park, and the North Fair Oaks community in Redwood City

Child Abuse Prevention Services (CAPS)/ StarVista—OCAP Funded Program

The goal of the CAPS program is to address the needs of families at risk for entry into the child welfare system who are not already engaged with community services through school-based family resource centers. The individualized treatment plans are informed by assessing existing risk factors in a family system and addressing them collaboratively with parents and children using evidence-based practices through a combination of case management, clinical services, and parent education. Services are delivered via home visiting. The evidence-based practices and tools consist of utilizing the Parents as Teachers model, Positive Parenting Program (Triple P), Parenting Relationship Questionnaire, Child Behavior Checklist (CBCL), Traumatic Event Stressor Inventory (TESI), Adverse Childhood Experiences (ACE), Self-Administered AC-OK-COD Adolescent Screen, Child and Adolescent Needs and Strengths (CANS) tool, and Protective Factors Survey (PFS). The program is funded with CBCAP, CAPIT, and PSSF.

Target Population: Families with children ages 0-17 who may be at risk for entry into one or more of the

following systems: child welfare, juvenile justice, psychiatric emergency services

Target Geographic Areas: Daly City, San Bruno, San Mateo, South San Francisco, Half Moon Bay, El Granada, Montara, Moss Beach, Redwood City, and East Palo Alto

Children and Family Resource Centers/StarVista

The Children and Family Resource Centers provide school-based mental health services that focus on children with behavioral issues who are at risk of entering the child welfare, juvenile justice, and/or psychiatric emergency systems. The agreement provided for six Spanish-speaking bilingual clinicians based at school sites throughout San Mateo County.

Target Population: Children in grades Kindergarten through Eighth

Target Geographic Areas (by School District): Jefferson Elementary School District, Pacifica School District, Ravenswood City School District, San Bruno Park School District, San Mateo-Foster City School District, and South San Francisco Unified School District

Community Schools Project/Redwood City School District

The Redwood City Community Schools Project provides staffing, oversight, and coordination of an array of programs and opportunities housed in the school sites that strengthen and support families and reduce the likelihood of child abuse and neglect. The project addresses the following priority services areas: (a) improving parenting skills and capacities to reduce future risk of maltreatment; (b) improving information and outreach to partners and communities by providing community navigators; (c) providing public awareness and education regarding prevention of child abuse and neglect; (d) improving family access to formal and informal resources.

Target Population: Children in grades Kindergarten through Eighth

Target Geographic Areas: Redwood City

ADDITIONAL PREVENTION/EARLY INTERVENTION SERVICES

Differential Response

Differential Response (DR) is a community-based early intervention and prevention program that provides an alternative response to traditional child welfare services. DR is a strategy that creates a new intake and service delivery structure that allows a child welfare agency to respond in a more flexible manner (with three response paths rather than one) to referrals of child abuse or neglect. The response is based on the safety and risk factors presented, as well as the needs, resources, and circumstances of the family.

This is a voluntary program of participation where a family, who is determined to be at low to moderate risk of abuse or neglect, can receive services and assistance with a range of issues or problems. DR services are delivered by community partners, and all residents of San Mateo County who are referred to CFS will be eligible for DR consideration. Examples of services provided are:

- » Case management services
- » Referrals for parenting classes, food, housing, utilities, school uniforms, medical care, etc.
- » Advocacy within the local schools
- » Advocacy with other agencies
- » A variety of other kinds of culturally sensitive advocacy activities to help families mediate various issues that may impinge on their parenting

The case managers who deliver DR services are advocates who work for community-based organizations and are knowledgeable about the community and the services available in it. The length of service provided in DR is 30 to 90 days. There are several pathways of eligibility to DR services based on a family's level of risk and degree of involvement with CFS:

- » **PATH 1: Community Only Response:** Assumes there will be no further involvement of CWS in the case unless circumstances prove to be different

than what was known at the time of the report, or there is a change of circumstances. This path is selected when child maltreatment is not a concern, the child is deemed to be safe, and there are either no or low risks to the child. However, it is clear that the family is experiencing problems or stressors, which could be addressed by community services. A community service provider will complete a family assessment.



