





County of Stanislaus Comprehensive Prevention Plan

Title IV-E Agency Information	County of Stanislaus, Community Services Agency
Submitting Authority	Community Services Agency
Contact Name	Christine Huber, MSW
Contact Email	HuberC@stancounty.com
Signature of Child Welfare Services Representative	 <small>Christine Huber (Jul 31, 2023 12:06 PDT)</small>
Signature of Authorized Behavioral Health Representative	 <small>Kevin Panyanouvong, LCSW for Tony Vartan (Jul 31, 2023 12:45 PDT)</small>
Signature of Authorized Juvenile Probation Representative	<i>Mark Ferreira</i>

County of Stanislaus Comprehensive Prevention Plan

Table of Contents

Overview of Stanislaus County	3
Cross-Sector Collaboration, Partner Engagement, and Governance Structure	4
Tribal Consultation and Collaboration	9
Integrated Core Practice Model (ICPM)	10
Target Candidacy Population(s) and Needs Assessment	12
Service and Asset Mapping	15
Evidence Based Practices (EBP)	18
Theory of Change/Logic Model Development	23
Spending and Sustainability Plan	24
Additional Assurances	25
Assurance of the Coordination with the Local Mental Health Plan.....	25
Assurance to Meet the Workforce and Training Requirements.....	26
Assurance of Adherence to Model Fidelity for EBPs	27
Assurance of Child Safety Monitoring and Periodic Risk Assessments.....	27
Assurances of All Other Requirements Under the State Title IV-E Prevention Program Plan	28
Assurances Template	29
Attachments	31
Attachment 1: Data Sources	
Attachment 2: Asset Mapping	
Attachment 3: Logic Model	
Attachment 4: Spending Plan	

Overview of Stanislaus County

Stanislaus County (1,495 square miles) is a largely agricultural county located in California's San Joaquin Valley, 90 miles east of San Francisco and 90 miles south of Sacramento. The county's population is currently 552,878. The city of Modesto is the county seat with a population of 218,464.

Of the county's total population, 49.6% identify as male, 50.4% identify as female, 47.6% identify as Hispanic/Latinx, 40.4% identify as White (not Hispanic), 3.5% identify as Black/African American, 2.0% identify as American Indian/Alaskan Native, 6.1% identify as Asian, 0.9% identify as Native Hawaiian/other Pacific Islander, and 4.2% identify as Two or more races.

Approximately 42.6% of county residents speak a language other than English at home with 33.6% speaking Spanish at home. Of the 20.2% foreign-born residents, 47.6% are naturalized U.S. citizens and 52.4% are not U.S. citizens.

The county's median household income is \$68,368, compared to the state median of \$84,097. Per capita income is \$29,195, compared to the state per capita rate of \$41,276. Stanislaus County has a high proportion of persons who struggle economically compared to residents in other parts of the state. This includes 14.1% of all residents who live below the poverty level compared to 12.3% statewide. There are 146,513 children age 17 and under residing in the county, of which approximately 17.8% (26,079) live below the poverty level.

Persons with disabilities represent 13.3% of the county's residents. Of the population age 25 and older, 79.8% are high school graduates or higher, compared to the national rate of 88.5%. but only 17.7% possess a Bachelor's degree or higher, compared to the national rate of 32.9%.

The pandemic presented challenges across the county. Remote learning isolated students in grades TK through 12 during school year 2020-21, and the return to in person learning during school year 2021-22 resulted in significant increases in chronic absenteeism rates compared to school year 2018-19 pre-pandemic rates. Large disparities are observed for students of color. Absences reduce the amount of contact school site staff have with students who may be experiencing maltreatment and abuse, increasing the risk of repeated exposure to abuse without timely mandated reporting and interventions.

Even more concerning are the chronic absenteeism rates in at risk populations, specifically foster youth, homeless youth, and socioeconomically disadvantaged students. The rates, which were disproportionate to the overall student population prior to the pandemic increased sharply post-pandemic compared to the overall student population countywide.

During fiscal year 2022-23, Stanislaus County Child Welfare Services investigated 2968 referrals leading to 715 (24%) substantiated allegations and 1356 (46%) dispositioned as inconclusive. In fiscal year 2021-22, 1326 Pathway 1 differential response (community responses) referrals were referred to local Family Resource Centers with 356 (27%) referrals receiving a subsequent investigation within 12 months' referral with 1% or 14 children entering foster care. Additionally, we have noted disparity by ethnicity with Black being 2.7 times more likely to have a child abuse investigation, 2.7 times more likely to have a substantiated allegation, 3.9 times more likely to enter care, and 3.7 times more likely to be in care. Lastly, over half of children in Voluntary Family Maintenance are under the age 5. See supporting data for these findings in [Attachment 1: Data Sources](#)

Cross-Sector Collaboration, Partner Engagement, and Governance Structure

Guided by our vision for safe, healthy, and thriving communities, the Stanislaus County Community Services Agency protects children and adults, and assists families toward independence and self-sufficiency.

The Adult, Child and Family Services Division (ACFSD) includes Child and Family Services (CFS) programs, which provide an array of services essential to the protection of the community's most vulnerable children, those who are victims of abuse and neglect. Programs include Child Welfare Services (CWS) Emergency Response, Family Maintenance, Dependency Court Services, Family Reunification, Permanent Placement, After 18 Youth Program, Resource Family Approval, and Adoptions. CFS also oversees financial assistance programs for resource families caring for foster youth and non-minor dependents.

One CFS priority is to ensure supports are provided to the child/youth and his or her family so they can safely live together. If that is not possible, services are tailored toward the child/youth regarding placement. The goal is to return the

child/youth home whenever possible or facilitate placement with a permanent family through adoption or guardianship.

CFS extends support to young adults aged 18 to 21 should they choose to remain dependents. The Non-Minor Dependent (NMD) must be working towards independence, which includes going to college, reducing barriers for employment, or working. The goal is to assist the NMD in transitioning to adulthood successfully, prepared to handle all future challenges.

Child abuse and neglect prevention is an important element of CFS. The Child Abuse Prevention Council (CAPC) is a multidisciplinary team that coordinates community efforts to prevent child abuse. CAPC supports the Countywide Strengthening Families Initiative for child abuse/neglect prevention agencies and financially supports emergency shelter services for runaway youth. CAPC's mission is to actively develop, support, and coordinate community efforts and awareness to prevent child abuse and heal its effects, with a vision of a unified community where all children are safe, protected, accepted, healthy and thriving. CAPC's values drive the vision and mission and include:

1. Our ability to be responsive to current and changing conditions requires an understanding of the strengths and needs of the members of our community.
2. Equitable partnerships are based in respect and are essential to healthy communities.
3. Diversity is a source of strength for a thriving community.
4. Open communication with partners and community members is essential to inquiry and inclusion.
5. We believe in the inherent strengths of children and families and strive to bolster these strengths in individuals, families, and communities.
6. Building on strengths is the most valuable way to foster connections for resilient families.
7. All families have the capacity to be resilient.
8. All families are worthy of support and care and deserve to be treated with dignity and respect.
9. Families know what is best for their health and well-being, and we support them to achieve their goals.

Stanislaus County Community Services Agency, in partnership with ConnectFor, conducted an extensive asset mapping, needs assessment, and cross-sector planning process over the course of 10 months to inform and develop the county's Comprehensive Prevention Plan. Cross-sector agencies and program partners that were engaged and participated as active members of the Design Team included all the FFPS-required partners and a majority of the suggested partners. Specific agencies represented by individuals engaged on the Design Team include:

- Stanislaus County Community Services Agency
- Stanislaus County Probation Department
- Stanislaus County Behavioral Health and Recovery Services
- Stanislaus County Health Services Agency
- Stanislaus County Superior Court
- Stanislaus County Office of Education
- Stanislaus County Child Abuse Prevention
- First 5 Stanislaus County
- Aspiranet
- Tuolumne Band of Me-Wuk Indians
- Center for Human Services
- Central California LGBTQIA+ Collaborative
- Children's Crisis Center
- HAVEN
- Koinonia Family Services
- Pacific Clinics
- Parent Resource Center
- Sierra Vista Child and Family Services
- Sylvan Unified School District
- Individuals and Families (Youth Leader, Parents Leader, Former Foster Youth, Foster Youth currently (18+ THP)) with Lived Expertise

Stanislaus County discovered several barriers to engagement with several of the required entities, individuals, or system of care entities at the launch of the Design Team process. They include:

- Engaging youth and families can be a challenge. This was overcome by having service providers do 1:1 Empathy Interviews to gather insights and feedback.

- There is a desire to engage former foster youth, young people, and families currently in the system in our governance structure. The barrier appears to be about trust and stigma. Individuals and families in the system don't trust the service providers and are less willing to participate in things like this. To overcome this challenge, cross-sector partners identified potential participants for the governance team who have trust established and would be eager to participate as members of the FFPS Leadership Team.

The stakeholder engagement process served to remind participants of the importance of creating shared understanding, making sense of data and stories together, and coordinating our activities within the FFPS Comprehensive Prevention Plan and across the system. Based upon a recommendation from the Design Team, Stanislaus County Community Services Agency hosted an annual convening for the whole system to receive updates. This enabled engagement of the cross-sector partners in the ongoing monitoring of the FFPS Program.

In addition, many of the cross-sector partners are members of the county's FFPS Leadership Team, which meets monthly to review and consult on necessary guidance and implementation decisions, provide feedback, and receive notification regarding the reasons recommendations that were incorporated or chosen not to be incorporated in the county's Comprehensive Prevention Plan and services. Members of the FFPS Leadership Team will include tribal representative, community partners agencies, youth and families served by Child Welfare Services and/or partner agencies. They will review:

- Progress to date and assess agreed upon performance measures.
- What is supporting our progress towards our short- and long-term goals and what is impeding it
- Fidelity of evidence-based practices
- Make recommendations on changes necessary specific to the Comprehensive Prevention Plan but also to the child welfare and child abuse prevention system of care as a whole.

Implementation monitoring will include conducting administrative functions to support contract requirements related to EBPs, developing joint funding models to support the sustainability of prevention services, collaborating around

implementation successes or challenges, and ensuring that prevention plan efforts are meeting requirements.

At a system level, the Interagency Executive Team (IET) provides the overall direction and guides the development of shared practice and policies related to children and youth in foster care throughout Stanislaus County. The IET membership currently includes:

- Director, Stanislaus County Community Services Agency
- Assistant Director, CSA, Adult, Child and Family Services Division
- Chief Probation Officer
- Director of Behavioral Health and Recovery Services
- Director, Valley Mountain Regional Center
- Superintendent of the Stanislaus County Office of Education

The IET also has a voice in decision making when a consensus cannot be reached in the Interagency Leadership Team (ILT), which consists of:

- Chief of the Children's System of Care (Behavioral Health and Recovery Services)
- Juvenile Division Director (Probation)
- Community Services Manager (Valley Mountain Regional Center)
- Director of Special Education (Stanislaus County Office of Education)
- Foster Youth Liaison (Stanislaus County Office of Education)
- Manager IV (Community Services Agency, Child Welfare)

The ILT supports agencies that seek to serve children and youth in foster care who have experienced trauma by providing integrated, timely, and effective service delivery. The intention is to create a single service plan and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, regional center, and mental health children's services. The ILT also strives to improve the quality and equity of services for the children served in the County and provide a framework that will guide operations and activities, decisions, and direction of each system partner and their staff regarding children, youth, and family programming. The Team will provide consistent interdepartmental and interagency leadership and address systemic barriers to the traditional provision of interagency services.

Tribal Consultation and Collaboration

Stanislaus County has engaged *The Tuolumne Band of Me-Wuk Indians* (Me-Wuk Tribe), a Federally Recognized Native Sovereign Nation that is dedicated to uphold social and economic stability through self-reliance and to promote the health, safety, and welfare of their Indian people. Representatives from the Me-Wuk Tribe were engaged in the planning process and actively participated as members of the Design Team for the Stanislaus County Comprehensive Prevention Plan. A representative from the Me-Wuk Tribe actively participates in the FFPS Leadership Team's monthly meetings. The purpose of this meeting is to engage stakeholders within the County and to gather input into the CPP. This meeting is focused on the lessons learned from the pilot sites, readiness, and strategic planning for implementation of FFPSA Part I. The team identifies what is needed to build provider-level capacity to support FFPS prevention plan implementation.

Ongoing, consistent collaboration and engagement between the County and the Me-Wuk Tribe is essential to ensuring tribal families have the same access to services as other families and that services are designed to meet their unique needs. The County will continue to prioritize strengthening relationships with the Me-Wuk Tribe, specifically exploring strategies for implementing FFPS prevention services, developing a process of notifying tribal families when tribal children enter the prevention pathway, and for continuous quality improvements.

The WIC 16587 (d)(B)(3) addresses “[i]nquiring whether a child who is being assessed as a candidate for foster care and for prevention services under this chapter is or may be an Indian child in accordance with Section 224.2. When the County knows or has reason to know the child is an Indian child, as defined in Section 224.1, the County shall provide written notification to the tribe inviting the child's tribe to partner with the County agency in the initial and ongoing assessments of the child and family and the development and implementation of the written prevention plan.”

“Reason to know” has been identified as the threshold for compliance with the Indian Child Welfare Act (ICWA). As such, families may voluntarily disclose their affiliation and/or membership with tribes during intake for services, which will prompt the service provider's requirement to engage with the tribe(s), thereby providing the opportunity for input into candidacy determination, service

planning and delivery, and safety monitoring. Engaging tribal participation will often open the door to other supportive services that could potentially benefit the family and ensure that the family's cultural needs are met.

Integrated Core Practice Model (ICPM)

Through the ILT team, Stanislaus County Community Services Agency (Title IV-E) along with Stanislaus County Probation Department, Stanislaus County Behavioral Health and Recovery Services, Stanislaus County Office of Education, and Valley Mountain Regional Center collaborate in the design, delivery and management of services to children, youth and families served by Stanislaus County as outlined in the *Stanislaus County Interagency Child, Youth and Family Services Memorandum of Understanding*. Collectively known as the "System Partners". They ensure that children, youth and families in Stanislaus County receive timely, effective, collaborative services consistent with the Integrated Core Practice Model (ICPM) that allow them to thrive in safe, permanent living situations that meet their social, emotional, educational, economic, cultural and behavioral and health needs.

The System Partners ensure that all public programs for children/youth and families, including foster children/youth {0-21} and children/youth in education {3-22}, are provided services in an integrated, comprehensive, culturally responsive, evidence-based/best practice manner, regardless of the agency door by which children and families enter. This includes an awareness of and commitment to include family and youth's voice and experience in making decisions that affect those families and youth.

The Systems Partners' programs and policies reflect a coordinated, integrated and effective delivery of services for children, youth and families. Partner agencies provide oversight and accountability for certain state and federally funded programs and services, and to otherwise act as a coordinating council and planning body related to the programs and services provided to youth and families in Stanislaus County.

Consistent interdepartmental and interagency leadership is essential to successful collaboration on behalf of youth and families. The System Partners address systemic barriers to the traditional provision of interagency services. The agency partners have created a single service plan and maintain an

administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, developmental disabilities and/or behavioral health children's services.

The System Partners are committed to the California Integrated Core Practice Model for Children, Youth and Families and use the principles, values, and practice behaviors in their interactions with youth and family, with one another, with contractors and county partners. The Ten Guiding Practice Principles of the ICPM outline a service delivery that includes the following key components:

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

Stanislaus County agencies use the principles, values, and practice behaviors of the *California Integrated Core Practice Model for Children, Youth and Families* in their interactions with youth and family, with one another, with contractors and county partners. Use of the ICPM's principles and behaviors support agency efforts to deliver services that are trauma-informed and culturally competent. Chosen as the core principal in our county partnerships, the ICPM's leadership and practice behaviors provide staff at all levels with the essential principles and professional behaviors, which lead to stronger relationships with each other and with youth and family that foster healing and well-being. Consistent use of the ICPM's practice and a commitment to co-developed training and access to co-training on the ICPM guidelines will position Stanislaus County's System of Care mission of greater integration and increased effective family and youth engagement.

System partners practice collaborative, uniform and consistent efforts to recruit, train and/or support professional Resource Family caregivers in order to foster

safe, permanent and healthy out-of-home placements when necessary. While Child Welfare and Probation agencies have legal obligations and responsibilities to assure foster care capacity is present, Behavioral Health has parallel responsibility to assure adequate capacity for and oversight of Specialty Mental Health Services is present to support youth and their caregivers.

To ensure each System Partner incorporated the Integrated Core Practice Model, the ILT team developed a consistent training for all levels of staff in 2021. Each partner provided the training in their respective agencies and trained over 500 participants in the cross-system collaboration and joint understanding of the Integrated Core Practice Model.

Target Candidacy Population(s) and Needs Assessment

Data from Community Services Agency's Adult, Child, and Family Services division was presented and analyzed by the planning partners. This was used to identify children and youth at greatest risk of entry or re-entry into foster care in Stanislaus County, as well as American Indian/Alaska Native children and black children who are disproportionately represented in the county child welfare and probation systems. The current data on the number of children and families within each target population we plan to serve can be found in [Attachment 1: Data Sources](#).

In addition, 1:1 Empathy Interviews were conducted with 67 youth, parents, caregivers, and service providers. Overall insights from the Empathy Interviews include:

- Whole health matters. Mental and Emotional Health is a tipping point and ongoing struggle
- Having someone/people to talk to makes a significant difference (systems of support)
- Empathy and high relational skills displayed by service providers makes a really big difference
- Systems can be hard to navigate for youth and families
- Families and helpers are often missing critical skills

Primary Prevention insights from the Empathy Interviews include:

- Systems of support make a big difference

- Activities happening in their “natural” environment reinforce wellness and effective parenting skills
- Observed behavior is learned behavior

Secondary Prevention insights from the Empathy Interviews include:

- Activities happening in their “natural environments reinforce wellness and effective parenting skills
- Systems of support make a big difference
- Having the right coping mechanisms is key
- Observed behavior is learned behavior

Tertiary Prevention insights from the Empathy Interviews include:

- Feelings of overwhelm and helplessness
- People feel lonely
- Ongoing and consistent contact may be wanting
- “Don’t give up on me”

Through the Needs Assessment process, the planning partners identified the following candidacy population to be served in Child Welfare Services in two distinct phases:

Phase 1 (year 1): Children, youth, and families known to Stanislaus County Child Welfare Services in the following categories:

- Children and families receiving in-home voluntary services or court-ordered Family Maintenance
- Pregnant and parenting youth in foster care

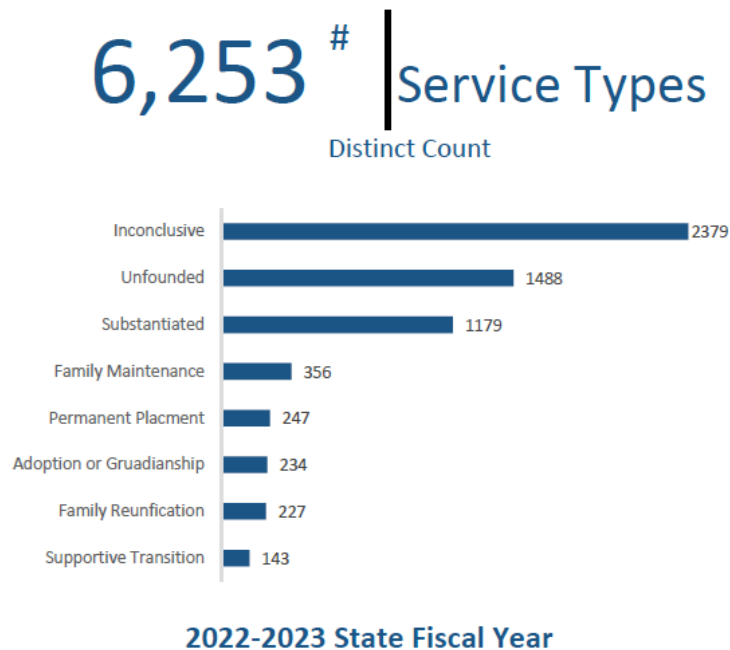
Phase 2 (year 2): Children, youth, and families known to Child Welfare Services in the following categories:

- Children and youth with a substantiated or inconclusive disposition, but no case opened (hotline, emergency response units) *implies implication of a Community Pathway*
- Children and youth whose guardianship or adoption arrangement is at risk of disruption
- Children and youth with a report received by Child Welfare Services, but no investigation was conducted

The target population was determined by examining the data from child welfare during the Design Team planning process and examining the insights developed through the 1:1 Empathy Interview process. Primary population is any child/youth in Stanislaus County. Secondary population is any child/youth that has risk factors. Tertiary population includes child/youth who is at risk of foster care.

The current data on the number of children and families within each target population helped the County gain an understanding of the breadth and depth of services being provided to better serve children, youth, and families in the community. It also provided an opportunity to identify gaps within the populations and to bring more culturally responsive evidence-based prevention services to all children, youth, and families.

Additionally, data was collected from CWS to begin to learn more about the candidate populations already known to CWS. What the County learned is that between July 2022 and June 2023, there were 6,253 potential eligible FFPSA candidates by service type, as listed below:



During the 1:1 Empathy Interview program, The Design Team discovered that the target populations have a broad range of needs in the areas of substance use, mental health, and parenting support. This need is amplified the closer you get to the tertiary prevention space. They include:

- A need to develop and maintain a natural system of support. Individuals and families need people to lean on as they navigate the system.
- Observed behavior is learned behavior. Individuals and families need to be connected to other people who are modeling critical skills and behaviors for success.
- Trusting the “system”. Individuals and families in need aren’t engaging with supports as meaningful as possible in part because of a lack of trust in the providers.
- If an individual or family does access the system, it is complicated and hard to navigate, which leads to frustration and incompleteness of required or desired services, which can lead them to feel stigmatized.
- Location of most prevention services is still largely centralized in Modesto.
- Activities that occur or are offered in their “natural environments” have high value
- Many parents are missing basic parenting skills

In order to meet the needs of individuals in our selected populations, the County needs to focus on and invest in the following:

- Increased staffing
- Increased training of staff
- Flexibility in where and how services are offered (ability to be more responsive, both culturally and geographically)
- Coordinated services

Stanislaus County will conduct a local Community Pathway Inventory that is driven by families’ needs and strengths and focused on identifying the existing resources, both formal and informal, available to support those needs; the funding source (if applicable) that finance those resources; and any gaps in needed services. It will be developed in alignment with the asset mapping conducted for the Comprehensive Prevention Plan. The Inventory will have a specific focus on the Community Pathway component of the CPP.

Service and Asset Mapping

Prevention occurs all along the continuum of programs for youth and their families within the Child Welfare System. Prevention services are offered both as

voluntary and court-ordered services. Our intent through this Comprehensive Prevention Plan was to develop prevention programs at multiple levels – individual, family and community. We committed to our prevention services being informed by the voices of children, youth and families, as well as informed by data and evidence. Prevention is an important tool to address disparities and disproportionalities.

Asset mapping was conducted to identify current primary, secondary, and tertiary prevention programs already in place in Stanislaus County. This process was completed over the course of three planning sessions. Partner agencies and stakeholders collaborated to develop a comprehensive list of services offered by child welfare, behavioral health, probation, family resource centers, and community-based agencies. A total of 65 programs were identified throughout the county. In addition, the Stanislaus County Child Abuse Prevention Council conducted listening sessions with parents and the faith community. The planning partners also identified the forces impeding progress and forces supporting progress within each of the following key areas: current system capacity, provider capacity, and motivation for change. All the information referred to in this paragraph, plus the insights from the Empathy Interviews and CAPC Listening Sessions, can be found in [Attachment 2: Asset Mapping](#).

Some of the key learnings from this process include the fact that most prevention services offered in the county are too centrally located around the city of Modesto. Current services are not occurring in natural and accessible environments throughout the county and there is a barrier to participating in programs for those children, youth, parents, and families living in the rural areas of the county. Also, the current system capacity is not able to launch services into these more rural communities, further isolating the selected target populations.

Child Abuse Prevention Council (CAPC) is focused on primary prevention as a coordinator and convener. The goal is to share current resources with the Stanislaus community in a manner that is easy to find and helpful. CAPC also plans to bring providers and parents together to focus on Strengthening Families Protective Factors framework.

The current array of services will be available to families and Child Welfare Services will add the Evidence Based Practices. These new services will be available to focus on in-home parenting and mental health services that will benefit secondary and tertiary families.

The biggest gap identified was the location of the services being provided. The EBP will be provided in family's homes so they will not have to travel. Stanislaus also has a robust Family Resource Center Model located in most of the cities in Stanislaus. Connection with the Family Resource Centers after the services are completed will help the families to identify services in their community.

Existing data utilized to inform the service array assessments include the 1:1 Empathy Interviews, which include qualitative stories from individuals with lived experience; child welfare and community-wide data, system leader interview, Family Resource Center data, and asset mapping.

Selected populations and services currently being offered now and in the future by Child Welfare Services:

Primary Prevention:

- All hospitals provide information to new parents before discharge to not shake their baby and positive parenting techniques
- Strengthening Families Five Protective Factors as a framework to support families
- Ensure access to concrete supports such as food, medical/dental insurance, child care and cash assistance
- Enlist Promotores (community health workers) and family resource center staff throughout the County as trusted messengers to reach underserved populations.
- Access to and awareness of community services

Secondary Prevention:

- Family Resource Services throughout the County
- Kids Count! – provides children 5-11 exposed to family violence an opportunity for healing and growth in their lives
- Teens Count! – Violence awareness and prevention program designed for youth 12-17

- Center For Human Services, Hutton House – shelter for runaway and homeless youth who receive individual, group and family counseling. The focus is to reunite with their families
- Kinship services – Enhance guardianship and supportive services to provide resources to Kinship caregivers and their families.
- Home visiting programs for at risk parents
- Parenting education, peer support and youth programs for adopted children and their families
- Parent Cafes to support parents at locations throughout the County

Tertiary Prevention:

- Nurse Family Partnership
- Healthy Families America
- Homebuilders
- Family Check Up
- Supporting Father Involvement

Evidence Based Practices (EBP)

Stanislaus County Community Services Agency (CSA) will engage local community-based organizations and other service providers through a performance-based contracting process to provide services to children and parents where these services may safely prevent entry into foster care for those at imminent risk. CSA has chosen an initial set of Evidence-Based Practices (EBPs) based in part on contracts the agency already has in place for prevention, as well as stakeholder and partner feedback and federal guidance. The table below lists the initial four evidence-based family services that CSA will implement as a part of this Prevention Plan. The FFPSA Clearinghouse for Evidence-Based Practices has reviewed and rated all four of these practices. In addition, CSA has chosen one intervention that has not yet been rated by the FFPSA Clearinghouse, but will be funded through the Child Welfare Block Grant.

Evidence-Based Practice	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description	Rational and Fidelity Indicators
Nurse Family Partnership (NFP)	Parent Skill-Based	First-time parents/ caregivers with a child under 2 years of age	NFP improves the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for 60 visits that last 60-75 minutes each in the home or a location of the mother's choosing. For the first month after enrollment, visits occur weekly. Then, they are held bi-weekly or on an as needed basis	<p>Outcomes include improved maternal health, fewer infant deaths, reduced intimate partner violence, fewer childhood injuries, fewer child maltreatments, reduced need for public assistance.</p> <p>Provider received and maintained required training</p> <p>Meets staffing qualification requirements</p> <p>1:8 Supervisor to Staff Ratio</p> <p>1:25 Caseload Ratio</p> <p>Use of NFP standardized web-based data system</p>
Healthy Families America (HFA)	Parent Skill-Based	Families with children birth to 5 years with services offered within 3 months of birth. Focus is on families who have histories of trauma, intimate partner violence, mental health issues, substance use disorder and/or other life stressors.	Program aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. CSA will submit a request to HFA for consideration of cultural adaptations to allow the use of the HFA Child Welfare Protocol for families referred through child welfare. Additionally, families will be enrolled into HFA per model	<p>The HFA Child Welfare Protocol program improves child safety and prevents maltreatment. For families already involved in the child welfare system, HFA can reduce maltreatment by one-third.</p> <p>Provider received and maintained required training</p> <p>Meets staffing qualification requirements</p> <p>1:6 Supervisor to Staff Ratio</p>

Evidence-Based Practice	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description	Rational and Fidelity Indicators
			fidelity requirements, including many families being enrolled within the first three months of birth but before the child(ren) turn 24 months of age.	Meets caseload requirements Performance on ratings of HFA Best Practice Standards
Homebuilders	Parent Skill-Based	Families with children ages 0-18	Homebuilders provides intensive, in-home counseling, skill-building and support services for families who have children (0-18 years) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in home services. Families receive 40 or more hours of direct services over 4 to 6 weeks primarily at the families' home. Homebuilders intervenes at the point of crisis and responds to families in a natural setting, creates concrete goals for families and utilizes research-based intervention strategies to teach new skills and facilitate behavior change.	Homebuilders is important for youth in immediate danger to provide ongoing, all encompassing support that immediately promote safe practices. Therapists must have a master's or bachelor's degree in social work, psychology, counseling, or a closely related field with at least 2 years of related experience. They must be available to families 24/7. Meets staffing qualification requirements Caseloads do not exceed 1:3 ratio Families met within 24 hours of referral Meets Supervision Requirements
Family Check-Up (FCU)	Mental Health and Parent Skill-Based	Families with children ages 2-17	Well-supported program that serves a wide range of families, potentially including parenting youth. The FCU has two phases: 1) An initial assessment and feedback; 2) Parent management training (Everyday Parenting) which	The flexibility of FCU model to be used with both young children and adolescents, along with its strengths-based and ecological approach to assessment and engagement, would be an effective program to

Evidence-Based Practice	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description	Rational and Fidelity Indicators
			focuses on positive behavior support, healthy limit setting, and relationship building. As a health promotion and prevention strategy, the FCU can be brief (2 to 3 sessions). As a treatment approach, follow-up sessions and services can range from 3 to 15 direct contact hours using the Everyday Parenting Curriculum. Phase 2 follow-up may also include family counseling, individualized services for parent and children, or other support services.	<p>serve those most vulnerable to maltreatment and probation youth. FCU Material is available in Spanish, which is applicable for families in Stanislaus County.</p> <p>FCU promotes positive family management and addresses child and adolescent adjustment problems through reductions in coercive and negative parenting and increases in positive parenting.</p> <p>Meets staffing qualification requirements</p> <p>Use of COACH Rating Form</p>

Evidence-Based Practice (CEBC)	Prevention Service Area	Target Candidacy and Age Group	Description	Rational and Fidelity Indicators
<p>Supporting Father Involvement (SFI)</p> <p><i>Will be funded with Child Welfare Block Grant</i></p>	<p>Father Involvement Interventions</p> <p>Parent Skill-Based</p>	<p>Fathers in primarily low-income families with children ages 0 - 11</p>	<p>SFI is a preventive intervention designed to enhance fathers' positive involvement with their children. The goals of Supporting Father Involvement (SFI) are:</p> <ul style="list-style-type: none"> • Strengthening fathers' involvement in the family • Promoting healthy child development 	<p>SFI targets 5 aspects of family life for intervention to enhance fathers' involvement: Both partners' individual well-being; The quality of the relationship between the parents; The quality of relationship between parent and child; Breaking negative cycles across generations; Coping</p>

Evidence-Based Practice (CEBC)	Prevention Service Area	Target Candidacy and Age Group	Description	Rational and Fidelity Indicators
			<ul style="list-style-type: none"> • Preventing key factors implicated in child abuse <p>The curriculum is based on an empirically-validated family risk model. This model predicts that children's development is predicted by risks and buffers in five interconnected domains:</p> <ul style="list-style-type: none"> • Family members' characteristics • 3-generational expectations and relationship patterns • Quality of parent-child relationship • Quality of parents' relationship • Balance of stressors versus social support for the family. 	<p>with life stress and enhancing social support</p> <ul style="list-style-type: none"> • Leaders are trained mental health professionals, ideally license eligible. • Cultural sensitivity is maintained in intervention approach, language, and curriculum materials. • Meetings are held at dinnertime to meet schedules of working families. Food provided. • Childcare is provided. • Case management is provided for all families.

Theory of Change/Logic Model Development

In order to effect true change and improve service delivery and outcomes through high-quality prevention efforts, Stanislaus County must start thinking differently about our services and how to best support our families. Over time and through partnerships with agency stakeholders, tribes, and those we serve, Child Welfare Services will take an aggressive approach to prevention services for our priority populations beginning with the candidate groups identified in this plan and progressing to additional priority groups for future plan amendments. We recognize that there are multiple pathways by which a family can obtain prevention services.

The cross-sector Design Team wishes to address the following within the Comprehensive Prevention Plan:

- Increased parent skills and capabilities
- Length of time for folks engaged in the child welfare system
- Prevention of people entering the child welfare system
- Decrease in child maltreatment
- Identifying the pathways to services
- Provider capacity

The Logic Model, located in [Attachment 3: Logic Model](#), outlines the changes that the Design Team would like to achieve for target populations. They include:

- Parent/Caregiver outcomes
- Child and family outcomes
- System/Child Welfare outcomes
- Provider Capacity
- Diversity and Equity

The Logic Model also details the resources required to successfully create the needed change, community changes and service array that will lead to accomplishing the goal, and the measures of success for inputs, outputs (process indicators) and outcomes (performance indicators), both short-term and long-term.

Spending and Sustainability Plan

Stanislaus County has dedicated funding for extensive services to children and their families through federal, state, and county funding. The base of the funding is funneled through the Office of Child Abuse Prevention (OCAP). Funding received from OCAP includes PSSF, CBCAP, CAPIT, and Children's Trust Fund. In addition, the County has invested additional local funding to support the commitment to keeping children safely within their home. Stanislaus County will use the State Block Grant funding to invest in EBPs as well as culturally relevant services to provide an array of primary, secondary, and tertiary prevention services throughout the county. Funding streams will consist of:

Child Welfare Block Grant: \$3,075,907

CAPC

- CBCAP-ARPA: \$ 451,111
- Children's Trust Funds: \$ 224,586
- CAPIT: \$ 213,714
- PSSF: \$ 520,226

The County will leverage funding for prevention services, following the exhaustion of current state funding, through the continued reduction of the length of stay in foster care placement and the diversion of children from foster care through available prevention services. The Child Welfare Block Grant Spending Plan is provided as Attachment 4: Spending Plan

To maximize funding available for the Community Pathway, existing resources and funding will be analyzed to determine if blending of resources or funding is possible, as well as identify any funding that can be utilized as a match for Title IV-E funds available through FFPSA. This analysis will be informed by the State's Fiscal Inventory, as well as the Stanislaus County's System of Care. Analysis will include the ability to integrate or blend resources through the identification of potential partnerships and/or the development of community partner networks to enhance the availability of services to families. Further, to the extent possible, Stanislaus County will incorporate new initiatives that will enhance the Community Pathway and provide for community employment and growth, such as new CalAIM benefits for foster youth services, Community Health Workers and community supports.

In order to ensure sustainability, Stanislaus County will build the Community Pathway upon existing resources and available funding. This includes working across systems to identify funding initiatives that support the needs identified by families in the community and builds on existing work with similar goals, such as AB 2083. In addition, Stanislaus County will provide the technical assistance and financial support necessary for community partners to develop sustainable sources of funding that will enhance the Community Pathway and provide for community employment and growth. This may include assisting partners with developing infrastructure necessary to claim Medi-Cal or funding for electronic fiscal and data systems.

Additional Assurances

Assurance of the Coordination with the Local Mental Health Plan

Historically in Stanislaus County, there is strong coordination and collaboration between Stanislaus County Behavioral Health and Recovery Services, Stanislaus County Probation Department and Stanislaus County Community Services Agency. Agency leadership and staff from these agencies have been actively involved in the asset mapping and needs assessment process and are key stakeholders in the development, implementation, and monitoring of the Comprehensive Prevention Plan.

To fulfill the guidelines and in alignment with AB2083 and Pathways to Well Being, Community Services Agency (CSA) and Behavioral Health and Recovery Services (BHRS) coordinate closely to ensure that the mental health needs of children involved with the child welfare system are met in a timely and effective manner. CSA and BHRS have a long history of partnering on joint efforts to serve children, youth, and families. BHRS clinicians are co-located with Child Welfare and interact on a daily basis in the provision of services to youth and their families.

CSA and BHRS are leading the county's efforts to develop services such as CalAIM, Continuum of Care Reform, Wrap, Family Urgent Response System (FURS) and Therapeutic Foster Care while ensuring that the goals of child welfare and mental health align with what is best for children and families. This shared approach to working with children and families is also reflected in the local

Mental Health Plan (MHP) as stated: MHP must adhere to the requirement that Title IV-E must be considered the “Payer of Last Resort,” meaning that Title IV-E will pay benefits secondary to all other public and private third-party payers who have an obligation to pay for such benefits. Based on this requirement, Stanislaus County services provided under FFPSA that are Medi-Cal eligible and provided through a BHRS contract shall be billed to Medi-Cal, making the Title IV-E the payor of last resort.

Assurance to Meet the Workforce and Training Requirements

Stanislaus County will participate in all three tiers of the state's training series and will work with the state to ensure that the County's Training Unit is included in curriculum development, Training for Trainer sessions, and given access to e-Learnings and curriculum to upload to the County's Learning Management System. This will allow the County to facilitate training for its own staff. Training for community agencies will be coordinated as described in the state's training plan.

Proposed audience(s) for meeting the workforce development needs include agency staff (CWS, Probation, BHRS, HSA and First 5 Stanislaus); local prevention services and tribal providers; and other prevention partners, such as staff from the District Attorney's Office, law enforcement, schools, community-based organizations, and health care providers. The County will encourage its workforce participates in the statewide training series through the coordination with the state outlined above along with any future guidance the state provides.

The County will also ensure that contracted providers participate in the statewide training series that is related to their role. For EBP providers, this training requirement will be clearly articulated in their respective contracts, as well as the minimum qualifications that the practitioners must have to deliver the EBP services.

There will be specific training designed and delivered to meet fiscal and data collection and reporting requirements. An overview training will be developed on Title IV-E funding expectations, with an emphasis specific to the FFPSA.

Assurance of Adherence to Model Fidelity for EBPs

Stanislaus County has a long history of implementing services and monitoring model fidelity both as an agency and in partnership with community-based organization and system partners. This is most notably illustrated through the Family Resource Center partnerships in collaboration with First 5 Stanislaus, which was implemented in early 2005. With the Title IV-E waiver, Stanislaus County strengthened the use of EBPs and has significant infrastructure for training, data collection, and fidelity monitoring for EBPs.

Purveyors of the EBP and/or a third-party contractor may be responsible for collecting initial certifications of fidelity from participating CBOs, system partners, and CSA that will be implementing a relevant EBP. They will also collect data on fidelity indicators. This may include detailed information about initial training for all staff providing the service, as well as relevant staffing requirements, ongoing training requirements, and EBP-specific fidelity documentation. Purveyors of the EBP and/or a third-party contractor will review this information to ensure that model fidelity is adhered to on an ongoing basis and report this information to the Countywide ILT who may integrate this data into the continuous quality improvement process.

In addition to local fidelity monitoring efforts, the County will participate in state-level fidelity oversight and coordination. This may include providing timely submissions of relevant fidelity indicator data through the statewide automation system.

As EBPs are added to California's Five-Year Prevention Plan and as the County assesses EBPs in the Title IV-E Prevention Services Clearinghouse that are relevant to add to meet the service delivery needs of families, the County will ensure practices of fidelity are in alignment with the selected model(s).

Assurance of Child Safety Monitoring and Periodic Risk Assessments

Stanislaus County believes that there is "No Wrong Door" through which prevention services may be accessed. The "No Wrong Door" approach is intended to provide an opportunity for families to access comprehensive prevention services throughout the County. Recognizing that FFPSA prevention services may not be a match for all children and families, there may be way

that families can access other prevention services to best meet their needs or potential.

Child safety monitoring will take place as families engage with CBOs, and tribal partners. prevention partner agencies will be responsible for conducting the strengths and needs assessment upon intake, interim (if appropriate), and at closure of the prevention plan.

The strengths and needs assessment will be used to determine how a family is functioning. The assessment tool will be completed by the prevention services staff with families as early as possible, but only after sufficient family contact (preferably in their home environment) and supportive information has been obtained to assess the family's strengths and needs. Prevention plans will be closely tied to the family's strengths as well as the challenges identified during the assessment. Interim assessments may be conducted with the family periodically to assess for any new concerns and/or needs that may arise during the time the family is receiving prevention services. Assessment may be conducted at closure with the family at the end of the service period.

Assurances of All Other Requirements Under the State Title IV-E Prevention Program Plan

In addition to the above-mentioned assurances, Stanislaus County will adhere to the requirements as outlined for Title IV-E Prevention Program Plan. For reference, please refer to the following page for the signed FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES as referenced in ACL 23-23.

Assurances Template

FAMILY FIRST PREVENTION SERVICES PROGRAM ASSURANCES

County of Stanislaus

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

Title IV-E Prevention Program Reporting

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

Child Safety Monitoring

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

Workforce Development and Training

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

Trauma-Informed Service Delivery

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

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement

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

Equitable and Culturally Responsive Services and Supports


In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the County of Stanislaus, Community Services 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 children and youth.

Coordination with Local Mental Health

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

Signatures

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


Christine Huber (Jul 31, 2023 12:06 PDT)

Signature of Authorized CWS Representative

Jul 31, 2023

Date

Attachment 1: Data Sources

See following pages for data utilized during the planning process

Data Overview and Methodology

Definitions of terms for the purpose of this data:

- **Path 1:** Referrals evaluated out to an FRC (Family Resource Center) for services.
- **Path 2:** Referrals responded with an in person investigation to within 10 days.
- **Path 3:** Referrals responded with an in person investigation to within 2 hours.
- **Most Serious Abuse:** Is the most serious of all the abuse allegations for each child in a referral. Most serious abuse takes into account the Abuse Type and Disposition when determining the most serious abuse. Therefore a substantiated allegation of a lesser type is More Serious than inconclusive allegation of a less Serious type.
- **Zip Code Area:** Groups of zip codes divided into areas covered by the different FRCs as presented in the original FFPSA presentation.
- **Referral Allegations Conclusion:** The conclusion as to whether an allegation is found to be substantiated, inconclusive or unfounded based on the CWS investigation.
- **Allegation Conclusions Defined:** Per California Penal Code 11165.12 these are the definitions for finding an allegation is substantiated, inconclusive or unfounded.
 - (a) “Unfounded report” means a report that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in Section 11165.6.
 - (b) “Substantiated report” means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect, as defined in Section 11165.6, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred. A substantiated report shall not include a report where the investigator who conducted the investigation found the report to be false, inherently improbable, to involve an accidental injury, or to not constitute child abuse or neglect as defined in Section 11165.6
 - (c) “Inconclusive report” means a report that is determined by the investigator who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.
- **Referral Disposition Type:** The action outcome taken on referral for each child.

Trend Charts

Each chart is divided into school years into school years from August 1- June 30 except 2022-2023 which is from August 1- June 22 as that is when I was asked to pull the data.

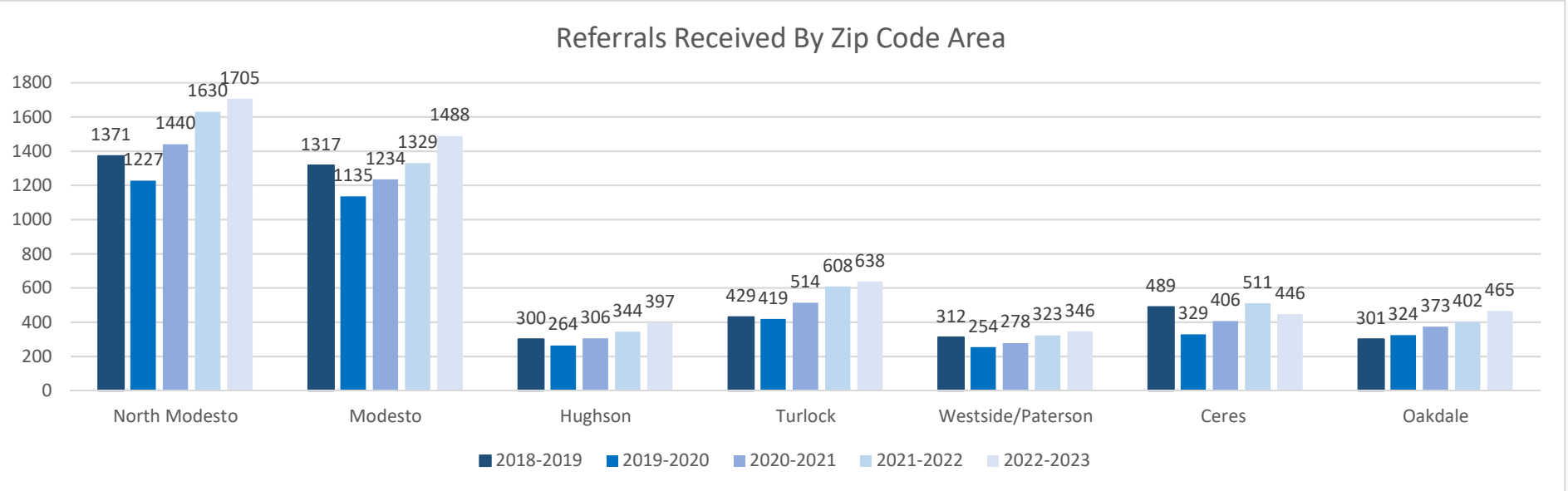
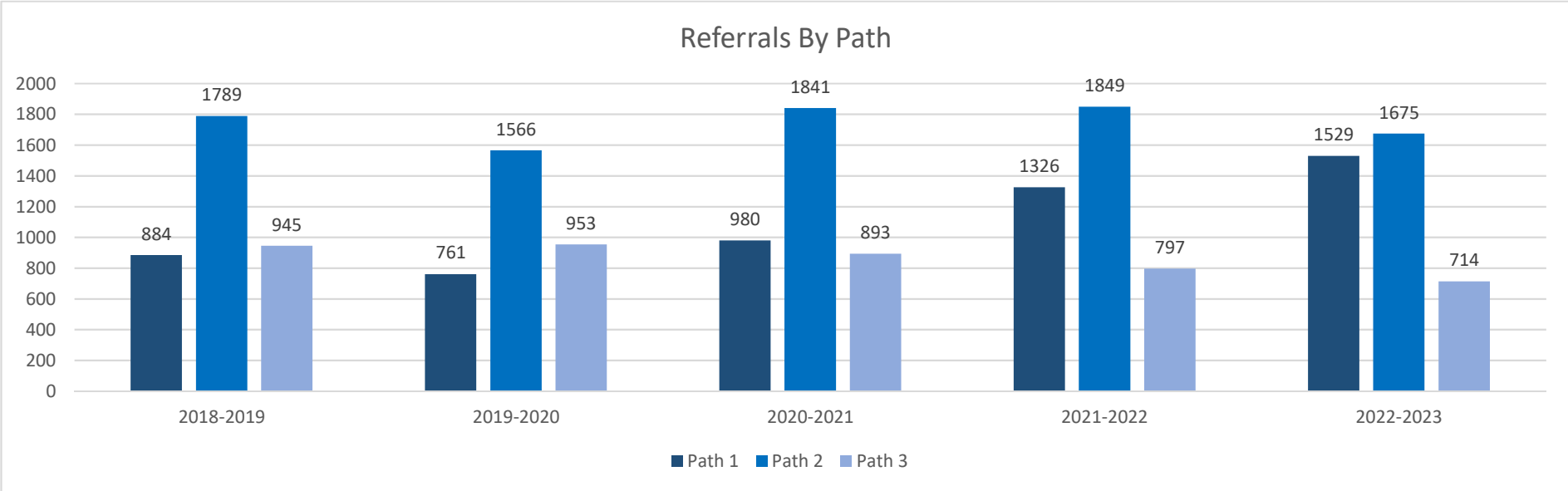
- **Referrals by Path:** Referrals received during each school by Path-1 Path-2 or Path-3.
- **Referrals Received by Zip Code Area:** Referrals received broken down by Zip Code Area.
- **Referrals Received:** All referrals received during each school year.
- **Path One Referrals:** Path One referrals received by each school year.
- **Referrals Investigated:** Referrals with an in-person investigation (Path 2 & Path 3) by each school year.