- » **PATH 2: Joint CWS and Community Response:** Involves families with low to moderate risk of abuse or neglect; safety factors may not be immediately manifested in all cases, but risk is present. This path is selected when child maltreatment appears to be a valid concern and will involve an initial assessment by CWS, either alone or with one or more community partners enlisted based on information gathered at the time of the report.
- » **PATH 3: CWS Response:** It is likely that the children are unsafe, risk is moderate to high for continued child maltreatment, and actions have to be taken to protect the child. Children & Family Services will conduct the initial face-to-face investigation and could also involve law enforcement.
- » **PATH 4:** CFS expanded services to include time-limited aftercare DR services through Path 4 in response to a service gap/unmet need. Path 4 is offered to families who have successfully reunified after CFS and court involvement. These families will be assessed and provided community services to maintain stability and prevent re-entry into the child welfare system. Criteria includes any family with a child(ren) ages 0-18 whose child welfare court case is due to be dismissed within approximately 30 days and the family resides in

the central, northern, or coast-side regions of San Mateo County.

Children and Family Services presented information about Differential Response at the All-Staff Meeting on September 6, 2022, to provide staff with an overview and an update on Differential Response services available. All new child welfare social workers and newly hired or promoted child welfare supervisors must complete a CDSS-approved standardized core training curriculum that includes information on how to access contracted community resources such as DR within 12 months of hire. Additional information is also available to staff members in the Human Services Agency Handbook.

FAMILY PRESERVATION AND REUNIFICATION SERVICES

Voluntary Services

CFS may offer voluntary family maintenance services to maintain a child in his or her own home and prevent separation and court involvement. Voluntary placement is available to address short-term needs of a family such as an unanticipated hospitalization. The services are time-limited and aimed at resolving the problems identified at intake. An initial Child

and Family Team meeting is held to determine family strengths and needs. The family may receive counseling, parenting classes, out-of-home respite care, services of a teaching and demonstrating homemaker, temporary in-home caretaker, transportation, or referrals to other agencies. Reviews are conducted every three months to assess progress and the need for continuing services. When the family has resolved their problems, the voluntary case is discontinued. If additional problems occur, the service plan may be changed, and if the child is at risk, the matter may be escalated to court action for the child's protection.

Court-Ordered Family Maintenance (FM): Court-ordered family maintenance allows a family to receive child welfare services while maintaining a child in their own home. The services are time-limited and aimed at resolving the problems identified at intake. The family may receive counseling, parenting classes, out-of-home respite care, services of a teaching and demonstrating homemaker, temporary in-home caretaker, transportation, or referrals to other agencies. The case is reviewed by the court every six months. Initial and ongoing Child and Family Team meetings are held to determine family strengths and needs. When the family has resolved their problems, the case is discontinued. If the family refuses to cooperate or additional problems occur, the service plan may be changed, and if the child is at risk, the child may be removed by court action for the child's protection.

Court-Ordered Family Reunification (FR)

Families in court-ordered family reunification services receive time-limited out-of-home placement to prevent further abuse, neglect, or exploitation of the child. Based on the child's needs, the child may be placed with a relative, foster parent, or group home. Initial and ongoing Child and Family Team meetings are held to determine family strengths and needs. The family is offered counseling, services of a teaching and demonstrating homemaker, parenting classes, transportation, and referrals to other plans. The FR social worker is responsible for overall case

management services, oversees child safety, and monitors families' progress with the case plan.

Parent Education Home Visiting Services

Based on a Clinical Needs and Parenting Assessment completed by a Psychiatric Social Worker, families are referred to parent education programs delivered by Children and Family Services. CFS Psychiatric Social Workers (PSW) and Family Care Workers (FCW) are certified parent educators and offer the evidence-based Triple P—Positive Parenting Program to support family reunification efforts, case plan goals, and as a tertiary prevention strategy. Staff are trained in the following modalities:

- » **Level 5:** Intensive support for families with complex concerns. Parents generally complete a Level 4 Standard or Group program before (or in conjunction with) a Level 5 course, however parents can also be referred by their Primary Care provider. Services are provided by the PSW (a licensed clinician).
- » **Level 4:** For parents of children with severe behavioral difficulties (or in the case of Group Triple P/Group Teen Triple P, for motivated parents interested in gaining a more in-depth understanding of Positive Parenting). Level 4 is available for parents of children from birth to 12 years and adolescents 12–16 years and covers Triple P's 17 core positive parenting skills that can be adapted to a wide range of parenting situations.