- **Cases Opened:** Referrals that resulted in a new case being opened by each school year, counted by child.
- **Investigation Allegation Conclusions:** Referral allegations found to be substantiated, inconclusive or unfounded by an CWS investigation, divided by each school year based on the “Most Serious Allegation”
- **Percent of Path One Referrals with Subsequent Investigations within 12 Months:** Percent of Path One referrals received during each school year that had a new referral with an in-person investigation within 12 months from the date the previous referral was received. The 2022-2023 school year is not included as it has not been 12 months since the end of that school year to test for subsequent referrals
- **Children with Path One Referrals with a Subsequent New Case Opened And/Or Child Removed:** Children who had a Path one referral and a subsequent Path 2 or Path 3 referral within 12 months from the date the previous Path One referral was received resulting in a new CWS case being opened counted by child.

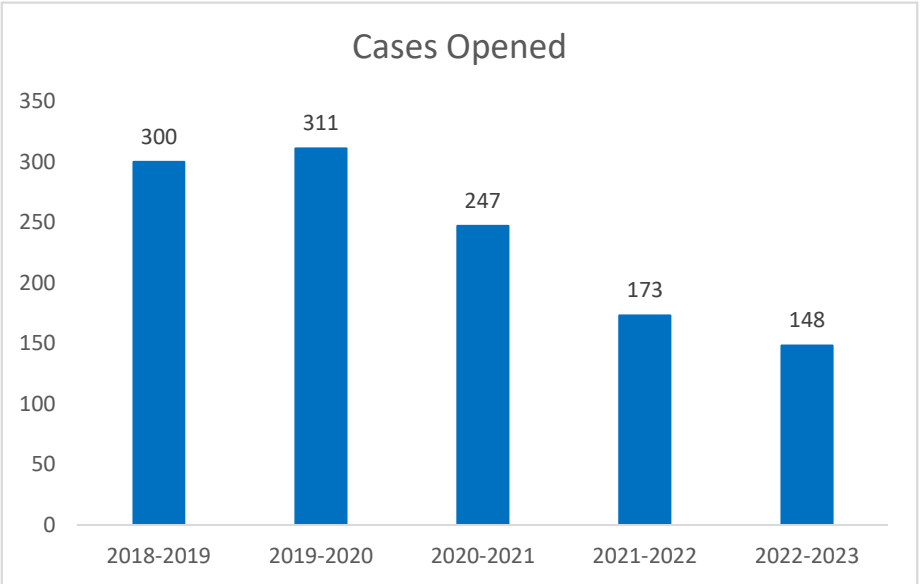
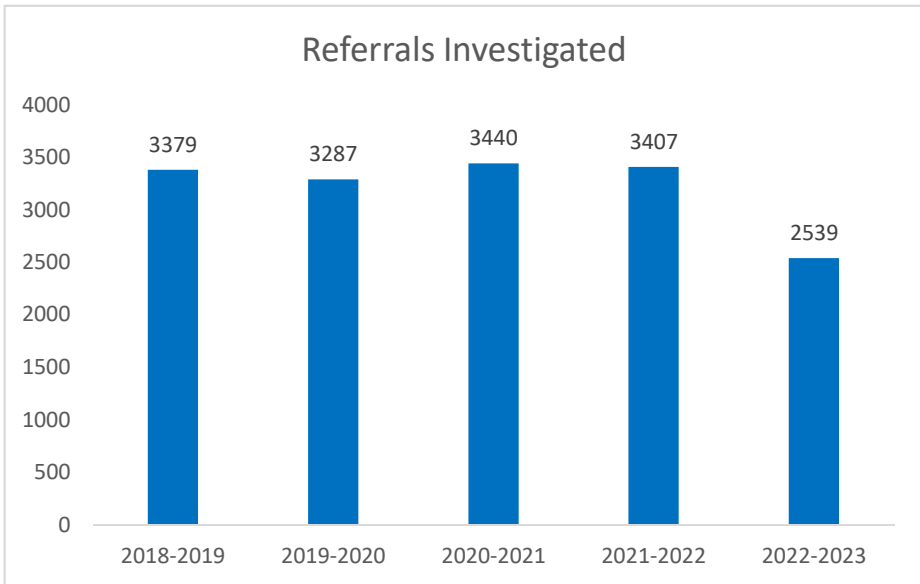
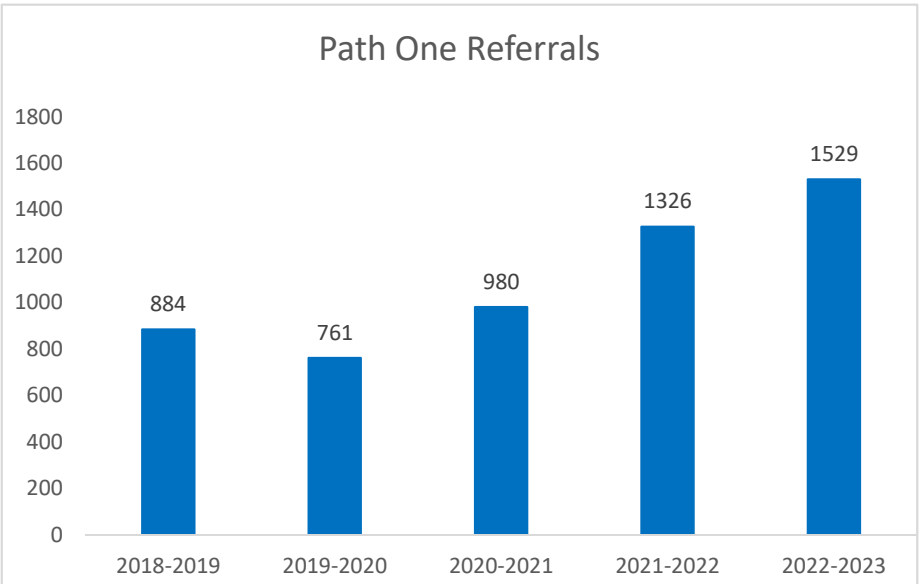
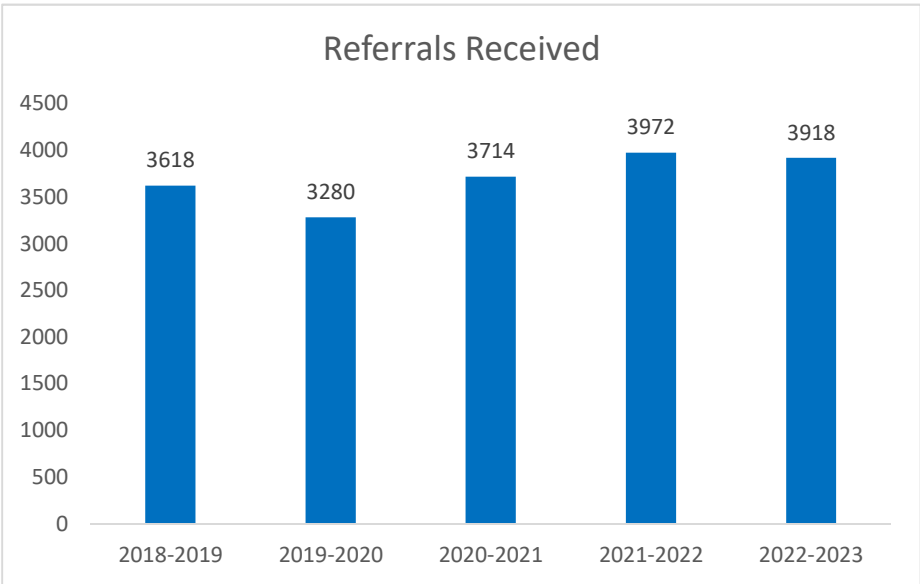
Methodology for Data Tables:

- **Referrals revised by Path and Zip Code:** Number of all referrals received by divided by each school year broken down by Path 1, Path 2 and Path 3 and Zip Code Area. The number of referrals received with no zip code documented is noted and included in the grand totals and percentages.
- **Referrals Investigated by Zip Code Area with Allegations and Allegation Conclusion:** Number of referral with in-person investigation divided by the Zip Code Area, the “Most Serious Allegation” and the Most Serious Allegation conclusion.
- **Referrals Investigated by Zip Code Area with Referral Disposition:** The number of referrals with in-person investigation counted by each child’s “Referral Disposition Type”.
- **Path One Referrals with New Referral Investigations-or Cases-or Removals:** Number and percent of Path One Referrals with a subsequent Path 2 or Path 3 referral within 12 months of the date the original Path 1 referrals was received, broken down by zip code, subsequent investigations, New Cases opened and if the Child was removed. Investigations counted by referral, New Cases opened and Children Removed counted by child.
- **SDM Risk Level on Investigations:** Data tables and Charts showing the SDM Risk Level on each referral investigation in which an SDM risk assessment was completed by month, from January 2022-May 2023. This is the time span that SDM has the data available.

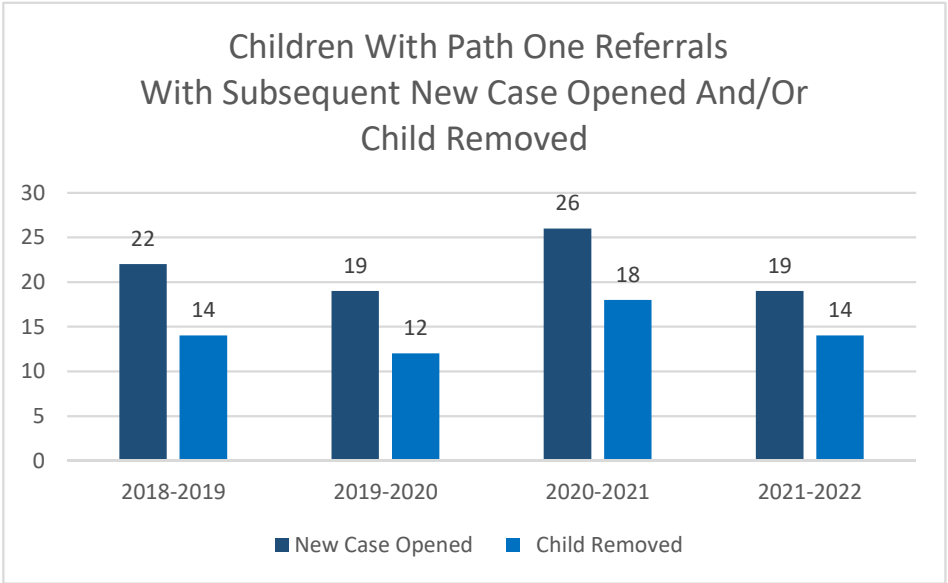
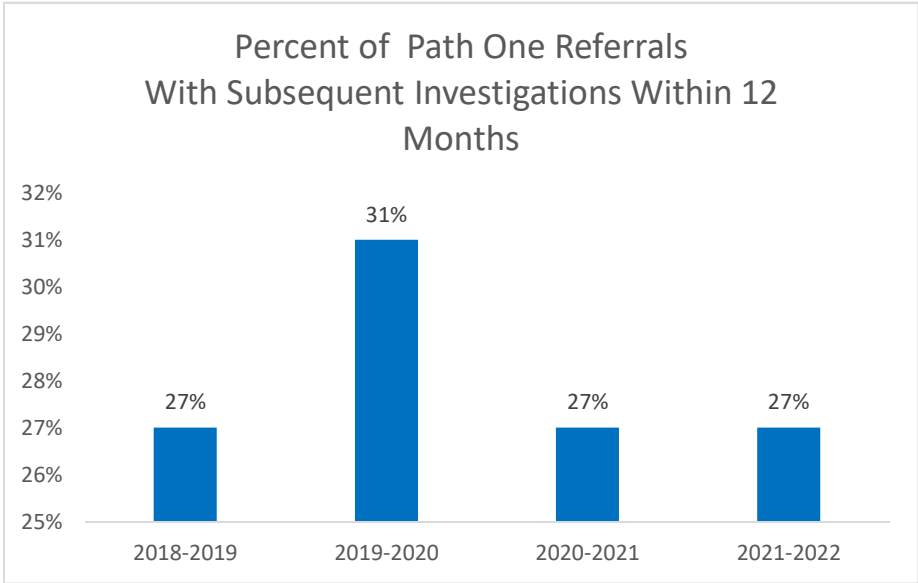
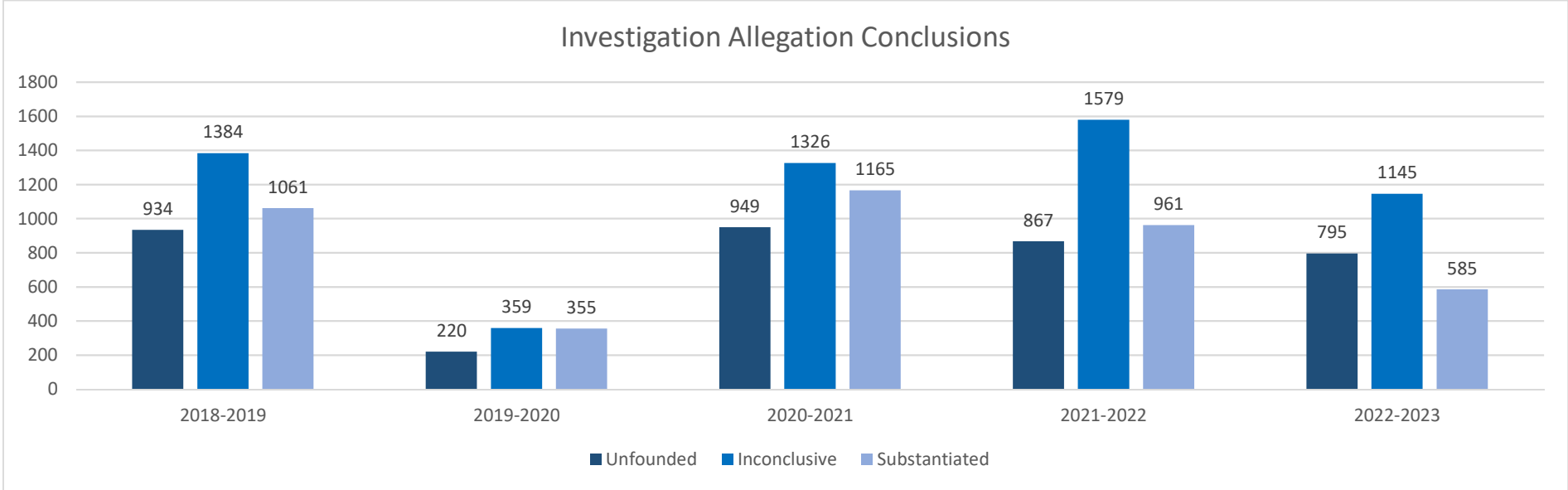
All years are August 1, through June 31. Except 2022-2023, which is August 1 through June 22



All years are August 1, through June 31. Except 2022-2023, which is August 1 through June 22



All years are August 1, through June 31. Except 2022-2023, which is August 1 through June 22



Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Reposne Type	Count	%
Path 3	945	26.1%
Path 2	1789	49.4%
Path 1	884	24.4%
Grand Total	3618	100.0%

No Zip Code
188

North Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95350	74	7.8%	209	11.7%	94	10.6%	360	10.0%
95355	72	7.6%	171	9.6%	79	8.9%	296	8.2%
95356	36	3.8%	72	4.0%	44	5.0%	135	3.7%
95358	65	6.9%	121	6.8%	67	7.6%	234	6.5%
Total	247	26.1%	573	32.0%	284	32.1%	1025	28.33%

Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95351	116	12.3%	262	14.6%	109	12.3%	413	11.4%
95354	73	7.7%	143	8.0%	77	8.7%	260	7.2%
95358	65	6.9%	121	6.8%	67	7.6%	234	6.5%
Total	254	26.9%	526	29.4%	253	28.6%	907	25.1%

Hughson Waterford	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95316	8	0.8%	13	0.7%	6	0.7%	24	0.7%
95319	10	1.1%	13	0.7%	1	0.1%	8	0.2%
95323	3	0.3%	6	0.3%	2	0.2%	9	0.2%
95326	9	1.0%	24	1.3%	16	1.8%	36	1.0%
95329	0	0.0%	0	0.0%	2	0.2%	4	0.1%
95357	13	1.4%	43	2.4%	18	2.0%	74	2.0%
95386	20	2.1%	39	2.2%	12	1.4%	63	1.7%
Total	63	6.7%	138	7.7%	57	6.4%	218	6.0%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Turlock	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95380	72	7.6%	139	7.8%	52	5.9%	238	6.6%
95382	21	2.2%	37	2.1%	30	3.4%	112	3.1%
Total	93	9.8%	176	9.8%	82	9.3%	350	9.7%

Westside/Paterson	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95356	36	3.8%	72	4.0%	44	5.0%	135	3.7%
95360	21	2.2%	28	1.6%	23	2.6%	61	1.7%
95387	2	0.2%	1	0.1%	1	0.1%	2	0.1%
95313	1	0.1%	6	0.3%	2	0.2%	8	0.2%
Total	60	6.3%	107	6.0%	70	7.9%	206	5.7%

Ceres	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95307	71	7.5%	138	7.7%	107	12.1%	264	7.3%
95328	5	0.5%	14	0.8%	7	0.8%	35	1.0%
Total	76	8.0%	152	8.5%	114	12.9%	299	8.3%

Oakdale	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95320	1	0.1%	0	0.0%	0	0.0%	1	0.0%
95361	45	4.8%	78	4.4%	32	3.6%	163	4.5%
95367	34	3.6%	54	3.0%	18	2.0%	109	3.0%
Total	80	8.5%	132	7.4%	50	5.7%	273	7.5%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Reposne Type	Count	%
Path 3	953	29.1%
Path 2	1566	47.7%
Path 1	761	23.2%
Grand Total	3280	100.0%

No Zip Code
144

North Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95350	89	9.3%	211	13.5%	75	9.9%	341	10.4%
95355	79	8.3%	155	9.9%	78	10.2%	295	9.0%
95356	25	2.6%	78	5.0%	42	5.5%	133	4.1%
95358	56	5.9%	97	6.2%	47	6.2%	214	6.5%
Total	249	26.1%	541	34.5%	242	31.8%	983	29.97%

Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95351	119	12.5%	238	15.2%	90	11.8%	394	12.0%
95354	83	8.7%	123	7.9%	62	8.1%	245	7.5%
95358	56	5.9%	97	6.2%	47	6.2%	214	6.5%
Total	258	27.1%	458	29.2%	199	26.1%	853	26.0%

Hughson Waterford	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95316	3	0.3%	13	0.8%	5	0.7%	23	0.7%
95319	8	0.8%	8	0.5%	7	0.9%	14	0.4%
95323	3	0.3%	1	0.1%	2	0.3%	9	0.3%
95326	7	0.7%	13	0.8%	10	1.3%	30	0.9%
95329	0	0.0%	2	0.1%	1	0.1%	3	0.1%
95357	16	1.7%	26	1.7%	13	1.7%	69	2.1%
95386	19	2.0%	24	1.5%	20	2.6%	71	2.2%
Total	56	5.9%	87	5.6%	58	7.6%	219	6.7%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Turlock	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95380	70	7.3%	110	7.0%	61	8.0%	247	7.5%
95382	33	3.5%	42	2.7%	24	3.2%	106	3.2%
Total	103	10.8%	152	9.7%	85	11.2%	353	10.8%

Westside/Paterson	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95356	25	2.6%	78	5.0%	42	5.5%	133	4.1%
95360	20	2.1%	24	1.5%	14	1.8%	52	1.6%
95387	1	0.1%	1	0.1%	0	0.0%	1	0.0%
95313	1	0.1%	2	0.1%	0	0.0%	6	0.2%
Total	47	4.9%	105	6.7%	56	7.4%	192	5.9%

Ceres	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95307	74	7.8%	88	5.6%	69	9.1%	226	6.9%
95328	10	1.0%	9	0.6%	5	0.7%	33	1.0%
Total	84	8.8%	97	6.2%	74	9.7%	259	7.9%

Oakdale	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95320	0	0.0%	0	0.0%	0	0.0%	1	0.0%
95361	44	4.6%	60	3.8%	37	4.9%	168	5.1%
95367	23	2.4%	63	4.0%	35	4.6%	126	3.8%
Total	67	7.0%	123	7.9%	72	9.5%	295	9.0%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Reposne Type	Count	%
Path 3	893	24.0%
Path 2	1841	49.6%
Path 1	980	26.4%
Grand Total	3714	100.0%

No Zip Code
190

North Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95350	86	9.6%	233	12.7%	109	11.1%	375	10.1%
95355	56	6.3%	201	10.9%	106	10.8%	323	8.7%
95356	29	3.2%	83	4.5%	39	4.0%	130	3.5%
95358	56	6.3%	107	5.8%	57	5.8%	224	6.0%
Total	227	25.4%	624	33.9%	311	31.7%	1052	28.33%

Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95351	115	12.9%	275	14.9%	126	12.9%	430	11.6%
95354	55	6.2%	154	8.4%	71	7.2%	254	6.8%
95358	56	6.3%	107	5.8%	57	5.8%	224	6.0%
Total	226	25.3%	536	29.1%	254	25.9%	908	24.4%

Hughson Waterford	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95316	2	0.2%	14	0.8%	4	0.4%	22	0.6%
95319	9	1.0%	10	0.5%	10	1.0%	17	0.5%
95323	2	0.2%	1	0.1%	2	0.2%	9	0.2%
95326	7	0.8%	23	1.2%	9	0.9%	29	0.8%
95329	1	0.1%	2	0.1%	2	0.2%	4	0.1%
95357	15	1.7%	32	1.7%	16	1.6%	72	1.9%
95386	19	2.1%	32	1.7%	30	3.1%	81	2.2%
Total	55	6.2%	114	6.2%	73	7.4%	234	6.3%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Turlock	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95380	74	8.3%	119	6.5%	81	8.3%	267	7.2%
95382	22	2.5%	76	4.1%	43	4.4%	125	3.4%
Total	96	10.8%	195	10.6%	124	12.7%	392	10.6%

Westside/Paterson	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95356	29	3.2%	83	4.5%	39	4.0%	130	3.5%
95360	11	1.2%	25	1.4%	16	1.6%	54	1.5%
95387	0	0.0%	0	0.0%	0	0.0%	1	0.0%
95313	1	0.1%	3	0.2%	4	0.4%	10	0.3%
Total	41	4.6%	111	6.0%	59	6.0%	195	5.3%

Ceres	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95307	69	7.7%	120	6.5%	82	8.4%	239	6.4%
95328	8	0.9%	12	0.7%	11	1.1%	39	1.1%
Total	77	8.6%	132	7.2%	93	9.5%	278	7.5%

Oakdale	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95320	0	0.0%	0	0.0%	0	0.0%	1	0.0%
95361	42	4.7%	90	4.9%	35	3.6%	166	4.5%
95367	32	3.6%	68	3.7%	40	4.1%	131	3.5%
Total	74	8.3%	158	8.6%	75	7.7%	298	8.0%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Reposne Type	Count	%
Path 3	797	20.1%
Path 2	1849	46.6%
Path 1	1326	33.4%
Grand Total	3972	100.0%

No Zip Code
132

North Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95350	73	9.2%	241	13.0%	156	11.8%	422	10.6%
95355	45	5.6%	214	11.6%	144	10.9%	361	9.1%
95356	30	3.8%	74	4.0%	49	3.7%	140	3.5%
95358	60	7.5%	130	7.0%	71	5.4%	238	6.0%
Total	208	26.1%	659	35.6%	420	31.7%	1161	29.23%

Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95351	96	12.0%	249	13.5%	141	10.6%	445	11.2%
95354	56	7.0%	150	8.1%	95	7.2%	278	7.0%
95358	60	7.5%	130	7.0%	71	5.4%	238	6.0%
Total	212	26.6%	529	28.6%	307	23.2%	961	24.2%

Hughson Waterford	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95316	7	0.9%	17	0.9%	8	0.6%	26	0.7%
95319	4	0.5%	11	0.6%	8	0.6%	15	0.4%
95323	2	0.3%	4	0.2%	2	0.2%	9	0.2%
95326	10	1.3%	17	0.9%	15	1.1%	35	0.9%
95329	1	0.1%	2	0.1%	2	0.2%	4	0.1%
95357	16	2.0%	31	1.7%	18	1.4%	74	1.9%
95386	14	1.8%	43	2.3%	30	2.3%	81	2.0%
Total	54	6.8%	125	6.8%	83	6.3%	244	6.1%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Turlock	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95380	66	8.3%	127	6.9%	107	8.1%	293	7.4%
95382	34	4.3%	61	3.3%	45	3.4%	127	3.2%
Total	100	12.5%	188	10.2%	152	11.5%	420	10.6%

Westside/Paterson	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95356	30	3.8%	74	4.0%	49	3.7%	140	3.5%
95360	19	2.4%	32	1.7%	34	2.6%	72	1.8%
95387	2	0.3%	2	0.1%	2	0.2%	3	0.1%
95313	2	0.3%	2	0.1%	1	0.1%	7	0.2%
Total	53	6.6%	110	5.9%	86	6.5%	222	5.6%

Ceres	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95307	65	8.2%	140	7.6%	128	9.7%	285	7.2%
95328	7	0.9%	17	0.9%	12	0.9%	40	1.0%
Total	72	9.0%	157	8.5%	140	10.6%	325	8.2%

Oakdale	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95320	0	0.0%	1	0.1%	0	0.0%	1	0.0%
95361	33	4.1%	69	3.7%	57	4.3%	188	4.7%
95367	25	3.1%	51	2.8%	51	3.8%	142	3.6%
Total	58	7.3%	121	6.5%	108	8.1%	331	8.3%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Reposne Type	Count	%
Path 3	714	18.2%
Path 2	1675	42.8%
Path 1	1529	39.0%
Grand Total	3918	100.0%

No Zip Code
150

North Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95350	56	7.8%	210	12.5%	171	11.2%	437	11.2%
95355	53	7.4%	164	9.8%	169	11.1%	386	9.9%
95356	23	3.2%	68	4.1%	72	4.7%	163	4.2%
95358	57	8.0%	110	6.6%	91	6.0%	258	6.6%
Total	189	26.5%	552	33.0%	503	32.9%	1244	31.75%

Modesto	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95351	97	13.6%	207	12.4%	227	14.8%	531	13.6%
95354	54	7.6%	129	7.7%	88	5.8%	271	6.9%
95358	57	8.0%	110	6.6%	91	6.0%	258	6.6%
Total	208	29.1%	446	26.6%	406	26.6%	1060	27.1%

Hughson Waterford	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95316	4	0.6%	14	0.8%	18	1.2%	36	0.9%
95319	3	0.4%	4	0.2%	7	0.5%	14	0.4%
95323	3	0.4%	4	0.2%	2	0.1%	9	0.2%
95326	6	0.8%	14	0.8%	16	1.0%	36	0.9%
95329	0	0.0%	2	0.1%	2	0.1%	4	0.1%
95357	16	2.2%	40	2.4%	24	1.6%	80	2.0%
95386	14	2.0%	37	2.2%	48	3.1%	99	2.5%
Total	46	6.4%	115	6.9%	117	7.7%	278	7.1%

Report shows the total number of Referrals received to between 8/1/20 through 6/31/21 by zip code and response path. There were 132 Referrals with No Zip Code not included in the zip code break down.

Turlock	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95380	60	8.4%	126	7.5%	114	7.5%	300	7.7%
95382	21	2.9%	61	3.6%	64	4.2%	146	3.7%
Total	81	11.3%	187	11.2%	178	11.6%	446	11.4%

Westside/Paterson	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95356	23	3.2%	68	4.1%	72	4.7%	163	4.2%
95360	14	2.0%	24	1.4%	33	2.2%	71	1.8%
95387	0	0.0%	1	0.1%	2	0.1%	3	0.1%
95313	3	0.4%	3	0.2%	2	0.1%	8	0.2%
Total	40	5.6%	96	5.7%	109	7.1%	245	6.3%

Ceres	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95307	39	5.5%	118	7.0%	127	8.3%	284	7.2%
95328	9	1.3%	19	1.1%	10	0.7%	38	1.0%
Total	48	6.7%	137	8.2%	137	9.0%	322	8.2%

Oakdale	Path 3	% of Path 3	Path 2	% of Path 2	Path 1	% Path 1	Total Count	% of ALL
95320	1	0.1%	0	0.0%	0	0.0%	1	0.0%
95361	29	4.1%	102	6.1%	69	4.5%	200	5.1%
95367	29	4.1%	62	3.7%	52	3.4%	143	3.6%
Total	59	8.3%	164	9.8%	121	7.9%	344	8.8%

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2018 through 6/30/2019 by Zip Code Area

All				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	52	10	70	132
Caretaker Absence/Incapacity	19	18	32	69
Emotional Abuse	289	11	55	355
Exploitation	1	3	3	7
General Neglect	559	840	293	1692
Physical Abuse	318	62	304	684
Severe Neglect	26	65	17	108
Sexual Abuse	120	52	160	332
Grand Total	1384	1061	934	3379

North Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	14	1	25	40
Caretaker Absence/Incapacity	3	4	7	14
Emotional Abuse	104	5	19	128
Exploitation			1	1
General Neglect	171	255	89	515
Physical Abuse	86	22	81	189
Severe Neglect	7	17	4	28
Sexual Abuse	34	14	44	92
Grand Total	419	318	270	1007

Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	17	2	18	37
Caretaker Absence/Incapacity	5	6	7	18
Emotional Abuse	91	1	22	114
Exploitation			1	1
General Neglect	159	250	87	496
Physical Abuse	77	21	87	185
Severe Neglect	7	23	4	34
Sexual Abuse	29	9	40	78
Grand Total	385	312	266	963

Hughson Waterford				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	5		3	8
Caretaker Absence/Incapacity		1	4	5
Emotional Abuse	18	1	4	23
Exploitation		1		1
General Neglect	50	70	18	138
Physical Abuse	25	6	19	50
Severe Neglect	2	4	1	7
Sexual Abuse	6	5	10	21
Grand Total	106	88	59	253

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2018 through 6/30/2019 by Zip Code Area

Turlock				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	3	2	8	13
Caretaker Absence/Incapacity	3		2	5
Emotional Abuse	23	1	4	28
Exploitation		1		1
General Neglect	68	70	32	170
Physical Abuse	43	2	27	72
Severe Neglect	1	6	4	11
Sexual Abuse	10	5	18	33
Grand Total	151	87	95	333

Westside Paterson				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	3		7	10
Caretaker Absence/Incapacity	1	2	1	4
Emotional Abuse	21	2	4	27
Exploitation		1		1
General Neglect	35	38	22	95
Physical Abuse	26	3	17	46
Severe Neglect	1	5	2	8
Sexual Abuse	11	2	9	22
Grand Total	98	53	62	213

Ceres				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	8	1	6	15
Caretaker Absence/Incapacity	1	2	4	7
Emotional Abuse	18	3	1	22
General Neglect	40	67	22	129
Physical Abuse	35	4	37	76
Severe Neglect	1	1	1	3
Sexual Abuse	11	6	12	29
Grand Total	114	84	83	281

Oakdale				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	3		4	7
Caretaker Absence/Incapacity	1	1	3	5
Emotional Abuse	24		6	30
General Neglect	52	60	22	134
Physical Abuse	26	7	19	52
Severe Neglect	5	6	2	13
Sexual Abuse	10	4	7	21
Grand Total	121	78	63	262

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2019 through 6/30/2020 by Zip Code Area

All				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	172	42	223	437
Caretaker Absence/Incapacity	12	26	19	57
Emotional Abuse	201	18	55	274
Exploitation	4	2		6
General Neglect	495	937	313	1745
Physical Abuse	225	47	149	421
Severe Neglect	8	58	7	73
Sexual Abuse	114	64	96	274
Grand Total	1231	1194	862	3287

North Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	42	12	70	124
Caretaker Absence/Incapacity	2	9	7	18
Emotional Abuse	77	7	20	104
Exploitation	2	1		3
General Neglect	154	305	87	546
Physical Abuse	70	16	41	127
Severe Neglect		14	4	18
Sexual Abuse	26	25	22	73
Grand Total	373	389	251	1013

Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	49	14	52	115
Caretaker Absence/Incapacity	4	4	6	14
Emotional Abuse	60	9	20	89
Exploitation		1		1
General Neglect	153	281	81	515
Physical Abuse	56	10	40	106
Severe Neglect	3	19		22
Sexual Abuse	34	17	21	72
Grand Total	359	355	220	934

Hughson Waterford				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	15	1	16	32
Caretaker Absence/Incapacity	1	2	1	4
Emotional Abuse	15		3	18
General Neglect	27	51	17	95
Physical Abuse	21	3	3	27
Severe Neglect	1	2		3
Sexual Abuse	7	6	6	19
Grand Total	87	65	46	198

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2019 through 6/30/2020 by Zip Code Area

Turlock				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	18	5	32	55
Caretaker Absence/Incapacity	2	4	1	7
Emotional Abuse	8	1	6	15
General Neglect	51	85	37	173
Physical Abuse	23	5	20	48
Severe Neglect		9	2	11
Sexual Abuse	14	5	17	36
Grand Total	116	114	115	345

Westside Paterson				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	10	5	14	29
Caretaker Absence/Incapacity		1		1
Emotional Abuse	13	3	7	23
General Neglect	24	61	23	108
Physical Abuse	11	5	8	24
Severe Neglect	2	4	1	7
Sexual Abuse	5	5	4	14
Grand Total	65	84	57	206

Ceres				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	9	6	19	34
Caretaker Absence/Incapacity	1	2	2	5
Emotional Abuse	11		1	12
General Neglect	34	64	24	122
Physical Abuse	9	8	13	30
Severe Neglect		7		7
Sexual Abuse	7	5	9	21
Grand Total	71	92	68	231

Oakdale				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	13	2	21	36
Caretaker Absence/Incapacity	1	1		2
Emotional Abuse	19		3	22
General Neglect	37	77	24	138
Physical Abuse	17	2	12	31
Severe Neglect		4		4
Sexual Abuse	5	3	9	17
Grand Total	92	89	69	250

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2020 through 6/30/2021 by Zip Code Area

All				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	159	28	230	417
Caretaker Absence/Incapacity	8	25	26	59
Emotional Abuse	231	3	61	295
Exploitation	3	1	2	6
General Neglect	590	944	348	1882
Physical Abuse	197	33	155	385
Severe Neglect	7	49	7	63
Sexual Abuse	131	82	120	333
Grand Total	1326	1165	949	3440

North Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	47	8	75	130
Caretaker Absence/Incapacity	4	8	11	23
Emotional Abuse	99	3	17	119
Exploitation	1			1
General Neglect	162	302	77	541
Physical Abuse	67	10	49	126
Severe Neglect	1	12	2	15
Sexual Abuse	31	31	33	95
Grand Total	412	374	264	1050

Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	46	10	65	121
Caretaker Absence/Incapacity	2	6	4	12
Emotional Abuse	61	1	17	79
Exploitation	2		1	3
General Neglect	173	293	84	550
Physical Abuse	43	9	39	91
Severe Neglect	4	13		17
Sexual Abuse	35	27	27	89
Grand Total	366	359	237	962

Hughson Waterford				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	13	1	11	25
Caretaker Absence/Incapacity	1	2	3	6
Emotional Abuse	12		5	17
Exploitation			1	1
General Neglect	42	50	18	110
Physical Abuse	17	2	5	24
Severe Neglect		6		6
Sexual Abuse	12	3	9	24

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2020 through 6/30/2021 by Zip Code Area

Turlock				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	21	3	36	60
Caretaker Absence/Incapacity		3	4	7
Emotional Abuse	15		7	22
General Neglect	61	99	54	214
Physical Abuse	23	4	15	42
Severe Neglect		5		5
Sexual Abuse	16	6	20	42
Grand Total	136	120	136	392

Westside Paterson				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	4	1	14	19
Caretaker Absence/Incapacity	1	2		3
Emotional Abuse	15		5	20
General Neglect	33	49	11	93
Physical Abuse	12	3	8	23
Severe Neglect		2		2
Sexual Abuse	4	8	8	20
Grand Total	69	65	46	180

Ceres				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	16	6	18	40
Caretaker Absence/Incapacity		1		1
Emotional Abuse	11		8	19
General Neglect	49	62	29	140
Physical Abuse	19	2	13	34
Severe Neglect		3	1	4
Sexual Abuse	15	10	12	37
Grand Total	110	84	81	275

Oakdale				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	11	3	19	33
Caretaker Absence/Incapacity		2	1	3
Emotional Abuse	20		5	25
General Neglect	40	91	42	173
Physical Abuse	14	4	12	30
Severe Neglect	1	5		6
Sexual Abuse	9	5	10	24
Grand Total	95	110	89	294

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2021 through 6/30/2022 by Zip Code Area

All				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	242	28	235	505
Caretaker Absence/Incapacity	8	24	18	50
Emotional Abuse	306	2	52	360
Exploitation	4	2		6
General Neglect	568	771	263	1602
Physical Abuse	305	24	176	505
Severe Neglect	20	72	9	101
Sexual Abuse	126	38	114	278
Grand Total	1579	961	867	3407

North Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	84	8	66	158
Caretaker Absence/Incapacity		6	4	10
Emotional Abuse	127		26	153
Exploitation	1			1
General Neglect	180	250	72	502
Physical Abuse	105	9	48	162
Severe Neglect	8	17	3	28
Sexual Abuse	37	15	36	88
Grand Total	542	305	255	1102

Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	69	8	64	141
Caretaker Absence/Incapacity		8	4	12
Emotional Abuse	84		17	101
Exploitation	1			1
General Neglect	178	223	87	488
Physical Abuse	76	6	44	126
Severe Neglect	4	21	3	28
Sexual Abuse	32	12	26	70
Grand Total	444	278	245	967

Hughson Waterford				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	15	2	24	41
Caretaker Absence/Incapacity		2	2	4
Emotional Abuse	16		1	17
General Neglect	43	53	14	110
Physical Abuse	24	2	11	37
Severe Neglect	1	4		5
Sexual Abuse	9	1	11	21
Grand Total	108	64	63	235

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2021 through 6/30/2022 by Zip Code Area

Turlock				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	33	6	29	68
Caretaker Absence/Incapacity	2	2	1	5
Emotional Abuse	23		5	28
Exploitation	1	2		3
General Neglect	66	82	23	171
Physical Abuse	43	3	16	62
Severe Neglect		12	3	15
Sexual Abuse	15	4	17	36
Grand Total	183	111	94	388

Westside Paterson				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	18	2	15	35
Caretaker Absence/Incapacity		1	2	3
Emotional Abuse	19		1	20
General Neglect	32	38	16	86
Physical Abuse	25	3	9	37
Severe Neglect	2	4		6
Sexual Abuse	8	3	8	19
Grand Total	104	51	51	206

Ceres				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	28	1	27	56
Caretaker Absence/Incapacity	3	1	3	7
Emotional Abuse	25		6	31
General Neglect	51	42	34	127
Physical Abuse	27	3	25	55
Severe Neglect	3	4	1	8
Sexual Abuse	15	2	11	28
Grand Total	152	53	107	312

Oakdale				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	10	1	22	33
Caretaker Absence/Incapacity	1			1
Emotional Abuse	18	1	4	23
General Neglect	34	63	12	109
Physical Abuse	16	1	17	34
Severe Neglect		9		9
Sexual Abuse	9	3	8	20
Grand Total	88	78	63	229

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2022 through 6/22/2023 by Zip Code Area

All				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	160	24	214	398
Caretaker Absence/Incapacity	8	25	24	57
Emotional Abuse	248		56	304
Exploitation	7	2	3	12
General Neglect	429	441	231	1101
Physical Abuse	173	21	187	381
Severe Neglect	23	37	6	66
Sexual Abuse	97	35	74	206
Grand Total	1145	585	795	2525

North Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	48	8	63	119
Caretaker Absence/Incapacity	3	7	8	18
Emotional Abuse	89		14	103
Exploitation	1		1	2
General Neglect	140	124	71	335
Physical Abuse	56	6	55	117
Severe Neglect	7	6	1	14
Sexual Abuse	29	12	16	57
Grand Total	373	163	229	765

Modesto				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	44	10	57	111
Caretaker Absence/Incapacity	2	9	10	21
Emotional Abuse	71		17	88
Exploitation			1	1
General Neglect	109	136	66	311
Physical Abuse	46	6	44	96
Severe Neglect	2	15	1	18
Sexual Abuse	18	10	18	46
Grand Total	292	186	214	692

Hughson Waterford				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	12		24	36
Caretaker Absence/Incapacity	1		3	4
Emotional Abuse	15		5	20
Exploitation	1			1
General Neglect	32	23	11	66
Physical Abuse	11		13	24
Severe Neglect	2	5	1	8
Sexual Abuse	7	4	6	17

Most Serious Allegation Conclusion for Investigated Referrals Received from 8/1/2022 through 6/22/2023 by Zip Code Area

Turlock				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	26	1	28	55
Caretaker Absence/Incapacity		4	2	6
Emotional Abuse	30		6	36
Exploitation	4	1		5
General Neglect	50	45	23	118
Physical Abuse	24	3	21	48
Severe Neglect	3	5	1	9
Sexual Abuse	11	4	12	27
Grand Total	148	63	93	304

Westside Paterson				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	4	4	16	24
Caretaker Absence/Incapacity	1		1	2
Emotional Abuse	18		2	20
General Neglect	27	19	15	61
Physical Abuse	10	4	8	22
Severe Neglect	1			1
Sexual Abuse	9	1	5	15
Grand Total	70	28	47	145

Ceres				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	11	1	18	30
Caretaker Absence/Incapacity	2	1	1	4
Emotional Abuse	12		8	20
General Neglect	35	36	21	92
Physical Abuse	11	2	21	34
Severe Neglect	1	2		3
Sexual Abuse	13	1	7	21
Grand Total	85	43	76	204

Oakdale				
Allegation Type	Allegation Conclusion			Grand Total
	Inconclusive	Substantiated	Unfounded	
At Risk, Sibling Abused	24		21	45
Caretaker Absence/Incapacity		1		1
Emotional Abuse	30		4	34
General Neglect	29	41	21	91
Physical Abuse	23	2	15	40
Severe Neglect	5	3	2	10
Sexual Abuse	10	4	9	23
Grand Total	121	51	72	244

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2018 through 6/30/2019 by Zip Code Area

All	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	182
Child Dead Prior To Referral Date	5
Child Died During Investigation	9
Child Does Not Exist	1
Child Emancipated/Reached Majority	6
Child Not At Risk	57
Child Not Involved in Incident	66
Child Placed For Adoption	1
Contact Attempted, Can't Locate	72
Loss Of Contact With Child	23
Open New CWD-CWS Case	300
Situation Stabilized	2657
Grand Total	3379

Turlock	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	5
Child Emancipated/Reached Majority	1
Child Not At Risk	6
Child Not Involved in Incident	5
Contact Attempted, Can't Locate	8
Loss Of Contact With Child	2
Open New CWD-CWS Case	21
Situation Stabilized	285
Grand Total	333

North Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	23
Child Dead Prior To Referral Date	1
Child Not At Risk	20
Child Not Involved in Incident	18
Contact Attempted, Can't Locate	24
Loss Of Contact With Child	7
Open New CWD-CWS Case	78
Situation Stabilized	836
Grand Total	1007

Westside Paterson	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	4
Child Emancipated/Reached Majority	1
Child Not At Risk	6
Child Not Involved in Incident	4
Contact Attempted, Can't Locate	4
Open New CWD-CWS Case	17
Situation Stabilized	177
Grand Total	213

Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	37
Child Dead Prior To Referral Date	1
Child Died During Investigation	4
Child Does Not Exist	1
Child Emancipated/Reached Majority	2
Child Not At Risk	12
Child Not Involved in Incident	19
Contact Attempted, Can't Locate	17
Loss Of Contact With Child	5
Open New CWD-CWS Case	98
Situation Stabilized	767
Grand Total	963

Ceres	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	5
Child Not At Risk	7
Child Not Involved in Incident	8
Contact Attempted, Can't Locate	1
Loss Of Contact With Child	1
Open New CWD-CWS Case	23
Situation Stabilized	236
Grand Total	281

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2018 through 6/30/2019 by Zip Code Area

Hughson Waterford	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	8
Child Dead Prior To Referral Date	2
Child Died During Investigation	2
Child Not At Risk	3
Child Not Involved in Incident	2
Contact Attempted, Can't Locate	8
Loss Of Contact With Child	2
Open New CWD-CWS Case	22
Situation Stabilized	204
Grand Total	253

Oakdale	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	3
Child Died During Investigation	1
Child Emancipated/Reached Majority	1
Child Not At Risk	2
Child Not Involved in Incident	7
Child Placed For Adoption	1
Contact Attempted, Can't Locate	10
Loss Of Contact With Child	2
Open New CWD-CWS Case	26
Situation Stabilized	209
Grand Total	262

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2019 through 6/30/2020 by Zip Code Area

All	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	158
Child Already in a Non-CWD Case	2
Child Dead Prior To Referral Date	3
Child Died During Investigation	1
Child Does Not Exist	3
Child Emancipated/Reached Majority	1
Child Not At Risk	37
Child Not Involved in Incident	68
Contact Attempted, Can't Locate	42
Loss Of Contact With Child	16
Open New CWD-CWS Case	311
Situation Stabilized	2645
Grand Total	3287

Turlock	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	5
Child Not At Risk	4
Child Not Involved in Incident	6
Contact Attempted, Can't Locate	3
Open New CWD-CWS Case	35
Situation Stabilized	292
Grand Total	345

North Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	22
Child Already in a Non-CWD Case	1
Child Does Not Exist	1
Child Emancipated/Reached Majority	1
Child Not At Risk	18
Child Not Involved in Incident	20
Contact Attempted, Can't Locate	16
Loss Of Contact With Child	4
Open New CWD-CWS Case	102
Situation Stabilized	828
Grand Total	1013

Westside Paterson	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	7
Child Dead Prior To Referral Date	1
Child Not At Risk	2
Child Not Involved in Incident	5
Contact Attempted, Can't Locate	5
Open New CWD-CWS Case	15
Situation Stabilized	168
Grand Total	203

Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	35
Child Already in a Non-CWD Case	1
Child Dead Prior To Referral Date	2
Child Died During Investigation	1
Child Emancipated/Reached Majority	1
Child Not At Risk	7
Child Not Involved in Incident	18
Contact Attempted, Can't Locate	9
Loss Of Contact With Child	6
Open New CWD-CWS Case	103
Situation Stabilized	751
Grand Total	934

Ceres	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	12
Child Not At Risk	1
Child Not Involved in Incident	4
Contact Attempted, Can't Locate	1
Open New CWD-CWS Case	27
Situation Stabilized	186
Grand Total	231

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2019 through 6/30/2020 by Zip Code Area

Hughson Waterford	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	3
Child Not At Risk	1
Child Not Involved in Incident	8
Contact Attempted, Can't Locate	2
Open New CWD-CWS Case	14
Situation Stabilized	168
Grand Total	196

Oakdale	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	3
Child Does Not Exist	1
Child Not At Risk	7
Child Not Involved in Incident	5
Contact Attempted, Can't Locate	3
Loss Of Contact With Child	1
Open New CWD-CWS Case	16
Situation Stabilized	214
Grand Total	250

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2020 through 6/30/2021 by Zip Code Area

All	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	211
Child Already in a Non-CWD Case	1
Child Dead Prior To Referral Date	9
Child Died During Investigation	2
Child Emancipated/Reached Majority	5
Child Not At Risk	21
Child Not Involved in Incident	40
Contact Attempted, Can't Locate	41
Loss Of Contact With Child	17
Open New CWD-CWS Case	247
Situation Stabilized	2846
Grand Total	3440

Turlock	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	13
Child Not At Risk	3
Child Not Involved in Incident	6
Contact Attempted, Can't Locate	2
Open New CWD-CWS Case	28
Situation Stabilized	340
Grand Total	392

North Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	27
Child Dead Prior To Referral Date	4
Child Died During Investigation	2
Child Emancipated/Reached Majority	1
Child Not At Risk	4
Child Not Involved in Incident	13
Contact Attempted, Can't Locate	11
Loss Of Contact With Child	5
Open New CWD-CWS Case	66
Situation Stabilized	917
Grand Total	1050

Westside Paterson	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	1
Child Not Involved in Incident	2
Contact Attempted, Can't Locate	3
Loss Of Contact With Child	1
Open New CWD-CWS Case	11
Situation Stabilized	162
Grand Total	180

Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	29
Child Already in a Non-CWD Case	1
Child Dead Prior To Referral Date	4
Child Emancipated/Reached Majority	3
Child Not At Risk	8
Child Not Involved in Incident	9
Contact Attempted, Can't Locate	14
Loss Of Contact With Child	5
Open New CWD-CWS Case	77
Situation Stabilized	812
Grand Total	962

Ceres	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	8
Child Dead Prior To Referral Date	1
Child Not Involved in Incident	3
Contact Attempted, Can't Locate	3
Open New CWD-CWS Case	26
Situation Stabilized	234
Grand Total	275

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2020 through 6/30/2021 by Zip Code Area

Hughson Waterford	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	5
Child Not At Risk	2
Child Not Involved in Incident	4
Contact Attempted, Can't Locate	2
Loss Of Contact With Child	2
Open New CWD-CWS Case	11
Situation Stabilized	184
Grand Total	210

Oakdale	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	7
Child Not At Risk	1
Child Not Involved in Incident	2
Contact Attempted, Can't Locate	4
Loss Of Contact With Child	2
Open New CWD-CWS Case	23
Situation Stabilized	255
Grand Total	294

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2021 through 6/30/2022 by Zip Code Area

All	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	141
Child Dead Prior To Referral Date	5
Child Died During Investigation	2
Child Does Not Exist	1
Child Emancipated/Reached Majority	6
Child Not At Risk	30
Child Not Involved in Incident	38
Child Placed For Adoption	2
Contact Attempted, Can't Locate	49
Loss Of Contact With Child	8
Open New CWD-CWS Case	173
Situation Stabilized	2952
Grand Total	3407

Turlock	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	8
Child Not At Risk	7
Child Not Involved in Incident	7
Child Placed For Adoption	2
Contact Attempted, Can't Locate	7
Open New CWD-CWS Case	13
Situation Stabilized	344
Grand Total	388

North Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	26
Child Dead Prior To Referral Date	2
Child Died During Investigation	1
Child Does Not Exist	1
Child Emancipated/Reached Majority	1
Child Not At Risk	4
Child Not Involved in Incident	10
Contact Attempted, Can't Locate	25
Loss Of Contact With Child	1
Open New CWD-CWS Case	47
Situation Stabilized	984
Grand Total	1102

Westside Paterson	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	3
Child Not At Risk	2
Child Not Involved in Incident	2
Contact Attempted, Can't Locate	3
Open New CWD-CWS Case	11
Situation Stabilized	185
Grand Total	206

Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	17
Child Dead Prior To Referral Date	2
Child Died During Investigation	2
Child Emancipated/Reached Majority	2
Child Not At Risk	9
Child Not Involved in Incident	11
Contact Attempted, Can't Locate	15
Loss Of Contact With Child	1
Open New CWD-CWS Case	51
Situation Stabilized	857
Grand Total	967

Ceres	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	9
Child Dead Prior To Referral Date	1
Child Emancipated/Reached Majority	1
Child Not At Risk	4
Child Not Involved in Incident	5
Contact Attempted, Can't Locate	2
Open New CWD-CWS Case	15
Situation Stabilized	275
Grand Total	312

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2021 through 6/30/2022 by Zip Code Area

Hughson Waterford	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	7
Child Dead Prior To Referral Date	1
Child Emancipated/Reached Majority	3
Child Not At Risk	1
Child Not Involved in Incident	1
Contact Attempted, Can't Locate	4
Loss Of Contact With Child	1
Open New CWD-CWS Case	10
Situation Stabilized	203
Grand Total	231

Oakdale	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	1
Child Not At Risk	1
Child Not Involved in Incident	2
Loss Of Contact With Child	1
Open New CWD-CWS Case	14
Situation Stabilized	210
Grand Total	229

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2022 through 6/30/2023 by Zip Code Area

All	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	113
Child Already in a Non-CWD Case	1
Child Dead Prior To Referral Date	1
Child Died During Investigation	1
Child Does Not Exist	1
Child Emancipated/Reached Majority	5
Child Not At Risk	18
Child Not Involved in Incident	29
Child Placed For Adoption	1
Contact Attempted, Can't Locate	22
Loss Of Contact With Child	4
Open New CWD-CWS Case	148
Situation Stabilized	2191
Grand Total	2539

Turlock	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	3
Child Already in a Non-CWD Case	1
Child Emancipated/Reached Majority	1
Child Not At Risk	2
Child Not Involved in Incident	1
Contact Attempted, Can't Locate	2
Open New CWD-CWS Case	18
Situation Stabilized	278
Grand Total	306

North Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	14
Child Emancipated/Reached Majority	2
Child Not At Risk	3
Child Not Involved in Incident	9
Contact Attempted, Can't Locate	7
Loss Of Contact With Child	2
Open New CWD-CWS Case	43
Situation Stabilized	689
Grand Total	769

Westside Paterson	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	1
Child Not At Risk	1
Child Not Involved in Incident	2
Contact Attempted, Can't Locate	1
Open New CWD-CWS Case	10
Situation Stabilized	131
Grand Total	146

Modesto	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	28
Child Not At Risk	4
Child Not Involved in Incident	7
Contact Attempted, Can't Locate	8
Loss Of Contact With Child	1
Open New CWD-CWS Case	51
Situation Stabilized	596
Grand Total	696

Ceres	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	7
Child Died During Investigation	1
Child Emancipated/Reached Majority	1
Child Not Involved in Incident	4
Contact Attempted, Can't Locate	1
Loss Of Contact With Child	1
Open New CWD-CWS Case	14
Situation Stabilized	175
Grand Total	205

Child Client Referral Disposition On All Investigated Referrals Received from 8/1/2022 through 6/30/2023 by Zip Code Area

Hughson Waterford	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	8
Child Not At Risk	3
Child Not Involved in Incident	3
Contact Attempted, Can't Locate	2
Open New CWD-CWS Case	3
Situation Stabilized	156
Grand Total	175

Oakdale	
Client Referral Dispo Type	Count
Child Already in a CWD-CWS Case	3
Child Dead Prior To Referral Date	1
Child Emancipated/Reached Majority	1
Child Not At Risk	3
Child Not Involved in Incident	4
Child Placed For Adoption	1
Open New CWD-CWS Case	8
Situation Stabilized	226
Grand Total	248

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	236	27%
New Case	22	2%
Removals	14	2%

Number of Orginal Path 1 Referrals	884
---	------------

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	24	10.2%	1	4.5%	0	0.0%
95355	30	12.7%	4	18.2%	2	14.3%
95356	6	2.5%	0	0.0%	0	0.0%
95358	26	11.0%	2	9.1%	0	0.0%
Total	86	36.4%	7	31.8%	2	14.3%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	26	11.0%	0	0.0%	4	28.6%
95354	30	12.7%	2	9.1%	0	0.0%
95358	26	11.0%	2	9.1%	0	0.0%
Total	82	34.7%	4	18.2%	4	28.6%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	0	0.0%	0	0.0%	0	0.0%
95319	2	0.8%	0	0.0%	0	0.0%
95323	1	0.4%	2	9.1%	0	0.0%
95326	4	1.7%	3	13.6%	0	0.0%
95329	0	0.0%	0	0.0%	0	0.0%
95357	6	2.5%	0	0.0%	0	0.0%
95386	1	0.4%	0	0.0%	0	0.0%
Total	14	5.9%	5	22.7%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
Turlock	Count	%	Count	%	Count	%
95380	8	3.4%	2	9.1%	3	21.4%
95382	7	3.0%	0	0.0%	0	0.0%
Total	15	6.4%	2	9.1%	3	21.4%

	Investigation		Open New Case		Removals	
Westside/Paterson	Count	%	Count	%	Count	%
95356	6	2.5%	0	0.0%	0	0.0%
95360	6	2.5%	0	0.0%	0	0.0%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	12	5.1%	0	0.0%	0	0.0%

	Investigation		Open New Case		Removals	
Ceres	Count	%	Count	%	Count	%
95307	29	12.3%	2	9.1%	0	0.0%
95328	0	0.0%	0	0.0%	0	0.0%
Total	29	12.3%	2	9.1%	0	0.0%

	Investigation		Open New Case		Removals	
Oakdale	Count	%	Count	%	Count	%
95320	0	0.0%	0	0.0%	0	0.0%
95361	1	0.4%	0	0.0%	0	0.0%
95367	5	2.1%	0	0.0%	0	0.0%
Total	6	2.5%	0	0.0%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	243	31%
New Case	19	2%
Removals	12	2%

Number of Orginal Path 1 Referrals 776

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	34	14.0%	2	10.5%	3	25.0%
95355	18	7.4%	1	5.3%	1	8.3%
95356	15	6.2%	2	10.5%	0	0.0%
95358	11	4.5%	1	5.3%	1	8.3%
Total	78	32.1%	6	31.6%	5	41.7%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	36	14.8%	3	15.8%	1	8.3%
95354	22	9.1%	0	0.0%	0	0.0%
95358	11	4.5%	1	5.3%	1	8.3%
Total	69	28.4%	4	21.1%	2	16.7%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	3	1.2%	0	0.0%	0	0.0%
95319	1	0.4%	0	0.0%	0	0.0%
95323	1	0.4%	0	0.0%	0	0.0%
95326	0	0.0%	0	0.0%	0	0.0%
95329	0	0.0%	0	0.0%	0	0.0%
95357	4	1.6%	0	0.0%	0	0.0%
95386	7	2.9%	0	0.0%	0	0.0%
Total	16	6.6%	0	0.0%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
Turlock	Count	%	Count	%	Count	%
95380	22	9.1%	0	0.0%	0	0.0%
95382	10	4.1%	0	0.0%	0	0.0%
Total	32	13.2%	0	0.0%	0	0.0%

	Investigation		Open New Case		Removals	
Westside/Paterson	Count	%	Count	%	Count	%
95356	15	6.2%	2	10.5%	0	0.0%
95360	2	0.8%	0	0.0%	0	0.0%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	17	7.0%	2	10.5%	0	0.0%

	Investigation		Open New Case		Removals	
Ceres	Count	%	Count	%	Count	%
95307	22	9.1%	7	36.8%	1	8.3%
95328	0	0.0%	0	0.0%	0	0.0%
Total	22	9.1%	7	36.8%	1	8.3%

	Investigation		Open New Case		Removals	
Oakdale	Count	%	Count	%	Count	%
95320	0	0.0%	0	0.0%	0	0.0%
95361	6	2.5%	1	5.3%	0	0.0%
95367	8	3.3%	0	0.0%	3	25.0%
Total	14	5.8%	1	5.3%	3	25.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	264	27%
New Case	26	3%
Removals	18	2%

Number of Orginal Path 1 Referrals	980
------------------------------------	-----

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	33	12.5%	3	11.5%	0	0.0%
95355	32	12.1%	0	0.0%	2	11.1%
95356	8	3.0%	1	3.8%	0	0.0%
95358	14	5.3%	1	3.8%	0	0.0%
Total	87	33.0%	5	19.2%	2	11.1%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	42	15.9%	9	34.6%	4	22.2%
95354	28	10.6%	2	7.7%	0	0.0%
95358	14	5.3%	1	3.8%	0	0.0%
Total	84	31.8%	12	46.2%	4	22.2%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	1	0.4%	0	0.0%	0	0.0%
95319	5	1.9%	2	7.7%	0	0.0%
95323	0	0.0%	0	0.0%	0	0.0%
95326	4	1.5%	0	0.0%	0	0.0%
95329	1	0.4%	0	0.0%	0	0.0%
95357	4	1.5%	0	0.0%	0	0.0%
95386	8	3.0%	0	0.0%	0	0.0%
Total	23	8.7%	2	7.7%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
Turlock	Count	%	Count	%	Count	%
95380	17	6.4%	0	0.0%	3	16.7%
95382	12	4.5%	1	3.8%	0	0.0%
Total	29	11.0%	1	3.8%	3	16.7%

	Investigation		Open New Case		Removals	
Westside/Paterson	Count	%	Count	%	Count	%
95356	8	3.0%	1	3.8%	0	0.0%
95360	4	1.5%	0	0.0%	0	0.0%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	12	4.5%	1	3.8%	0	0.0%

	Investigation		Open New Case		Removals	
Ceres	Count	%	Count	%	Count	%
95307	14	5.3%	5	19.2%	0	0.0%
95328	5	1.9%	0	0.0%	0	0.0%
Total	19	7.2%	5	19.2%	0	0.0%

	Investigation		Open New Case		Removals	
Oakdale	Count	%	Count	%	Count	%
95320	0	0.0%	0	0.0%	0	0.0%
95361	5	1.9%	0	0.0%	0	0.0%
95367	11	4.2%	1	3.8%	0	0.0%
Total	16	6.1%	1	3.8%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	356	27%
New Case	19	1%
Removals	14	1%

Number of Orginal Path 1 Referrals 1326

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	46	12.9%	6	31.6%	3	21.4%
95355	40	11.2%	0	0.0%	1	7.1%
95356	8	2.2%	2	10.5%	2	14.3%
95358	16	4.5%	1	5.3%	1	7.1%
Total	110	30.9%	9	47.4%	7	50.0%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	31	8.7%	1	5.3%	1	7.1%
95354	31	8.7%	2	10.5%	2	14.3%
95358	16	4.5%	1	5.3%	1	7.1%
Total	78	21.9%	4	21.1%	4	28.6%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	0	0.0%	0	0.0%	0	0.0%
95319	3	0.8%	0	0.0%	0	0.0%
95323	0	0.0%	0	0.0%	0	0.0%
95326	5	1.4%	0	0.0%	0	0.0%
95329	0	0.0%	0	0.0%	0	0.0%
95357	3	0.8%	0	0.0%	0	0.0%
95386	10	2.8%	0	0.0%	0	0.0%
Total	21	5.9%	0	0.0%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
Turlock	Count	%	Count	%	Count	%
95380	40	11.2%	0	0.0%	0	0.0%
95382	12	3.4%	0	0.0%	0	0.0%
Total	52	14.6%	0	0.0%	0	0.0%

	Investigation		Open New Case		Removals	
Westside/Paterson	Count	%	Count	%	Count	%
95356	8	2.2%	2	10.5%	2	14.3%
95360	7	2.0%	1	5.3%	1	7.1%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	15	4.2%	3	15.8%	3	21.4%

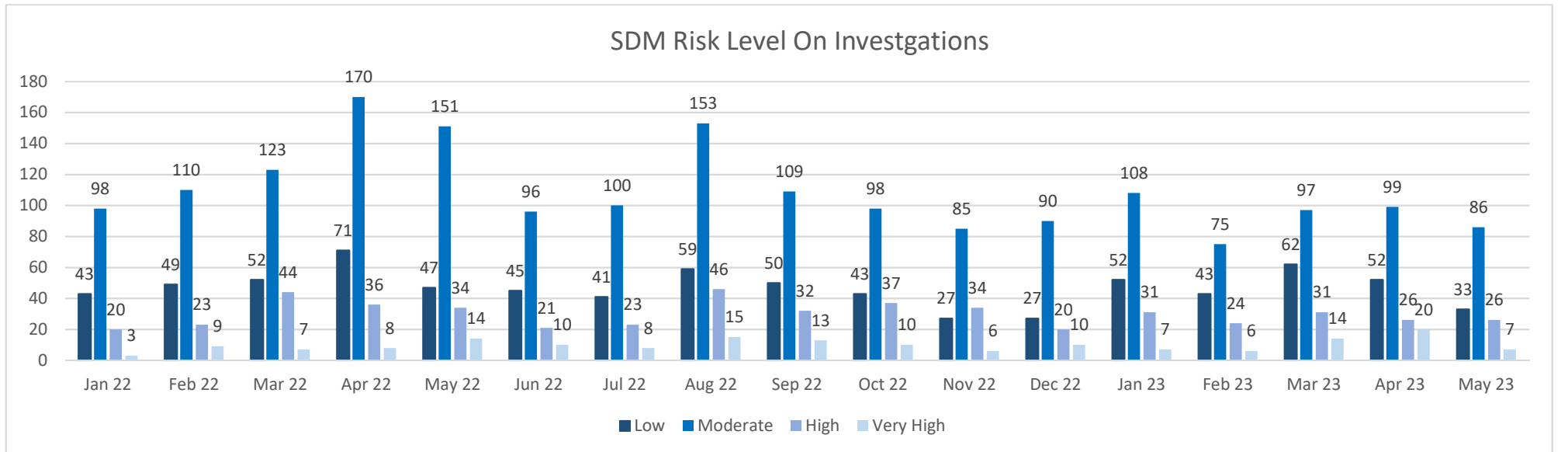
	Investigation		Open New Case		Removals	
Ceres	Count	%	Count	%	Count	%
95307	34	9.6%	5	26.3%	0	0.0%
95328	8	2.2%	0	0.0%	0	0.0%
Total	42	11.8%	5	26.3%	0	0.0%

	Investigation		Open New Case		Removals	
Oakdale	Count	%	Count	%	Count	%
95320	0	0.0%	0	0.0%	0	0.0%
95361	17	4.8%	0	0.0%	0	0.0%
95367	11	3.1%	0	0.0%	2	14.3%
Total	28	7.9%	0	0.0%	2	14.3%

All investigations with a completed SDM risk assessment received during indicated month

Risk Level	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Low	43	49	52	71	47	45	41	59	50	43	27	27	52	43	62	52	33
Moderate	98	110	123	170	151	96	100	153	109	98	85	90	108	75	97	99	86
High	20	23	44	36	34	21	23	46	32	37	34	20	31	24	31	26	26
Very High	3	9	7	8	14	10	8	15	13	10	6	10	7	6	14	20	7
Total	164	191	226	285	246	172	172	273	204	188	152	147	198	148	204	197	152

Risk Level	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Low	26.2%	25.7%	23.0%	24.9%	19.1%	26.2%	23.8%	21.6%	24.5%	22.9%	17.8%	18.4%	26.3%	29.1%	30.4%	26.4%	21.7%
Moderate	59.8%	57.6%	54.4%	59.6%	61.4%	55.8%	58.1%	56.0%	53.4%	52.1%	55.9%	61.2%	54.5%	50.7%	47.5%	50.3%	56.6%
High	12.2%	12.0%	19.5%	12.6%	13.8%	12.2%	13.4%	16.8%	15.7%	19.7%	22.4%	13.6%	15.7%	16.2%	15.2%	13.2%	17.1%
Very High	1.8%	4.7%	3.1%	2.8%	5.7%	5.8%	4.7%	5.5%	6.4%	5.3%	3.9%	6.8%	3.5%	4.1%	6.9%	10.2%	4.6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



DATA PRESENTED ON THE FOLLOWING PAGES INCLUDES UPDATED FY DATA IN COMPARISON TO THE DATASETS ON THE PREVIOUS PAGES

**2022 Disparity Indices by Ethnicity
Stanislaus**

Selected Subset: Type of Analysis: Allegations

Ethnicity	Compared with Black	Compared with White	Compared with Latino	Compared with Asian	Compared with Native American
Black	1.0	2.7	2.7	4.3	2.7
White	0.4	1.0	1.0	1.6	1.0
Latino	0.4	1.0	1.0	1.6	1.0
Asian/P.I.	0.2	0.6	0.6	1.0	0.6
Nat Amer	0.4	1.0	1.0	1.6	1.0

Selected Subset: Type of Analysis: Investigations

Ethnicity	Compared with Black	Compared with White	Compared with Latino	Compared with Asian	Compared with Native American
Black	1.0	2.7	2.5	3.5	3.3
White	0.4	1.0	0.9	1.3	1.3
Latino	0.4	1.1	1.0	1.4	1.3
Asian/P.I.	0.3	0.8	0.7	1.0	1.0
Nat Amer	0.3	0.8	0.8	1.1	1.0

Selected Subset: Type of Analysis: Substantiated Allegations

Ethnicity	Compared with Black	Compared with White	Compared with Latino	Compared with Asian	Compared with Native American
Black	1.0	2.6	2.4	6.1	1.7
White	0.4	1.0	0.9	2.4	0.7
Latino	0.4	1.1	1.0	2.6	0.7
Asian/P.I.	0.2	0.4	0.4	1.0	0.3
Nat Amer	0.6	1.5	1.4	3.5	1.0

**2022 Disparity Indices by Ethnicity
Stanislaus**

Selected Subset: Type of Analysis: Entries

Ethnicity	Compared with Black	Compared with White	Compared with Latino	Compared with Asian	Compared with Native American
Black	1.0	3.9	5.3	20.1	.
White	0.3	1.0	1.4	5.1	.
Latino	0.2	0.7	1.0	3.8	.
Asian/P.I.	0.1	0.2	0.3	1.0	.
Nat Amer	0.0	0.0	0.0	0.0	.