In 2019, to meet a service gap for children age 2 and under, CFS implemented the SafeCare® program. CFS Community Workers and BHRS Public Health Nurses are trained in SafeCare® and work collaboratively to determine the service assignment based on the individualized needs of each family. SafeCare® focuses on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of unintentional child injury, and keeping children as healthy as possible. SafeCare® is a brief, evidence-based skills training program for caregivers of

children under the age of five. Providers work with caregivers to strengthen skills in the following areas: Parent-Child Interaction, Safety, and Health.

All parent education modalities are delivered in both English and Spanish based on a family's need, and have been delivered in Chinese as well.

SERVICES THAT ADDRESS THE DEVELOPMENTAL NEEDS OF INFANTS, TODDLERS, AND CHILDREN

Public Health Nursing

CFS coordinates health care for all children in foster and kinship care through in-house public health nurses and/or contracts with health care providers. At the time of removal, a child is assigned a public health nurse (PHN). This PHN will provide the health and dental coordination for the child for the entire time they are involved in the child welfare system. If the child is under the age of 5, the PHN will ensure a developmental assessment is completed within 30 days and will provide any necessary follow-up developmental referrals for services. All the assigned PHNs will follow up with out-of-home placement caregivers to arrange and monitor medical and dental appointments for children based on the CHDP periodicity schedule. The PHN is also responsible for coordinating any specialty health services, including monitoring psychotropic medications. In 2022, the PHN team expanded their scope to provide services to families involved in the Emergency Response service component.

Mental Health Services

CFS has a Pathways-to-Well-Being clinical care coordinator that carries out the results of the initial as well as ongoing mental health screening of children entering into care and all children in care. Based on the outcomes of the mental health screening the children are referred to BHRS for a complete assessment and services.

Protective Day Care

Protective Day Care is a support service that provides subsidized childcare for families, foster

parents, and caregivers involved with CFS. CFS social workers determine need and make referrals to the Foster Care Eligibility Unit (FCEU) for protective day care services. Currently, the Human Services Agency contracts with the Child Care Coordinating Council of San Mateo County (4Cs) to administer the program. 4Cs utilizes the Ages and Stages Questionnaire (ASQ) to provide in-person developmental screenings.

SERVICES AVAILABLE TO CHILDREN AND/OR CAREGIVERS WITH PHYSICAL, MENTAL, OR OTHER DISABILITIES

Mental Health and Clinical Services

Once the decision is made to open a case on a child, the social worker is responsible for completing a Mental Health Screening Tool (MHST) on the child to determine the need for a referral for mental health services. The Pathways to Well-Being clinical care coordinators then work with the social worker and BHRS to ensure that the child receives appropriate and timely clinical services.

For all children ages 5 and under, regardless of the findings on the MHST, the social worker completes referrals to a PHN for a developmental assessment and to BHRS for a mental health assessment. For children ages 5 to 17, if the MHST indicates a need for a mental health referral, the social worker completes a referral to BHRS.

Once the referral is received, BHRS assigns the case to a clinician and the clinician conducts a mental health assessment on the child, determines medical necessity eligibility, and provides mental health services to the child as indicated.

PREVENTION EDUCATION PROVIDED TO THE PUBLIC AND OUTREACH ACTIVITIES

Child Abuse Prevention Month—Blue Ribbon Month Campaign

The Child Abuse Prevention Council (CAPC) undertakes a public outreach campaign by distributing blue ribbon pins, posters, and

bookmarks, sending out public service announcements and informative emails, and offering presentations to the community related to the prevention of child abuse during the month of April which is designated as the national Child Abuse Prevention Month. This campaign serves as an important mechanism for raising awareness amongst the broader community and is designed to raise awareness of child abuse prevention, discuss child maltreatment, and advocate for children's safety.



Children and Family Resource Centers

The Children and Family Resource Centers (CFRCs) provide Prevention and Early Intervention (PEI) social services at school and community sites throughout San Mateo County. The CFRCs are intentionally located in areas where data supports the highest levels of risk for child abuse or maltreatment. The CFRC provider conducts outreach to teachers and the school community to educate them on how to access service and provides strategies and information on how to prevent child abuse.