Selected Subset: Type of Analysis: In Care

Ethnicity	Compared with Black	Compared with White	Compared with Latino	Compared with Asian	Compared with Native American
Black	1.0	3.7	5.0	12.1	1.9
White	0.3	1.0	1.3	3.2	0.5
Latino	0.2	0.8	1.0	2.4	0.4
Asian/P.I.	0.1	0.3	0.4	1.0	0.2
Nat Amer	0.5	2.0	2.6	6.3	1.0

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	236	27%
New Case	22	2%
Removals	14	2%

Number of Orginal Path 1 Referrals	884
------------------------------------	-----

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	24	10.2%	1	4.5%	0	0.0%
95355	30	12.7%	4	18.2%	2	14.3%
95356	6	2.5%	0	0.0%	0	0.0%
95358	26	11.0%	2	9.1%	0	0.0%
Total	86	36.4%	7	31.8%	2	14.3%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	26	11.0%	0	0.0%	4	28.6%
95354	30	12.7%	2	9.1%	0	0.0%
95358	26	11.0%	2	9.1%	0	0.0%
Total	82	34.7%	4	18.2%	4	28.6%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	0	0.0%	0	0.0%	0	0.0%
95319	2	0.8%	0	0.0%	0	0.0%
95323	1	0.4%	2	9.1%	0	0.0%
95326	4	1.7%	3	13.6%	0	0.0%
95329	0	0.0%	0	0.0%	0	0.0%
95357	6	2.5%	0	0.0%	0	0.0%
95386	1	0.4%	0	0.0%	0	0.0%
Total	14	5.9%	5	22.7%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
Turlock	Count	%	Count	%	Count	%
95380	8	3.4%	2	9.1%	3	21.4%
95382	7	3.0%	0	0.0%	0	0.0%
Total	15	6.4%	2	9.1%	3	21.4%

	Investigation		Open New Case		Removals	
Westside/Paterson	Count	%	Count	%	Count	%
95356	6	2.5%	0	0.0%	0	0.0%
95360	6	2.5%	0	0.0%	0	0.0%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	12	5.1%	0	0.0%	0	0.0%

	Investigation		Open New Case		Removals	
Ceres	Count	%	Count	%	Count	%
95307	29	12.3%	2	9.1%	0	0.0%
95328	0	0.0%	0	0.0%	0	0.0%
Total	29	12.3%	2	9.1%	0	0.0%

	Investigation		Open New Case		Removals	
Oakdale	Count	%	Count	%	Count	%
95320	0	0.0%	0	0.0%	0	0.0%
95361	1	0.4%	0	0.0%	0	0.0%
95367	5	2.1%	0	0.0%	0	0.0%
Total	6	2.5%	0	0.0%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	243	31%
New Case	19	2%
Removals	12	2%

Number of Orginal Path 1 Referrals 776

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	34	14.0%	2	10.5%	3	25.0%
95355	18	7.4%	1	5.3%	1	8.3%
95356	15	6.2%	2	10.5%	0	0.0%
95358	11	4.5%	1	5.3%	1	8.3%
Total	78	32.1%	6	31.6%	5	41.7%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	36	14.8%	3	15.8%	1	8.3%
95354	22	9.1%	0	0.0%	0	0.0%
95358	11	4.5%	1	5.3%	1	8.3%
Total	69	28.4%	4	21.1%	2	16.7%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	3	1.2%	0	0.0%	0	0.0%
95319	1	0.4%	0	0.0%	0	0.0%
95323	1	0.4%	0	0.0%	0	0.0%
95326	0	0.0%	0	0.0%	0	0.0%
95329	0	0.0%	0	0.0%	0	0.0%
95357	4	1.6%	0	0.0%	0	0.0%
95386	7	2.9%	0	0.0%	0	0.0%
Total	16	6.6%	0	0.0%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
	Count	%	Count	%	Count	%
Turlock						
95380	22	9.1%	0	0.0%	0	0.0%
95382	10	4.1%	0	0.0%	0	0.0%
Total	32	13.2%	0	0.0%	0	0.0%

	Investigation		Open New Case		Removals	
	Count	%	Count	%	Count	%
Westside/Paterson						
95356	15	6.2%	2	10.5%	0	0.0%
95360	2	0.8%	0	0.0%	0	0.0%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	17	7.0%	2	10.5%	0	0.0%

	Investigation		Open New Case		Removals	
	Count	%	Count	%	Count	%
Ceres						
95307	22	9.1%	7	36.8%	1	8.3%
95328	0	0.0%	0	0.0%	0	0.0%
Total	22	9.1%	7	36.8%	1	8.3%

	Investigation		Open New Case		Removals	
	Count	%	Count	%	Count	%
Oakdale						
95320	0	0.0%	0	0.0%	0	0.0%
95361	6	2.5%	1	5.3%	0	0.0%
95367	8	3.3%	0	0.0%	3	25.0%
Total	14	5.8%	1	5.3%	3	25.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	264	27%
New Case	26	3%
Removals	18	2%

Number of Orginal Path 1 Referrals	980
---	------------

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	33	12.5%	3	11.5%	0	0.0%
95355	32	12.1%	0	0.0%	2	11.1%
95356	8	3.0%	1	3.8%	0	0.0%
95358	14	5.3%	1	3.8%	0	0.0%
Total	87	33.0%	5	19.2%	2	11.1%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	42	15.9%	9	34.6%	4	22.2%
95354	28	10.6%	2	7.7%	0	0.0%
95358	14	5.3%	1	3.8%	0	0.0%
Total	84	31.8%	12	46.2%	4	22.2%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	1	0.4%	0	0.0%	0	0.0%
95319	5	1.9%	2	7.7%	0	0.0%
95323	0	0.0%	0	0.0%	0	0.0%
95326	4	1.5%	0	0.0%	0	0.0%
95329	1	0.4%	0	0.0%	0	0.0%
95357	4	1.5%	0	0.0%	0	0.0%
95386	8	3.0%	0	0.0%	0	0.0%
Total	23	8.7%	2	7.7%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
Turlock	Count	%	Count	%	Count	%
95380	17	6.4%	0	0.0%	3	16.7%
95382	12	4.5%	1	3.8%	0	0.0%
Total	29	11.0%	1	3.8%	3	16.7%

	Investigation		Open New Case		Removals	
Westside/Paterson	Count	%	Count	%	Count	%
95356	8	3.0%	1	3.8%	0	0.0%
95360	4	1.5%	0	0.0%	0	0.0%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	12	4.5%	1	3.8%	0	0.0%

	Investigation		Open New Case		Removals	
Ceres	Count	%	Count	%	Count	%
95307	14	5.3%	5	19.2%	0	0.0%
95328	5	1.9%	0	0.0%	0	0.0%
Total	19	7.2%	5	19.2%	0	0.0%

	Investigation		Open New Case		Removals	
Oakdale	Count	%	Count	%	Count	%
95320	0	0.0%	0	0.0%	0	0.0%
95361	5	1.9%	0	0.0%	0	0.0%
95367	11	4.2%	1	3.8%	0	0.0%
Total	16	6.1%	1	3.8%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

Reposne Type	Count	%
Investgation	356	27%
New Case	19	1%
Removals	14	1%

Number of Orginal Path 1 Referrals	1326
------------------------------------	------

	Investigation		Open New Case		Removals	
North Modesto	Count	%	Count	%	Count	%
95350	46	12.9%	6	31.6%	3	21.4%
95355	40	11.2%	0	0.0%	1	7.1%
95356	8	2.2%	2	10.5%	2	14.3%
95358	16	4.5%	1	5.3%	1	7.1%
Total	110	30.9%	9	47.4%	7	50.0%

	Investigation		Open New Case		Removals	
Modesto	Count	%	Count	%	Count	%
95351	31	8.7%	1	5.3%	1	7.1%
95354	31	8.7%	2	10.5%	2	14.3%
95358	16	4.5%	1	5.3%	1	7.1%
Total	78	21.9%	4	21.1%	4	28.6%

	Investigation		Open New Case		Removals	
Hughson Waterford	Count	%	Count	%	Count	%
95316	0	0.0%	0	0.0%	0	0.0%
95319	3	0.8%	0	0.0%	0	0.0%
95323	0	0.0%	0	0.0%	0	0.0%
95326	5	1.4%	0	0.0%	0	0.0%
95329	0	0.0%	0	0.0%	0	0.0%
95357	3	0.8%	0	0.0%	0	0.0%
95386	10	2.8%	0	0.0%	0	0.0%
Total	21	5.9%	0	0.0%	0	0.0%

Path One Referrals with Subsequent Investigations Within 12 Months- Investigations By Referral - Open New Case Removal by Child

	Investigation		Open New Case		Removals	
Turlock	Count	%	Count	%	Count	%
95380	40	11.2%	0	0.0%	0	0.0%
95382	12	3.4%	0	0.0%	0	0.0%
Total	52	14.6%	0	0.0%	0	0.0%

	Investigation		Open New Case		Removals	
Westside/Paterson	Count	%	Count	%	Count	%
95356	8	2.2%	2	10.5%	2	14.3%
95360	7	2.0%	1	5.3%	1	7.1%
95387	0	0.0%	0	0.0%	0	0.0%
95313	0	0.0%	0	0.0%	0	0.0%
Total	15	4.2%	3	15.8%	3	21.4%

	Investigation		Open New Case		Removals	
Ceres	Count	%	Count	%	Count	%
95307	34	9.6%	5	26.3%	0	0.0%
95328	8	2.2%	0	0.0%	0	0.0%
Total	42	11.8%	5	26.3%	0	0.0%

	Investigation		Open New Case		Removals	
Oakdale	Count	%	Count	%	Count	%
95320	0	0.0%	0	0.0%	0	0.0%
95361	17	4.8%	0	0.0%	0	0.0%
95367	11	3.1%	0	0.0%	2	14.3%
Total	28	7.9%	0	0.0%	2	14.3%

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2018-2019 State Fiscal Year

All				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	73	54	10	137
Caretaker Absence/Incapacity	33	22	21	76
Emotional Abuse	60	307	15	382
Exploitation	3	2	3	8
General Neglect	312	604	917	1833
Physical Abuse	309	333	65	707
Severe Neglect	19	28	68	115
Sexual Abuse	175	132	54	361
Grand Total	984	1482	1153	3619

North Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	18	10	1	29
Caretaker Absence/Incapacity	6	1	2	9
Emotional Abuse	16	83	8	107
Exploitation	1			1
General Neglect	75	143	223	441
Physical Abuse	60	69	17	146
Severe Neglect	5	7	17	29
Sexual Abuse	36	30	12	78
Grand Total	217	343	280	840

Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	18	19	2	39
Caretaker Absence/Incapacity	7	5	7	19
Emotional Abuse	23	94	1	118
Exploitation	1			1
General Neglect	91	175	266	532
Physical Abuse	88	83	23	194
Severe Neglect	5	8	23	36
Sexual Abuse	44	31	9	84
Grand Total	277	415	331	1023

Hughson Waterford				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused		3		3
Caretaker Absence/Incapacity	2		1	3
Emotional Abuse	4	15	1	20
Exploitation			1	1
General Neglect	17	38	50	105
Physical Abuse	12	16	2	30
Severe Neglect	1	1	4	6
Sexual Abuse	8	4	2	14
Grand Total	44	77	61	182

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2018-2019 State Fiscal Year

Turlock				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	8	3	2	13
Caretaker Absence/Incapacity	2	5		7
Emotional Abuse	4	24	2	30
Exploitation			1	1
General Neglect	32	74	82	188
Physical Abuse	27	44	2	73
Severe Neglect	4	1	6	11
Sexual Abuse	18	11	5	34
Grand Total	95	162	100	357

Westside Paterson				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	7	3		10
Caretaker Absence/Incapacity	1	1	2	4
Emotional Abuse	4	21	2	27
Exploitation			1	1
General Neglect	25	36	42	103
Physical Abuse	18	26	3	47
Severe Neglect	3	1	5	9
Sexual Abuse	10	11	2	23
Grand Total	68	99	57	224

Ceres				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	7	8	1	16
Caretaker Absence/Incapacity	4	1	3	8
Emotional Abuse	1	20	3	24
General Neglect	23	41	71	135
Physical Abuse	37	36	4	77
Severe Neglect	1	1	1	3
Sexual Abuse	15	15	6	36
Grand Total	88	122	89	299

Oakdale				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	4	3		7
Caretaker Absence/Incapacity	3	2	1	6
Emotional Abuse	7	25		32
Exploitation		1		1
General Neglect	24	54	68	146
Physical Abuse	19	28	7	54
Severe Neglect	2	5	7	14
Sexual Abuse	8	12	4	24
Grand Total	67	130	87	284

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2019-2020 State Fiscal Year

All				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	235	177	43	455
Caretaker Absence/Incapacity	22	13	29	64
Emotional Abuse	59	217	19	295
Exploitation		4	2	6
General Neglect	341	525	1022	1888
Physical Abuse	160	228	53	441
Severe Neglect	7	10	64	81
Sexual Abuse	100	118	69	287
Grand Total	924	1292	1301	3517

North Modesto				
Allegation Type	Allegation Conclusion			
	Inconclusive	Substantiated	Unfounded	Grand Total
At Risk, Sibling Abused	56	36	11	103
Caretaker Absence/Incapacity	5	2	5	12
Emotional Abuse	16	70	7	93
Exploitation		2		2
General Neglect	76	129	263	468
Physical Abuse	37	61	13	111
Severe Neglect	4		12	16
Sexual Abuse	19	20	18	57
Grand Total	213	320	329	862

Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	53	50	14	117
Caretaker Absence/Incapacity	6	4	5	15
Emotional Abuse	22	64	9	95
Exploitation			1	1
General Neglect	91	165	315	571
Physical Abuse	40	57	12	109
Severe Neglect		4	20	24
Sexual Abuse	21	34	18	73
Grand Total	233	378	394	1005

Hughson Waterford				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	12	11	1	24
Caretaker Absence/Incapacity	1	1	1	3
Emotional Abuse	2	12		14
General Neglect	14	17	34	65
Physical Abuse	3	15	1	19
Severe Neglect		1	2	3
Sexual Abuse	2	6	5	13
Grand Total	34	63	44	141

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2019-2020 State Fiscal Year

Turlock				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	36	19	5	60
Caretaker Absence/Incapacity	1	2	5	8
Emotional Abuse	7	10	1	18
General Neglect	40	51	91	182
Physical Abuse	23	24	6	53
Severe Neglect	2	1	9	12
Sexual Abuse	18	16	5	39
Grand Total	127	123	122	372

Westside Paterson				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	15	11	5	31
Caretaker Absence/Incapacity			2	2
Emotional Abuse	7	15	3	25
General Neglect	24	26	67	117
Physical Abuse	9	11	5	25
Severe Neglect	1	2	5	8
Sexual Abuse	4	6	5	15
Grand Total	60	71	92	223

Ceres				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	20	9	6	35
Caretaker Absence/Incapacity	3	2	2	7
Emotional Abuse	1	12		13
General Neglect	24	37	69	130
Physical Abuse	15	9	9	33
Severe Neglect			9	9
Sexual Abuse	10	7	6	23
Grand Total	73	76	101	250

Oakdale				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	21	13	2	36
Caretaker Absence/Incapacity		1	1	2
Emotional Abuse	3	19		22
General Neglect	27	41	83	151
Physical Abuse	12	17	3	32
Severe Neglect			5	5
Sexual Abuse	9	5	3	17
Grand Total	72	96	97	265

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2020-2021 State Fiscal Year

All				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	249	166	30	445
Caretaker Absence/Incapacity	27	12	28	67
Emotional Abuse	63	244	3	310
Exploitation	2	6	1	9
General Neglect	375	632	1013	2020
Physical Abuse	161	204	39	404
Severe Neglect	7	8	56	71
Sexual Abuse	129	138	87	354
Grand Total	1013	1410	1257	3680

North Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	63	37	4	104
Caretaker Absence/Incapacity	10	4	8	22
Emotional Abuse	14	92	2	108
Exploitation		1		1
General Neglect	67	153	248	468
Physical Abuse	40	60	8	108
Severe Neglect	2	1	13	16
Sexual Abuse	26	29	19	74
Grand Total	222	377	302	901

Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	68	47	10	125
Caretaker Absence/Incapacity	4	2	6	12
Emotional Abuse	18	64	1	83
Exploitation	1	3		4
General Neglect	88	182	310	580
Physical Abuse	39	44	11	94
Severe Neglect		4	14	18
Sexual Abuse	27	35	28	90
Grand Total	245	381	380	1006

Hughson Waterford				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	8	9		17
Caretaker Absence/Incapacity	1		2	3
Emotional Abuse	3	11		14
General Neglect	11	33	36	80
Physical Abuse	5	9	2	16
Severe Neglect			3	3
Sexual Abuse	8	8	2	18
Grand Total	36	70	45	151

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2020-2021 State Fiscal Year

Turlock				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	39	21	4	64
Caretaker Absence/Incapacity	4	1	3	8
Emotional Abuse	7	16		23
General Neglect	56	68	110	234
Physical Abuse	16	24	5	45
Severe Neglect			5	5
Sexual Abuse	23	18	7	48
Grand Total	145	148	134	427

Westside Paterson				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	16	4	1	21
Caretaker Absence/Incapacity		1	2	3
Emotional Abuse	5	15		20
General Neglect	11	34	52	97
Physical Abuse	8	12	3	23
Severe Neglect			2	2
Sexual Abuse	8	5	8	21
Grand Total	48	71	68	187

Ceres				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	21	17	6	44
Caretaker Absence/Incapacity			1	1
Emotional Abuse	8	11		19
General Neglect	31	51	66	148
Physical Abuse	14	20	3	37
Severe Neglect	1		3	4
Sexual Abuse	13	15	11	39
Grand Total	88	114	90	292

Oakdale				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	19	13	3	35
Caretaker Absence/Incapacity	1	1	2	4
Emotional Abuse	5	22		27
General Neglect	45	43	101	189
Physical Abuse	12	14	4	30
Severe Neglect		2	9	11
Sexual Abuse	12	10	6	28
Grand Total	94	105	125	324

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2021-2022 State Fiscal Year

All				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	255	248	30	533
Caretaker Absence/Incapacity	21	8	26	55
Emotional Abuse	56	329	3	388
Exploitation		5	2	7
General Neglect	294	612	855	1761
Physical Abuse	186	313	29	528
Severe Neglect	9	21	79	109
Sexual Abuse	125	136	41	302
Grand Total	946	1672	1065	3683

North Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	49	66	7	122
Caretaker Absence/Incapacity	5		5	10
Emotional Abuse	16	116		132
Exploitation		1		1
General Neglect	62	146	224	432
Physical Abuse	39	83	9	131
Severe Neglect	2	7	15	24
Sexual Abuse	30	32	11	73
Grand Total	203	451	271	925

Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	68	70	9	147
Caretaker Absence/Incapacity	5		9	14
Emotional Abuse	18	91		109
Exploitation		1		1
General Neglect	90	188	241	519
Physical Abuse	44	80	8	132
Severe Neglect	3	4	25	32
Sexual Abuse	27	34	13	74
Grand Total	255	468	305	1028

Hughson Waterford				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	18	11	2	31
Caretaker Absence/Incapacity	1		2	3
Emotional Abuse	1	8	1	10
General Neglect	10	30	44	84
Physical Abuse	9	17	2	28
Severe Neglect		1	3	4
Sexual Abuse	5	9	1	15
Grand Total	44	76	55	175

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2021-2022 State Fiscal Year

Turlock				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	34	33	6	73
Caretaker Absence/Incapacity	1	2	2	5
Emotional Abuse	5	26		31
Exploitation		1	2	3
General Neglect	27	73	89	189
Physical Abuse	18	43	3	64
Severe Neglect	3		12	15
Sexual Abuse	20	15	4	39
Grand Total	108	193	118	419

Westside Paterson				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	17	20	2	39
Caretaker Absence/Incapacity	2		1	3
Emotional Abuse	2	23		25
General Neglect	21	38	46	105
Physical Abuse	11	26	3	40
Severe Neglect		2	5	7
Sexual Abuse	9	9	5	23
Grand Total	62	118	62	242

Ceres				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	27	28	1	56
Caretaker Absence/Incapacity	4	3	1	8
Emotional Abuse	7	25		32
General Neglect	37	54	47	138
Physical Abuse	26	27	3	56
Severe Neglect	1	3	5	9
Sexual Abuse	11	16	2	29
Grand Total	113	156	59	328

Oakdale				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	24	12	1	37
Caretaker Absence/Incapacity		1		1
Emotional Abuse	4	18	1	23
General Neglect	15	36	71	122
Physical Abuse	17	17	1	35
Severe Neglect			9	9
Sexual Abuse	10	9	3	22
Grand Total	70	93	86	249

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2022-2023 State Fiscal Year

All				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	252	188	25	465
Caretaker Absence/Incapacity	26	9	25	60
Emotional Abuse	61	302		363
Exploitation	3	8	2	13
General Neglect	259	494	546	1299
Physical Abuse	206	201	22	429
Severe Neglect	7	32	45	84
Sexual Abuse	83	122	50	255
Grand Total	897	1356	715	2968

North Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	47	44	8	99
Caretaker Absence/Incapacity	5	2	4	11
Emotional Abuse	12	88		100
Exploitation	1	1		2
General Neglect	63	130	120	313
Physical Abuse	47	55	5	107
Severe Neglect	1	9	6	16
Sexual Abuse	13	27	13	53
Grand Total	189	356	156	701

Modesto				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	64	47	10	121
Caretaker Absence/Incapacity	10	2	9	21
Emotional Abuse	18	83		101
Exploitation	1			1
General Neglect	70	123	169	362
Physical Abuse	49	50	6	105
Severe Neglect	2	4	17	23
Sexual Abuse	20	23	11	54
Grand Total	234	332	222	788

Hughson Waterford				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	22	8		30
Caretaker Absence/Incapacity	3	1		4
Emotional Abuse	4	13		17
Exploitation		1		1
General Neglect	10	23	17	50
Physical Abuse	12	8		20
Severe Neglect	1	2	4	7
Sexual Abuse	5	5	4	14
Grand Total	57	61	25	143

Most Serious Allegation Conclusion for Investigated Referrals Received in the 2022-2023 State Fiscal Year

Turlock				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	36	31	1	68
Caretaker Absence/Incapacity	2	1	4	7
Emotional Abuse	7	40		47
Exploitation		4	1	5
General Neglect	25	61	52	138
Physical Abuse	22	28	3	53
Severe Neglect	1	8	6	15
Sexual Abuse	12	15	5	32
Grand Total	105	188	72	365

Westside Paterson				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	17	4	4	25
Caretaker Absence/Incapacity	1	1		2
Emotional Abuse	2	22		24
General Neglect	15	30	27	72
Physical Abuse	10	12	4	26
Severe Neglect		1		1
Sexual Abuse	6	9	1	16
Grand Total	51	79	36	166

Ceres				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	20	12	1	33
Caretaker Absence/Incapacity	2	2	1	5
Emotional Abuse	8	14		22
General Neglect	25	36	41	102
Physical Abuse	22	14	3	39
Severe Neglect		1	3	4
Sexual Abuse	7	17	1	25
Grand Total	84	96	50	230

Oakdale				
Allegation Type	Allegation Conclusion			
	Unfounded	Inconclusive	Substantiated	Grand Total
At Risk, Sibling Abused	29	29		58
Caretaker Absence/Incapacity			1	1
Emotional Abuse	4	36		40
Exploitation		1		1
General Neglect	24	35	53	112
Physical Abuse	16	26	1	43
Severe Neglect	2	5	5	12
Sexual Abuse	11	14	8	33
Grand Total	86	146	68	300

State Fiscal Year 2018-2019

Closure Reason	Count
Adoption Finalized/Former Foster Parent	41
Adoption Finalized/Non-Relative	30
Adoption Finalized/Relative	53
Grand Total	124

Closure Reason	Count
Guardianship Established/Child Placed	28
Grand Total	28

State Fiscal Year 2019-2020

Closure Reason	Count
Adoption Finalized/Former Foster Parent	43
Adoption Finalized/Non-Relative	25
Adoption Finalized/Relative	22
Grand Total	90

Closure Reason	Count
Guardianship Established/Child Placed	56
Grand Total	56

State Fiscal Year 2020-2021

Closure Reason	Count
Adoption Finalized/Former Foster Parent	49
Adoption Finalized/Non-Relative	38
Adoption Finalized/Relative	35
Grand Total	122

Closure Reason	Count
Guardianship Established/Child Placed	36
Grand Total	36

State Fiscal Year 2021-2022

Closure Reason	Count
Adoption Finalized/Former Foster Parent	40
Adoption Finalized/Non-Relative	28
Adoption Finalized/Relative	59
Grand Total	127