Child Abuse Prevention Service Agreement

The CAPS program provides community awareness of available services through outreach to families who may be at risk for entry into one or more of the following systems: child welfare, juvenile justice, psychiatric emergency services. Strategies include outreach to childcare providers, preschools/schools (where CFRCs are not already located), community-based organizations, and healthcare professionals.

Services for Ethnic/Minority Populations

San Mateo County is home to many ethnically and linguistically diverse populations. San Mateo County is committed to identifying strategies for engaging members of these populations who may have experienced County services as being unresponsive

to their needs in the past. The following organizations target ethnic/minority populations in San Mateo County:

- » Asian American Recovery Services (substance abuse treatment services)
- » Pacific Islander Community Center (various family services to the Pacific Islander community)
- » La Raza Centro Legal (immigration services to the Hispanic/Latino community)
- » Puente de la Costa Sur (various family services to families living on the coast and migrant workers)
- » Edgewood Center (various family services provided in both English and Spanish)
- » Black Infant Health program (improves health outcomes for pregnant and mothering Black women)
- » Freedom Center (formerly El Centro de Libertad) (bilingual and bicultural Hispanic/Latino outpatient program with group and individual counseling services)
- » San Mateo County Reads Program (literacy program raising social awareness by promoting reading skills for underserved communities)
- » San Mateo County PRIDE Center (physical location serving the LGBTQ+ community)

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, San Mateo 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, as well as the EBPs the County intends to explore developing capacity to deliver. Over time, the County intends to facilitate access to EBPs for all children and families in need of services. At the same time, San Mateo 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.

San Mateo County intends to embed the following five service objectives within Phase 1 of CPP implementation to address the major drivers of child welfare system-involvement for children and families:

1. Leveraging and strengthening existing differential response (DR) infrastructure to facilitate greater access to prevention programs for children and families that have come to the attention of the child welfare system
2. Expanding the home visiting service array to prevent the need for foster care for families with young children
3. Addressing racial disproportionality and disparities through robust community engagement including the enhancement of family resource center (FRC) services and effective mandated reporter training
4. Increasing access to mental health services for youth and caregivers with acute needs
5. Increasing the availability of substance abuse treatment services for youth experiencing substance use disorders (SUDs)



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

Program	Service Category	Phase 1 Target Population(s)	Outcome Objectives
Healthy Families America	In-Home Parent Skill Based	<ul style="list-style-type: none"> » Leveraging DR » Expanding home visiting service array » Addressing disproportionality and community engagement 	<ul style="list-style-type: none"> ✓ Increased positive parenting practices ✓ Increased nurturing parent-child relationships
Motivational Interviewing	Substance Abuse/ Cross-Cutting	<ul style="list-style-type: none"> » Leveraging DR » Addressing disproportionality and community engagement » Increasing access to MH services » Increasing availability of SUD services 	<ul style="list-style-type: none"> ✓ Decrease in youth substance use ✓ Decrease of parent/caregiver substance use ✓ Improved physiological, psychological, and lifestyle outcomes
Nurse Family Partnership	In-Home Parent Skill Based	<ul style="list-style-type: none"> » Leveraging DR » Expanding home visiting service array » Addressing disproportionality and community engagement 	<ul style="list-style-type: none"> ✓ Reduced child welfare administrative reports ✓ Improved child cognitive functions and abilities ✓ Improved child physical development and health ✓ Improved adult economic and housing stability
Parents as Teachers	In-Home Parent Skill Based	<ul style="list-style-type: none"> » Leveraging DR » Expanding home visiting service array » Addressing disproportionality and community engagement 	<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

Families with children ages 0-5 • Families with BIPOC children • Children w/caretaker experiencing substance use disorder • Families with mental/behavioral health needs • Families with sexual abuse allegations



COMMUNITY NEEDS

- » Significant over-representation of children of color in the child welfare system
- » Growing rates of families struggling with mental health challenges
- » Lack of necessary mental/behavioral health services and substance abuse disorder treatment options
- » Children ages 0 to 5 are at an elevated risk for child welfare system
- » High rates of sexual abuse allegations reported to CPS