Closure Reason	Count
Guardianship Established/Child Placed	32
Grand Total	32

State Fiscal Year 2022-2023

Closure Reason	Count
Adoption Finalized/Former Foster Parent	15
Adoption Finalized/Non-Relative	10
Adoption Finalized/Relative	20
Grand Total	45

Closure Reason	Count
Guardianship Established/Child Placed	21
Grand Total	21

Open Children in FM 0-5	
Age	Count
0	25
1	11
2	10
3	17
4	9
5	8
Grand Total	80

**Stanislaus County
County-wide Absenteeism Rates
Pre-pandemic versus Post-pandemic**

Race / Ethnicity	Chronic Absenteeism Rate 2018-19	Chronic Absenteeism Rate 2021-22	Difference
African American	18.7%	45.2%	+26.50%
American Indian or Alaska Native	17.2%	36.9%	+19.70%
Asian	5.9%	20.3%	+14.40%
Filipino	4.4%	15.1%	+10.70%
Hispanic or Latino	11.8%	38.5%	+26.70%
Pacific Islander	12.1%	33.4%	+21.30%
White	10.3%	29.4%	+19.10%
Two or More Races	13.1%	36.4%	+23.30%
Not Reported	10.1%	34.6%	+24.50%
Countywide	11.3%	35.5%	+24.20%

Subgroup	Chronic Absenteeism Rate 2018-19	Chronic Absenteeism Rate 2021-22	Difference
English Learners	9.6%	38.1%	28.5%
Foster Youth	25.5%	44.7%	19.2%
Homeless Youth	31.6%	55.9%	24.3%
Migrant Education	9.7%	37.5%	27.8%
Students with Disabilities	17.9%	44.8%	26.9%
Socioeconomically Disadvantaged	13.4%	40.6%	27.2%
Countywide	11.3%	35.5%	+24.20%

Source: California Department of Education, DataQuest. Retrieved from dq.cde.ca.gov/Dataquest/

Attachment 2: Asset Mapping

See the following pages for the Asset Mapping tools and Findings

MOTIVATION FOR CHANGE

	Forces Impeding Progress	Forces Supporting Progress
<p>Stakeholders buy in: Stakeholders state change is needed and would be beneficial</p>	<ul style="list-style-type: none"> • Some stakeholders are resistant • Territorial • Funding • Motivated in our arenas, but bringing the network together • Many organizations doing the same thing and not working together • Funding • More political leader involvement 	<ul style="list-style-type: none"> • Central Collaborative LGBTQ Collaborative • Yes, always open to change and always committed • Willingness to collaborate
<p>Collective commitment to change: There is shared commitment for change among the key leaders, orgs, and communities.</p>	<ul style="list-style-type: none"> • Leadership changes • Loss of knowledge • Different philosophies • Some out of touch with line staff • Frequent staff changes – continuity • Leadership • People are resistant to change • Too many changes increase workload dramatically • Different ideas at what needs to change but no common ground 	<ul style="list-style-type: none"> • Commitment to work actually being about families and not just numbers and data • Yes El Concilio • Central California LGBTQ Collaborative Yes! • Positive intention for change with partners • Progress forward <ul style="list-style-type: none"> ✓ Accountability ✓ More leadership training

PROVIDER CAPACITY

	Forces Impeding Progress	Forces Supporting Progress
Communication: Agencies & community partners have effective processes in place for communication about change and new initiatives	<ul style="list-style-type: none"> • Not having dedicated infrastructure, resources and time • Not always mindful of who to invite to the conversations • Learning curve – don't know what you don't know. • Communication in regard to change and new initiatives can be improved • Provider capacity 	<ul style="list-style-type: none"> • CSEC meetings with multiple partners engaged • 209 task force with multiple stakeholders invited • A lot of informal, collaborative relationships that are effective • Yes El Concillio • Central California LGBTQ Collaborative Yes!
Cross-Sector Communication: Leaders practice reflective, supportive communication	<ul style="list-style-type: none"> • Competition between agencies • Uh, not happening. Lots of pressure to produce outcomes • We speak different languages – lack of understanding each other's systems • May be less open/transparent in a group without built trust 	<ul style="list-style-type: none"> • Central California LGBTQ Collaborative Yes! • Yes, El Concilio
Organizational Stability: There is stability among leadership in our organizations and community partners	<ul style="list-style-type: none"> • Lots of turnover during COVID • Seem to have a lot of changes in leadership in recent years • Lots of vacancies in our department • Leadership changes recently • Stability amount leadership staff can be an issue • Improve training and development to help streamline gaps and train new people 	<ul style="list-style-type: none"> • Central California LGBTQ Collaborative Yes! • Hiring across (from each other's) agencies brings knowledge and new ideas into each sector • Yes El Concilio

PROVIDER CAPACITY

	Forces Impeding Progress	Forces Supporting Progress
Organizational Equity: Our provider organizations are inclusive and diverse	<ul style="list-style-type: none"> • This is getting better but a lot of different ideas about what "equity" means • Lack of exposure • "Blind Spots" regarding equity – implicit bias and deliberate exclusion • Unwillingness to change the status quo 	<ul style="list-style-type: none"> • DEI, efforts are pulled together across various organizations • Strong desire and intention to be inclusive and diverse (have work to do still) • Yes, El Concilio • Central California LGBTQ & collaboration Yes!
Adaptability: Our agencies, public organizations, and community partners support innovation and learn together	<ul style="list-style-type: none"> • Conflict with collaboration versus survival • Limited community understanding • Different systems have different needs – lack of alignment 	<ul style="list-style-type: none"> • Yes, El Concilio • Continue collaboration meetings even after project begins, adjust frequency as needed • Central California LGBTQ Collaborative Yes!
Share values: Our agencies, public organizations, and community partners have a shared understanding of the vision and mission of our work	<ul style="list-style-type: none"> • Mostly true because CWS is pretty clearly defined 	<ul style="list-style-type: none"> • Yes, El Concilio • City Ministry Network • Latino Leadership initiative • Addiction services: <ul style="list-style-type: none"> ○ Nirvana ○ Redwood Family ○ Center ○ Celebration Recovery • Starting every meeting with shared vision, having it on the agenda for each meeting • LGBTQ Collaborative Yes!

SYSTEM CAPACITY

	Forces Impeding Progress	Forces Supporting Progress
<p>Community Engagement Strategy: Our agencies, public organizations, and communities have structures and processes in place to engage those with lived experience and underserved populations in our change initiatives.</p>	<ul style="list-style-type: none"> ● Not all do this. They contact the “Usual Suspects” ● Organizations follow up with clients to engage and learn from them. Lived experience ● Not all stakeholders identified ● Not all stakeholders educated ● Getting all stakeholders together/timing 	<ul style="list-style-type: none"> ● Stakeholder identification and engagement ● County agencies and partners work VERY well together ● Central California LGBTQ Collaborative: Yes, we do outreach social media presence and employees with lived experience ● We work with local LGBTQ organization, HAVEN and Probation department as well as other local non profits.
<p>Community Involvement: Community members from various organizations are encouraged to actively participate in planning, implementing, and evaluating initiatives.</p>	<ul style="list-style-type: none"> ● Staff are engaged, but not community members “It’s too hard” ● Recruitment of community members ...difficult ● Strong civic and nonprofit partnerships/engagement ● Territorial/competitiveness ● People don’t know what they don’t know ● Limited resources ● Resistance to change 	<ul style="list-style-type: none"> ● El Concilio: yes we do ● Educating the shared benefit ● Sharing resources, expansion ● Develop relationships
<p>Data Collection: Our agencies, public organizations, and communities have data systems and processes in place</p>	<ul style="list-style-type: none"> ● We need a county Data Collection System 	<ul style="list-style-type: none"> ● Yes, El Concilio ● Central California LGBTQ Collaborative

SYSTEM CAPACITY

	Forces Impeding Progress	Forces Supporting Progress
to track and monitor our activity and outcomes	<ul style="list-style-type: none"> • Data can be distorted to make any agreement you wish • Consistent program design to prevent objective from being achieved "mission drift" • Time • Mass information overload • Staffing issues <ul style="list-style-type: none"> ✓ Leadership Changes ✓ Staff turnover ✓ Untrained Staff • Systems for data collection are so varied and not aligned 	<ul style="list-style-type: none"> • Yes, we provide some data, and sign in sheets at our center • Better, more concise communication • Opportunities to have more communication • Ability to adjust effectively to ever changing landscape • More training
Adequate Staffing: Staffing levels support effective functioning and implementation of new programs and practices	<ul style="list-style-type: none"> • All agencies are having recruitment: staffing challenges a lot are burnt out from COVID • Staffing – significant effect • Lack of staffing – many vacancies • Capacity is stretched even as new funding is available (staffing) • Central Valley location • Lack of pay of talent • Lack of pool to choose from • Retention/stability of staff • Large turnover • We don't have adequate staff but we are working on it. • Staffing wages of some organizations are not living wages 	<ul style="list-style-type: none"> • Central California LGBTQ Yes, we have adequate staffing and steadily growing

SYSTEM CAPACITY

	Forces Impeding Progress	Forces Supporting Progress
	<ul style="list-style-type: none"> • Staff turnover • Staff shortage • Struggle to find staff and maintain staff that is training • Pay scales could improve 	
<p>Data Sharing Agreements: There are data linkage and information sharing agreements among our organizations and community partners</p>	<ul style="list-style-type: none"> • County Counsel delay • Need to know how to share MOU needed? Reports? Confidentiality, lots of questions 	<ul style="list-style-type: none"> • Efforts are being made to share data, but it's bogged down • Yes they are (El Concilio) • Central California LGBTQ Collaborative: Yes, we share data with CHS, YNC, homeless shelters and many, many more

Stanislaus County - Families First Prevention Planning Design Sprint

Key Insights, September 2022

The following insights were compiled from 67 interviews with youth, parents, caregivers, and services providers. They represent the opinions of our end users - some general observations and direct quotes.

These are not intended to be complete. Just a place to start.

Overall Insights

Whole health matters. Mental and Emotional Health is a tipping point and ongoing struggle

“Once I was off my meds, it was all downhill from there. And I couldn’t get ahold of myself.”

I think what stands out to me the most is Mental health, what is the mental status for the entire family under the circumstances, lack of services and to work hard to catch the at risk children early before it starts.

Staying sober and seeking treatment and/or support has been a challenge

Client reported being grateful for the contact with CSA Agency as it was a wake up call for her and her husband and the safety of their 7 year old son. SUD issues and Domestic Violence. Client reports being healthy, Sober 70 days and her family is everything to her and her husband. Client recognized that she has a drinking problem and has learned why she is doing this as she has a lot of Childhood Trauma and she reports digging deep as owning her situation and still maintaining her sobriety

So many of the foster children she worked with would have been better served if their families had (or knew about) accessible pathways to family resources – and a holistic approach to identifying their barriers and building their capacity to be healthy and well-functioning.

Acknowledges that her temper gets the best of her and she is being more aware of her behaviors towards others, a work in progress

Client reports wanting to break the cycle of drug and alcohol abuse and prays her son does not use any kind of chemicals or alcohol.

“I think it was when I couldn’t buy groceries. I just got so depressed. Then I got angry.”

“Multiple times a week I’d sit crying on the front porch and people just walked by. I guess I wish someone had just asked me if I was ok.”

"Hurt People Hurt People"

financial stress is a big factor

Stanislaus County Families First Prevention Planning - Insight Development

Having someone/people to talk to makes a significant difference - systems of support

He stated that families are more willing to seek out support when they know the person they are talking to.

They need for support networks for children and parents.

Participant positively talked about her support system in her family and the recent experiences with the resources and assistance she has received from Nurse Family Partnership. She also shared that because she has received some extra support, her days are less stressful, which positively affects the relationship between her spouse and her daughter.

"My neighbor was the first one to ask me if everything was ok."

"I guess I just know - I don't know. I watch people around me. I talk to people at my church and at my kids school. We just know it's not how you treat your kids."

She shared a story of the farmer and the donkey that came to mind through this conversation. The farmer's donkey fell in a well and cried for hours and could not get out. After several attempts to get the donkey out with no success, the farmer called upon his neighbors to come and help bury the donkey as it was already old and he did not want it to suffer. As the neighbors shoveled dirt into the hole, the donkey cried louder at first then got quiet. They looked into the hole and saw the donkey shaking the dirt off his back and climbing on top of the dirt. They realized their efforts were actually helping and continued to fill the hole until the donkey got out of the well. The lesson is when you face your problems alone, you often dig a deeper hole for yourself but with the help of others, you can build layers of support and this helps you get and stay out of the hole. Also, as others see your efforts, they will work harder to help you.

"The women's group at my church makes a big difference for me. I can vent to them about anything. They listen and then they help me."

"Multiple times a week I'd sit crying on the front porch and people just walked by. I guess I wish someone had just asked me if I was ok."

Empathy and high relational skills displayed by service providers makes a really big difference

The participant reported they felt supported by the Family Maintenance Social Worker. They felt heard and validated.

Initially she was so stressed out, afraid that the agency wanted to take her kids away from her, SW assured her that the agency wants to keep the kids in her care.

Feel blamed or when parent complained about the homes where her children were placed, parent voiced her concerns but her concerns were disregarded by the CPS social worker

I was also surprised to hear that they felt very threatened by the social worker.

Social workers who were very disengaged and provided only the minimal effort

She also spoke about the negative impact services providers can play with families when they do not have good communication and really listen to the parents they work with. For example, service providers who tell families what to do vs. asking what they need do not motivate families to work to improve their situation.

"nobody cares if this girl falls through the cracks"

"she's just a number to everyone"

Her initial meeting with the FR worker was ended on a negative note. She felt misunderstood and attacked when expressing concerns about one of the children in her care.

Stanislaus County Families First Prevention Planning - Insight Development

She has experienced a lack of social worker support and at times had difficulty getting a hold of the workers or getting answers when needed. She made sure to say she has also experienced some excellent workers but think it would be helpful if it was more consistent across the board.

Client said they were able to get all their questions answered, the worker was always accessible, everything was explained to her, and feels the case worker was concerned about the children, and wanted to make sure they were getting any services they needed and that they were healthy.

System can be hard to navigate

The family member discussed the length of the case and the time the county had to spend in order to provide the mother and father services, even though they never followed through and did not have their other children in their care. The family member stated it only delayed a more permanent situation and the uncertainty if the parents were going to be present brought unnecessary anxiety to the children and to the care provider.

Difficulty in accessing services

The lack of access to services. The dearth of services

reports that she used to yell and swear at her children, but now she realizes that the yelling and swearing was not working.

What stood out most to me is that she does not feel adequately supported and wishes that she knew more resources to help her family.

If she needs answers, the first place she goes is Google.

She has found it hard to even know what resources are out there and how to access them.

Too many parents that don't care to learn about how to relate to their kids, don't listen, etc.

She also discussed about children who grow up in abusive households that need help and don't know where to go because they are so young

"I was just so tired already - then it just felt like there were 1000 places I needed to go and 1000 things I needed to do. And I didn't have anyone besides my social worker to help me."

Families and helpers are often missing critical skills

The importance of communication came up several times. Success in parenting through open communication was discussed as well as the role good communication plays in keeping families safe and well.

Building sustainable empathy skills in service providers when burn-out is a real issue

Talked a lot about education for parents about how to relate to your child so that the parent/child relationship is healthy and strong.

it is hard to identify if a child or family is in danger,

I was surprised by the lack of more specific information/history her family received about foster children who needed a placement/care. It was not uncommon to get a more generic description of a child's personality or interests, only to find if they said "Yes" to the placement, many more concerning details emerged (in one

Stanislaus County Families First Prevention Planning - Insight Development

case, a child was described as energetic, a little defiant, loves to play games” -- in reality, she had a lengthy history of abuse by her father, highly sexualized behavior – and they were not prepared for this (understanding the behavior, how to manage it, the impact on their biological children).

The difficulty of approaching their child in a way that supports their relationship.

Having the knowledge of how to take a minute before responding is something she wishes she learned sooner.

Not having great parenting examples growing up and having to figure out on their own what it meant to be a stable and loving parent.

That there is not enough trauma awareness for educators, staff and families.

“It’s all I knew. Your kids screws up, you smack em”

“I can do better - I think. Just don’t give up on me.”

Primary Prevention Insights

Systems of support make a big difference

“I have tons of people to talk to. Not sure I ever thought about how important that is until this conversation.”

Everyone I talked to had some kind of social circle where they went to “vent”

“I have a couple - just a couple, I’m an introvert - friends I talk to. I always thought it would be my mom, but when she died, my 2 friends are really who I look to for advice. We go to church together and one lives down the street.”

There were positive role models they had easy access to

“I guess I just know - I don’t know. I watch people around me. I talk to people at my church and at my kids school. We just know it’s not how you treat your kids.”

Activities happening in their “natural” environments reinforce wellness and effective parenting skills

School, after-school activities, sports, exercise, and activities for kids to keep them active and healthy. Activities to engage the whole family.

The participant shared positive experiences with her growing family, as well as the immense support she has received from the Head Start program, Parents as Teachers.

These aren’t folks that are going to our FRCs and other nonprofits. They are at grocery stores, doctors' offices, churches, schools, playgrounds, etc.

“I guess I just know - I don’t know. I watch people around me. I talk to people at my church and at my kids school. We just know it’s not how you treat your kids.”

Stanislaus County Families First Prevention Planning - Insight Development

Observed behavior is learned behavior

"I've literally never seen anyone hit their kid"

It was clear to me that the environment she is in most often is really positive - from her kid's coach to their pastor.

I noticed that he has other parents he admires and watches for ways to handle conflict with his kid

When I asked him how he learned how not to mistreat his kids, he said "by not being abused"

He remembered an ad campaign from the 80s that was about not abusing your kids - he remembered it from TV

Not having great parenting examples growing up and having to figure out on their own what it meant to be a stable and loving parent.

Secondary Prevention Insights

Activities happening in their "natural" environments reinforce wellness and effective parenting skills

The participant shared positive experiences with her growing family, as well as the immense support she has received from the Head Start program, Parents as Teachers.

He remembered an ad campaign from the 80s that was about not abusing your kids - he remembered it from TV - he watched the commercials

Our community members are going to grocery stores, convenience stores, and neighborhood-based places - like churches and markets and schools. I know that feels like common sense but as I listened to her talk about how she spends her time, I thought 'that's where we need to be.'

It made me really sad when she talked about feeling like the front desk staff at her kid's school judged her because her kids came to school in the same clothes. It's such an easy place for someone to speak up but they won't if they don't feel safe and seen.

Systems of support make a big difference

"My neighbor was the first one to ask me if everything was ok."

I was surprised when she said that she talks to the guy at the liquor store about her stress.

Every person I spoke to - whether it was a system leader or a client - talked about either the benefit of having someone to talk to or the intense loneliness that comes with not having someone to talk to

"I think having that support group to talk to saved me. So I was glad I started hanging out at the FRC"

Having the right coping mechanisms

He joked that his parents were able to not abuse him through all their stress (financial, mostly) because they drank - but then said, "in all seriousness, I guess they must have just had ways to manage it."

Stanislaus County Families First Prevention Planning - Insight Development

Acknowledges that her temper gets the best of her and she is being more aware of her behaviors towards others, a work in progress

reports that she used to yell and swear at her children, but now she realizes that the yelling and swearing was not working.

When I asked her about how she manages her stress she said she doesn't and that sometimes it worries her.

Observed behavior is learned behavior

When I asked him how he learned how not to mistreat his kids, he said "by not being abused"

He remembered an ad campaign from the 80s that was about not abusing your kids - he remembered it from TV

Not having great parenting examples growing up and having to figure out on their own what it meant to be a stable and loving parent.

"It's all I knew. Your kids screw up, you smack em"

Tertiary Prevention Insights

Overwhelm and helplessness

"I was just so tired already - then it just felt like there were 1000 places I needed to go and 1000 things I needed to do. And I didn't have anyone besides my social worker to help me."

"Once I was off my meds, it was all downhill from there. And I couldn't get ahold of myself."

I haven't been able to stop thinking about how ostracized they felt as parents - once they were in the "system" she really felt worthless.

Social workers were very disengaged and provided only minimal effort

Lack of preparation and resources for foster parents receiving children in placement (educational support for children with trauma and other BH concerns, high-risk needs, how to navigate the CW system to get support)

People feel lonely

She talked about how when her social worker "closed our case" she had developed some new skills and gotten some resources, but still felt lonely and didn't have many people to rely on.

"Multiple times a week I'd sit crying on the front porch and people just walked by. I guess I wish someone had just asked me if I was ok."

She talked about feeling lonely a lot. She also doesn't trust the government. The most impactful person in her life worked for the government but they were persistent in building a relationship. She talked about how they seemed to care about more than just the presenting issue - asked lots of questions about the whole family and needs.

Stanislaus County Families First Prevention Planning - Insight Development

Ongoing and consistent contact may be wanting

Regular contact, Case Management to make sure the family and child/children are okay.

“When the services were done, they were just done. I’m not sure, but maybe everything would have been ok if they had kept checking up on us?”

She talked about how when her social worker “closed our case” she had developed some new skills and gotten some resources, but still felt lonely and didn’t have many people to rely on.

“Don’t give up on me”

Talked a lot about education for parents about how to relate to their child so that the parent/child relationship is healthy and strong.

“I can do better - I think. Just don’t give up on me.”

Potential interventions points, opportunities, and solutions

Neighborhoods

- “My neighbor was the first one to ask me if everything was ok.”

Churches and other faith-based institutions:

- “The women’s group at my church makes a big difference for me. I can vent to them about anything. They listen and then they help me.”

Health clinics

Training service providers (also discuss the sustainability of “empathy training” - how do we sustain our empathetic muscles?)

Developing skills for helpers (to notice, to intervene, etc) - who are our helpers?

Schools

- The important role schools play in child abuse intervention and prevention due to their proximity to families and students. For many schools are places where people go to seek out support and where the majority of child abuse incidents are discovered.
- The community this parent lives in has a back-to-school block party every year to provide resources and supplies to families. All sectors of the community participate to help kids have what they need to start the school year. Resources such as the family resource center and WIC are also present to provide information to families too
- The participant shared positive experiences with her growing family, as well as the immense support she has received from the Head Start program, Parents as Teachers.