INPUTS

- » Critical administrative supports, including information technology tools; interagency collaboration; training and workforce supports
 - » Continued strong cross-sector collaboration and partnership
 - » Semi-structured eligibility determination and service selection processes
 - » Enhanced MOUs and contracts with CBOs to expand capacity and provide eligible services
- Delivery of high-fidelity evidence-based programs that are aligned with the specific needs and characteristics of each family in the target population including:
- » Healthy Families America
 - » Motivational Interviewing
 - » Nurse-Family Partnership
 - » Parents as Teachers



OUTPUTS

- » Widespread community engagement and understanding of FFPSA implementation strategies
- » Enhanced capacity of County and service partners to deliver EBPs
- » Accurate assessment of safety, risk, and family strengths and needs
- » Consistent engagement and partnership with CBOs and families
- » Buy-in and support from staff, stakeholders, partners, and community members



SHORT-TERM OUTCOMES

- ✓ Families w/children under age 5 have expanded access to services
- ✓ Racial disparity in the child welfare system is reduced
- ✓ Decreased reports of sexual abuse
- ✓ Expanded services are available to families with behavioral health challenges
- ✓ Increased positive parenting practices
- ✓ Increased nurturing parent-child relationships
- ✓ Decrease in youth delinquent behavior and substance use
- ✓ Improvement of parent/caregiver emotional and mental health
- ✓ Reduced child welfare administrative reports
- ✓ Improved child cognitive functions and abilities
- ✓ Improved adult economic and housing stability



LONG-TERM IMPACT

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

CPP SPENDING PLAN

San Mateo County’s Comprehensive Prevention Plan priority over the next few years is focused on building capacity to address the four main pillars of challenge described in detail on page 19 of this plan. San Mateo County Child Welfare will leverage State Block Grant funding to strengthen current prevention program infrastructure including expansion of the evidence-based program array, and increase in the availability of services, and greater access to services for children and families. The following is San Mateo County’s Local Spending Plan

ACTIVITY/SERVICE	FISCAL AGENT	GRANTEE/ CONTRACTOR NAME	TIME FRAME	GF STATE BLOCK GRANT CHILD WELFARE \$2,018,577
Evidence Based Programming Capacity Building (Training in EBPs)	San Mateo County Children & Family Services	Pending	FY23/24	\$300K
Contract for Services: Home Visiting Pilot Program	San Mateo County Children & Family Services	Pending	FY23/24	\$500K
Contract for Services: Parent/Youth Partner	San Mateo County Children & Family Services	Pending	FY23/24	\$400K
Workforce and Community Based Organization Development (Training on FFPSA, County programs, etc.)	San Mateo County Children & Family Services	Pending	FY23/24	\$350K
Expansion of and Building Capacity within Existing Programs— Differential Response and Family Resources Centers	San Mateo County Children & Family Services	Pending	FY23/24	\$468,577

ADDITIONAL ASSURANCES

Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES COUNTY OF SAN MATEO

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),

San Mateo County 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),

San Mateo County 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,

San Mateo County 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

San Mateo County 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),

San Mateo County 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,

San Mateo County Human Services Agency

(NAME(S) 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.

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),

San Mateo County Human Services Agency

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

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

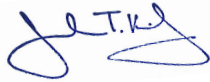
SIGNATURE: These assurances must be signed by the official with authority to sign the CPP and submitted to the CDSS for approval.

July 28, 2023

Signature of John Fong, Director of Children and Family Services

(DATE)

(SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE)



July 27, 2023

Signature of John Keene, Director of Probation Services

(DATE)

(SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE)

APPENDIX I

San Mateo County Capacity Assessment: Summary of Findings and Areas to Address

Review and discuss the responses with representatives from Title IV-E agencies, other public organizations and community partners. Then summarize overall findings in the table below. Include:

- **Key strengths** (selected from areas noted as “Established”).
- **Key areas for improvement** (selected from areas noted as “Emerging” and “Absent or missing”) and **major challenges** or barriers that may affect readiness for implementation (e.g., leadership turnover, resource constraints, conflicting expectations, resistance to change).
- **Possible strategies** that Title IV-E agencies, other public organizations and community partners can use to develop capacity or address the challenge/barrier and potential next steps.

Use this summary and responses to the questions on the next page to support capacity building efforts.

Domain	Strengths	Areas to Develop and Challenges	Possible Strategies and Next Steps
Motivation for Change	Strong buy-in from Leadership and Stakeholders.	There is some collective commitment to change. More work can happen here.	Convene a cross-sector team to establish collective commitment to change across system-partners.
Provider Capacity and Capability	Most sub-domains are emerging; established transparency and established meeting frequency.	Develop shared commitment, including others in planning and discussion, diversify organizational culture.	Engage CBOs and other partners in the planning process; gather feedback and input from stakeholders. Included voice of lived experience.
System Capacity and Capability/ Infrastructure	Data systems exist to track and monitor the plan outputs and outcomes.	Data sharing is a barrier. Need appropriate resources including bilingual staff.	Explore ways to address data sharing challenges - look at what is being done in other counties for some possible solutions.
Policy Supports	Positive relationship with governance body. Information sharing agreements with community partners exist	Need to strengthen alignment of prevention plan with existing initiatives and county practice.	Develop ways to align prevention plan with existing initiatives, county practices and needs.

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?

More information is needed about the absent of missing resources. Staffing in San Mateo County has been a challenge, especially related to hiring bilingual clinical staff.

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?

Leadership Buy-In	Data Collection
Stakeholder Buy-In	Relationship with Local Governance
Established Meeting Frequency	Data Sharing Agreements
Transparent Communication with Cross-Sector Partners	

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

Collective Commitment to Change	Organizational Stability	Cross-Sector Partner Investment	Needs Assessment
Information Sharing and Exchange	Organizational Equity	History of Cross-Sector Partnerships	Implementation Support for CQI
Communication Strategy	Feedback Loop	Community Engagement Strategy	Adequate Staffing
	Adaptability	Community Involvement	Expertise in Data Analysis & Accessibility
	Shared Values		Infrastructure
			Alignment with Current Initiatives

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

Information Sharing and Exchange	Community Involvement
History of Cross-Sector Partnerships	Implementation Support for CQI
Community Engagement Strategy	

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 has not demonstrated a motivation for change to begin the process of comprehensive prevention planning.
- 1 (Emerging) indicates that the Title IV-E agency is **somewhat ready** and has demonstrated some motivation 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.

Domain	Subdomain	Item	Rating	Notes/Rationale/Attachments
Motivation for Change	Leadership Buy-In	Leadership states change is needed and beneficial.	2	
Motivation for Change	Stakeholder Buy-In	Stakeholders state change is needed and beneficial.	2	
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	
Provider Capacity and Capability	Information Sharing and Exchange	Best practices for sharing information is established.	1	
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	
Provider Capacity and Capability	Established Meeting Frequency	Meetings (in person, virtual, telephonic) are regularly coordinated.	2	
Provider Capacity and Capability	Transparent Communication with Cross-Sector Partners	Leaders practice reflective, supportive communication.	2	
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.	1	

Domain	Subdomain	Item	Rating	Notes/Rationale/Attachments
Provider Capacity and Capability	Organizational Equity	Organizational culture is inclusive and diverse.	1	
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	
Provider Capacity and Capability	Adaptability	Title IV-E agencies, public organizations and community partners support innovation and foster a learning organization.	1	
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	
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	
System Capacity and Capability	History of Cross-Sector Partnerships	History of success, effectiveness, flexibility, openness to new goals/tasks with cross-sector partners.	1	
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.	1	
System Capacity and Capability	Community Involvement	Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.	1	
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).	1	

Domain	Subdomain	Item	Rating	Notes/Rationale/Attachments
System Capacity and Capability	Implementation Support for CQI	Time and resources are built in for continuous quality improvement (CQI) and evaluation efforts.	1	
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.	2	
System Capacity and Capability	Adequate Staffing	Staffing levels support effective functioning and implementation of new programs and practices.	1	
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.	1	Data sharing barriers.
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	Need highly trained staff in prevention work, bilingual staff, and more funding for prevention services for ALL families.
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.).	2	
Policy Supports	Data Sharing Agreements	There are data linkage and information sharing agreements among Title IV-E agencies, other public organizations and community partners.	2	
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	