Parent Cafes came up with some frequency

Neighborhood activities (driven by residents) came up with some frequency

Current Primary Prevention Assets

Organization	Project Name	Type of Program	Geographic Location	Other Demographics	Physical Location
BHRS	Raiz Promotores MH Prevention Program			Latino, Men, Women,	
Catholic Charities		Evidence Based Program	All of Stan. County	Women, White, (Non-Binary, Transgender- If STEALTH presenting), Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	
Central CA LGBTQIA+ Collaborative	Tuesday Peer Night	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
Central CA LGBTQIA+ Collaborative	Advocacy MAT	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
Childrens Crisis Center	Child Supportive Services		Modesto	Parents/Adults, Children/Youth	
CHS	Abriendo Puertas	Evidence Based Practice	Ceres, Newman, Keyes, Patterson, Oakdale, Crows Landing, Grayson/Westley	Parents/Adults, Hispanic Latino or Spanish origin, Children/Youth	

Current Primary Prevention Assets

CHS	Student Assistance Program	Not Yet Rated or Reviewed	All of Stan. County	Children/Youth	
CHS	TNO Gen	Not Yet Rated or Reviewed	Modesto, Ceres	Women, Children/Youth	
CHS	Learn to Earn Workforce Development	Not Yet Rated or Reviewed	Newman, Oakdale, Hughson		
CHS	PArent Ed	Not Yet Rated or Reviewed	Ceres, Newman, Keyes, Patterson, Oakdale, Crows Landing, Grayson/Westley	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White,	
CHS	Planet Baby	Not Yet Rated or Reviewed	Ceres, Newman, Keyes, Patterson, Oakdale, Crows Landing, Grayson/Westley	Women	
CHS	Parent Cafe	Promising Program		Parents/Adults, Children/Youth	
CHS	Benefit App- CF, Medical		Ceres, Newman, Keyes, Patterson, Oakdale, Crows Landing, Grayson/Westley	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	

Current Primary Prevention Assets

CHS	Concrete Support/ Food, Crisis Assist. etc.		Ceres, Newman, Keyes, Patterson, Oakdale, Crows Landing, Grayson/Westley	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	
El Concilio	Multiple		Modesto	Women, Men, Parents/Adults, Black or African American, Hispanic Latino or Spanish origin, White	
First 5 Stanislaus		Evidence Based Program/Practice	All of Stan. County	Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
HAVEN	HARRT	Evidence Based Program/Practice	Modesto, Turlock, Patterson	Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth	
Invest in Me	Student Programs		Patterson	Children/Youth	

Current Primary Prevention Assets

Jessicas House	Grief Counseling	Promising Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Turlock
MGM	SF	Evidence Based Program	Modesto	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, (Non-Binary, Transgender, undetermined numbers) Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	
PRC	Parent Cafe	Evidence Based Practice/Promising Practice	Modesto	Women, Parents/Adults, Hispanic Latino or Spanish origin, White, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	
PRC	Parenting Education	Evidence Based Practice/Promising Practice	All of Stan. County	Men, Parents/Adults, Black or African American, Hispanic Latino or Spanish origin, White, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto

Current Primary Prevention Assets

PRC	Navigation		All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
SCOE	Child and Family Services	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth	Modesto
SCOE	PBIS/MISS/Mental & Behavioral Health	Evidence Based Program/Practice	Turlock, Ceres, Newman, Keyes, Patterson, Hughson, Salida, Empire	Women, Men, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth	
Sierra Vista	Abriendo Puertas	Evidence Based Practice	Modesto, Waterford, Hughson, Salida, Denair, Empire	Parents/Adults, Hispanic Latino or Spanish origin, Children/Youth	
Sierra Vista	Parent Ed	Not Yet Rated or Reviewed	Modesto, Waterford, Hughson, Salida, Denair, Empire	Parents/Adults, Hispanic Latino or Spanish origin, Children/Youth	

Current Primary Prevention Assets

Sierra Vista	Concrete Support/ Food, Crisis Assist. etc.	Not Yet Rated or Reviewed	Modesto, Waterford, Hughson, Salida, Denair, Empire	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	
Sierra Vista	Parent Cafe	Promising Program	Modesto, Waterford, Hughson, Salida, Denair, Empire	Parents/Adults, Children/Youth	
Sierra Vista	Planet Baby		Modesto, Waterford, Hughson, Salida, Denair, Empire	Women, Children/Youth	
Sierra Vista	Navigation		Modesto, Waterford, Hughson, Salida, Denair, Empire	Women, Men, Parents/Adults	
Sierra Vista	Workforce Develop.		Modesto	Women, Men	
Tribal TANF	TANF	Evidence Based Program	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
Without Permission	#NotAPriceTag	Evidence Based Program	All of Stan. County	Children/Youth	Modesto

Current Secondary Prevention Assets

Organization	Project Name	Type of Program	Geographic Location	Other Demographics	Physical Location
BHRS	Care Coordination Team	Evidence Based Program/Practice	All of Stan. County	Unserved/Underserved community MHS priority populations	Modesto, Empire, Hughson, Keyes, Denair, Oakdale, Riverbank, Waterford, Patterson, Newman-Crowslanding, Westley and Grayson
Central California LGBTQIA+ Collab.	J.E.D.I/MAT Advocacy	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
Ceres Unified	Project YES	Evidence Based Program/Practice	Modesto, Ceres, Patterson	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-35 y/o	Ceres
Haven	Kids Count/Teens Count	Evidence Based Program/Practice	All of Stan. County	Children/Youth	Modesto

Current Secondary Prevention Assets

SCOE	Trainings on Mental Health/PBIS/MTSS/Behavioral Health	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth	Modesto
Sierra Vista	Life Path	Evidence Based Practice	All of Stan. County	Children/Youth, 18-24 y/o	Modesto
VMRC	B.I.S	Evidence Based Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
VMRC	Early Start- Dev	Evidence Based Practice	All of Stan. County	Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth,	Modesto

Current Secondary Prevention Assets

VMRC	ESAIP	Evidence Based Practice	All of Stan. County	Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth,	Modesto
Without Permission	Seeking Safety/ My Life, My Choice	Evidence Based Practice	All of Stan. County	Children/Youth	Modesto

Current Tertiary Prevention Assets

Organization	Project Name	Type of Program	Geographic Location	Other Demographics	Physical Location
Aegis	Drugtx	Evidence Based Program/Practice	All of Stan. County		Modesto
Aspiranet	Parent Partner	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
Aspiranet	WRAP	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
BHRS	SUD/Mental Health	Evidence Based Program/Practice	All of Stan. County		Modesto
BHRS	Care Coordination Team	Evidence Based Program/Practice		Adults, Spanish, Arabic, Cambodian, Farsi, Vietnamese, ASL Cultural	Modesto

Current Tertiary Prevention Assets

CASA		Evidence Based Program	All of Stan. County	American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-21 y/o	Modesto
Children's Crisis Center	Visitation Services	Evidence Based Program/Practice	Modesto	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
CHS	Drugtx	Evidence Based Program/Practice	All of Stan. County		Modesto
First Step	Drugtx	Evidence Based Program/Practice	All of Stan. County	Women, Children/Youth	Modesto
First Step	Parenting/ Drug Treatment	Evidence Based Program/Practice	All of Stan. County	Women, Children/Youth	Modesto
Genesis	Drugtx	Evidence Based Program/Practice	All of Stan. County		Modesto
Haven	ARA- JC Support Groups, Trust, etc.	Evidence Based Program/Practice	All of Stan. County	Asian, Black or African American, Hispanic Latino or Spanish origin, White, Children/Youth	Modesto

Current Tertiary Prevention Assets

Nirvana	Sober Living	Evidence Based Program	Modesto	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-binary, Transgender, Children/Youth	Modesto
Nirvana	Drugtx	Evidence Based Program/Practice	All of Stan. County		Modesto
Probation/ Leaders in Comm. Alternatives	Cognitive Behavioral Therapy	Evidence Based Program/Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-Binary, Transgender, Children/Youth, 18-25 y/o	Modesto
Redwoods	Sober Living	Evidence Based Program	Modesto	Women, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-binary, Transgender, Children/Youth	Modesto
Redwoods	Drugtx	Evidence Based Program/Practice	All of Stan. County		Modesto

Current Tertiary Prevention Assets

Sierra Vista	High Risk Parenting Counseling	Evidence Based Program	All of Stan. County	Parents/Adults	Modesto
SRC	Drugtx	Evidence Based Program/Practice	All of Stan. County		Ceres
VMRC	BIS-Beh. Support	Evidence Based Practice	All of Stan. County	Women, Men, Parents/Adults, American Indian or Alaska Native, Asian, Black or African American, Hispanic Latino or Spanish origin, White, Non-binary, Transgender, Children/Youth, 18-25 y/o, 26-35 y/o, 36-49 y/o, 50-64 y/o, 65+ y/o	Modesto
Without Permission	Restoration	Evidence Based Program	All of Stan. County	Children/Youth, 18-26 y/o	Modesto

Stanislaus County Child Abuse Prevention Council

Listening Sessions Report

August 2021

On August 24 - 26, 2021, five Listening Sessions were held virtually on Zoom with a cross-section of Stanislaus County community members and professionals. The purpose was to gather their perspectives to inform the Stanislaus County Child Abuse Prevention Council's (CAPC) prevention planning. This report first suggests "Overarching Themes" that emerged across the groups. There may be others that surface for the reader, which will be discussed at the CAPC meeting in October 2021. Following are summaries of the responses by session, and last an appendix for each group with the individual responses by group.

Three sessions targeted different parent/caregiver groups including (1) foster, kin, and adoptive parents, (2) Promotores, and (3) fathers. Another group was made up of (4) interfaith leaders, and the last (5) included professional partners from several public and private agencies. A sixth group of transition-aged youth was planned, but no one attended at the appointed time. One person joined the Zoom meeting 45 minutes after the start time due to a meeting with her child's teacher. She was thanked for making the effort and told that the CAPC would try to reschedule with that group.

All groups were informed that their comments would remain anonymous, but shared with CAPC members. The names of the Promotoras and Dad's group attendees are not included in the report.

Report Table of Contents

I.	Overview and Questions.....	Page 1
II.	Overarching Themes.....	Page 2
III.	Summary of Comments by Group.....	Pages 3-7
IV.	Appendices: Comments by Question by Group.....	Pages 8-25

The Questions

All groups were asked the first three questions below. Parent/caregivers were asked a fourth question that was different than the fourth question for Professional Partners and Faith leaders:

1. From your perspective, what are the three most important things parents need or want to be the best they (you) can be?
2. In your experience, how do age, race, ethnicity, and gender play a role in creating a barrier to thrive?
3. What else would you like us to know about (your work or your everyday life)?

Youth and parents

4. Where do you go for support?

Professional and Faith

4. What would help you to support prevention efforts in your work or community?

Overarching Themes

Resources

Every group referenced resources from one perspective or another. A common theme was a request to have a central location for managed resources. When groups were asked about 211, it was agreed that it is an underutilized resource, but there was not a clear reason why. Comments were made that, not only do parents not know about resources, but sometimes workers don't. More than one group specified parent education as a key source of protecting children, and other classes for growth and development opportunities. Access to mental health counseling for children was mentioned several times. Local churches were identified as places for local classes and supports, and as a place to recruit and train volunteers as mentors for parents and "big brothers/big sisters" for youth.

Value of Building Community

The responses from both the Promotoras' and Dad's groups validate the value of community to reduce isolation, strengthen parenting, learn how to navigate the culture, and learn about resources. Other comments throughout the sessions express the importance of community to expand knowledge and build healthy relationships that create a boundary of protection around children and families.

Financial Literacy and Stability

While this topic could be included under "resources", several groups explicitly identified "poverty" and economic disparities as a barrier to thrive. All the "professional" groups: faith leaders, professional partners, and the foster/kin/adoptive parents mentioned the need for concrete financial supports as well as workshops on financial literacy and stability.

Advocacy

Advocacy is identified in several ways: speaking for another, learning to speak for oneself (with teachers, at school, in the community), and advocating for policy changes. The parents' groups spoke of wanting to be effective as advocates for their children, primarily at school, but also for resources. Learning this skill helps families with the knowledge and ability to navigate different systems, including health, education, banking, and mental health, especially for immigrant families. Other groups would like to see policy advocacy that influences legislators to focus on prevention. The foster parents group specifically mentioned advocacy for support to kinship families, who often do not receive the same level of financial support that foster parents do.

Navigating Culture

Parents are challenged by what their children experience and learn outside the home. They are concerned that their family values are at odds with the popular culture which causes worry about their children's safety and security. Parents understand that their children may not always reach out to parents when they have issues at school or with friends, and are looking for a safe place or people where children can go to talk and learn. All parent/caregiver groups mentioned a concern about bullying, including cyber-bullying, as a concern for their children.

Summary of Comments by Group

Faith Summary:

Six members of the Interfaith Council (IFC) attended the Listening Session, including Deacon Jim Johnson, the CAPC member representing the IFC. Faith leaders were from several churches and two temples.

Q1:

What do parents want to be the best they can be?

The group emphasized the necessity of basic needs supports for families to remove stressors, and families' need to spend time with their children. Because of stressors on families, many are not coming to church on Sunday, but choosing to spend time with their families. There is a strong interest to have information about resources, including for financial management, career management, substance use, and mental health. Faith leaders would like to see parenting classes and the opportunity for parents to talk with others about parenting at the church or temple. Activities to reduce isolation and build a sense of community is important.

Q2:

What barriers exist (racial, gender, age, ethnicity) that reduce opportunities to thrive?

The main barriers that arose were LGBTQ, gender, and economic disparities. Some felt that it is taboo to talk about issues of race, and posed the question: what do I do as a white person? People spoke about the importance of learning about one another as a way to reduce barriers, and creating community. Also, families struggle with technology and children need to learn how to use cell phones and technology to avoid cyber-bullying. This is an ongoing issue.

Q3:

What help do you need to support prevention efforts?

Education, knowledge of resources, training for volunteers or staff about resources and supporting parents/caregivers and children. It would be helpful to have a central location to access resources in different languages and modalities. Faith communities could be a source for volunteers.

Q4:

What else would you like us to know?

How can we use privilege to support and act? How to build community; families have limited capacity to respond to children's issues and faith leaders have competing schedules which reduces their capacity to respond. Suggestion is to train people in the faith community (through the IFC) to outreach through CAPC for volunteers. Train about "see something, say something".

Professional Partner Summary:

People from six agencies attended the Listening Session. Participants represented community-based nonprofits, public health, and behavioral health.

Q1:

What do parents want to be the best they can be?

The group emphasized the importance of respect for parents/caregivers' cultures and acknowledging their knowledge of parenting, rather than starting with deficits. Working from strengths was a part of this, as well as ensuring hope, resilience, and stability. The group identified churches as a place for local classes and support, and to provide families with the knowledge to navigate different systems, including health, education, banking, and mental health, especially immigrant families. There was agreement that social connections lead to expanding knowledge and build healthy relationships. Emphasis on financial literacy and stability.

Question 2:

How do age, race, ethnicity, and gender play a role in creating a barrier to thrive?

The first item brought up was financial stability, because without it, parents/caregivers are unable to include their child in activities, which can lead to shame and social isolation. Access can be limited by socio-economic status, e.g. Medicare and/or health insurance access. There are many examples of disparities by age, gender, ethnicity, and race. Also, implicit bias was mentioned as an area for educating providers. The group agreed that this question is a topic that could be a session of its own.

Question 3:

What would help you to support prevention efforts in your work?

People need to learn about advocacy – both workers and parents – to address inequities in our systems. There is a need for resources: more and also to know what is available. Resource accessibility is needed (people can't always get what they need at times that work for them), and there is a belief that resources from the state and national government go to Fresno and Sacramento. Families in Stanislaus County cannot go to those places to find what they need. Advocate for resources to come to our county. There needs to be better communication across systems to know about available resources and events. Activate the faith community and train them as mentors for adults and "big brothers/big sisters" for children. Build knowledge about youth and ensure that there is a healthy support system.

Question #4:

What else would you like us to know?

Know that children want to be with their families no matter how dysfunctional or dangerous a professional thinks it is. We need to help children understand that what has happened is not their fault, and we are working to help parents/caregivers to be the best they can be. One person said: People have what it takes to make a difference. Keep supporting parent education (Nurturing Parenting, Parent Cafes, Abriendo Puertas).

Foster, Kin, Adoptive Parent Summary

This group represented foster, kinship, and adoptive parents, as well as one person from a local community center. All are professionals in the field as well as either foster or adoptive parents.

Q1:

What do parents want to be the best they can be?

The group identified the importance of a good community around parents to reduce isolation and provide encouragement. A key theme was the need for resource availability in one place; knowledge of resources and how to access them; ability to navigate the internet and social media to find resources. Specific resources identified include: post-adoption support, adequate child care, children's mental health services, and accessible parent education classes (at schools?)

Q2:

How do age, race, ethnicity, and gender play a role in creating a barrier to thrive?

The emphasis from this group was on poverty as the main barrier. There are inequities in how people of different socio-economic status are treated and have access to resources. Working parents with no flexibility from employers are at a disadvantage. People don't know where to go for support; organizations don't know about one another. Places mentioned to access resources were: West Modesto Community Collaborative, Love All Our Kids, and faith communities.

Q3:

What would help you to support prevention efforts in your work?

We need a central location for managed resources. We lose foster youth because they can't easily find support. We need to know more about parenting across the age span. Mental health services are critical for foster and adopted youth.

Q4:

What else would you like us to know?

Several comments were made about legislation and policy advocacy. A suggestion was made to advocate for a pot of emergency funds. Educate elected officials for legislation to minimize or eliminate poverty. Work with families to keep the child at home if the situation is not dangerous. The foster care system needs to focus on child safety. This point led to a discussion about relative care for foster children and the great need for more resources for those families willing to take their relatives' children. Those people can't always provide financially for children; relatives are trying to step up without resources. The group asked for more transparency from workers about available resources so that parents/caregivers have information to decide what is best for them.

This group specifically asked to be kept in the loop about the emerging direction of the CAPC.

Promotoras Summary

Promotoras are parents, in this case women, who are trained as health care advocates in the Latino community. Speaking the same language, they gain trust as they provide information on culturally sensitive prevention and health education, and assist their community to connect to resources they need. Seven women attended the Listening Session.

Q1:

What do parents want to be the best they can be?

Many in this group spoke to how important it is to pay attention to their children and their surroundings, including monitoring social media and knowing their friends. These mothers base their own success on how their children are doing, and if they are safe and happy.

Communication with the spouse and children is highly valued. It is important to them that they create a space where children will talk to their parents.

Q2:

How do age, race, ethnicity, and gender play a role in creating a barrier to thrive?

The major overarching barrier for this group is language, which leads to the need to communicate with their children. The children are more immersed in the local, popular culture and comfort with the English language, which can create a barrier for the parents. Not knowing the culture adds to the difficulty to access resources and request assistance when needed.

Q3:

Where do you go for support?

Several mentioned that they go to their family, the FRC, and other local community centers.

The Promotoras group provides support and camaraderie for one another. Many in this group were from the Ceres Partnership, which helps to identify other resources. Even though these women are connected to the FRC, they speak of experiencing barriers because of language.

Several mentioned that they go to their family, the FRC and other local community centers.

Q4:

What else would you like us to know about your everyday life?

The major theme from this group is the focus on their children because of their concern about the cultural influence on their children and communication with them. Several spoke about the need to advocate for their children at school, especially during the pandemic, and teaching them to advocate for themselves. These women have to work to prioritize self-care and are very appreciative of being part of the Promotoras group. There is a desire for workshops about recognizing the signs of abuse in children or ways to help their children (there is a concern about bullying). Last, one identified a gap in education about how to care for older adults, given that many are caring for their own parents.

Dad's Group Summary

Seven fathers attended this session. All but two were Spanish speakers, so the session was interpreted and questions were given in English and Spanish. The fathers attend the Dad's Group at Ceres Partnership, where they support one another, learn parenting skills, and access resources.

Q1:

What do parents want to be the best they can be?

The dads spoke with one voice about the importance of safety and security for their children, surrounding them and their family with love. Maintaining trust through communication is valued and something that many did not learn growing up.

Q2:

The primary barrier identified was about needing to understand child development in order to parent effectively. Two comments were made about stereotypes about age and racial discrimination they experience as Latinos.

Q3:

Where do you go for support?

Support for this group is primarily from family members. Other places for support included Ceres Partnership, parenting books, the internet for resources, and other professionals.

Q4:

What else would you like us to know about your everyday life?

Several dads spoke about the challenges of raising children because of how different things are since they were raised, including the popular culture and parenting techniques. External pressures exist like the impact of the internet, and lack of resources for children for safe places to go and trusted people to talk with other than the parents.

Appendix 1: Individual Comments by Question Faith Listening Session

Jim Johnson
Michael Schiefelbein
Pauline Nou
Lin Crase
Barbara Joan Damewood
Laura Williams

Question #1:

From your perspective, what are the three most important things parents or caregivers need or what to be the best they (you) can be?

- Main things are that people want the basic needs: food shelter and the ability to provide for their families. Not having them create stresses.
- Based on Maslow hierarch of needs. Also communications and availability of parents to be with the children. In addition to basic needs; being emotionally and physically available to child.
- Support – community support because of how many families are without extended families. They might not have support in a community. Time to be with their children and doing family things. Church has taken a back seat to family time because some families only have Sunday with the kids. Parenting classes, money management, career management classes to take some stress of professional life.
- Education: wanting children to have a school that they feel is good for them to pay attention to individual needs; childcare available so that parents have respite time or can go to classes. Hearing about safety and children under 12 who aren't vaccinated. Parents concerned about giving something to children. Any kind of support resources; being able to talk to other parents around parenting. Because of covid, parents have been isolated and don't have the support of other parents and feel isolated. Some families don't want to be with other people because of the pandemic.
- Viewing this from the perspective of social and emotional needs of the child so that parents develop patience, wisdom and honesty. Parents develop consistency in role modeling and communication techniques. Develop trust with child through consistency.
- Emphasize basic needs; poverty is a problem, but not the only one. More information available about what kinds of resources are available. Not sure that the word is out about where a family can go. Is there a centralized place to learn about resources. Also a sense of community. Parents of young children need a sense of community. In these situations, problems can be identified.
- Mental health and addiction issues for parents - need resources for this. Sometimes this is the most basic issue for families. Having support for the family as one parent seeks rehabilitation.

Question #2:

In your experience, how do age, race, ethnicity, and gender play a role in creating a barrier to thrive?

- The barrier that our kids experienced was economic; a big divide between wealthy and poor – great disparity. Kids thrive by knowing one another; did activities together that didn't separate them. In my congregation, there is some disparity but our congregation is pretty affluent. There is an artificial barrier set up about preconceived notion
- I think about gender issues; in our congregation, 50% belong to the LGBTQ community. The kinds of challenges these families have might be other parents. I think of transgender children trying to find a place. In my family, one nephew very conservative, and one child is transitioning which is a huge challenge. In my life, children have a hard time when they are different in their gender. It's less now, but still an issue. Concerns about girls prospering and being heard
- Focused on ethnicity; taboo to talk about problems; taboo to report a problem in differences in race. How do children judge one another and how they are different. People within the culture need to help one another; as an Anglo person, I don't know what I can do.
- Our society unfortunately creates uneven expectations; some treated as others and not given equal access to resources. Education is extremely important because people don't understand one another. As a member of non-majority group, easy to dismiss you. I was adopted and a foster child – was happy to hear about the CASA family finding project. Listening is really important to another person's experience.
- Main barrier is if you don't have a sense of community particularly in the sense of language issues. If you don't have the language, you can't get resources or participate in classes. Also with age: the lack of education for parents, especially if they are young. Hard to make your way if you are very young. Mostly with Hmong to access community resources;
- The question could be a dissertation or thesis at CSU. Thought about the recent boy adopted by a gay man in Florida – he was Cambodian. He couldn't adopt a child in the US because he is a single gay man. This opened up a conversation that wasn't discussed before. Necessity of knowing the language; using computers, reading, reaching out is important, but is difficult because people are isolated because of covid. Puts the child at risk for being harmed. It's put more stresses on people without resources like internet, entertaining your child, activities. We've attempted to reach out when people don't come to the Temple; I'm always on the lookout for resources. Many children now are coming out or transitioning. It is becoming more accepted; parents might be heartbroken and it is our job to help with that. We need help in other areas when we don't have it at our congregation.

Question #3:

What would help you to support prevention efforts in your work or in your community?

- Education, clear and accessible resources, volunteers, and/or staff.
- More knowledge of resources that are available for people who we council with. I know there are a lot of resources, but I don't know about them all. Building a sense of community.

- Centralized place where resources are available in multi-language format even if the resources aren't in multi languages. Having more people involved - more volunteers: who can we reach out to for help; faith communities could be the source of volunteers; good to start from a position of faith; volunteers would need to be trained.
- What would help me is being in touch with parents; really knowing the families in the congregation; having a relationship with the families and hearing what they need. We have a MH professional in our congregation – volunteering one Saturday a month to triage and offer referrals. If I have resources and know what they are, it would be helpful. Sometimes people look to the faith leader for the expertise and guidance and we can only give so much. If people want pastoral counseling, I have three sessions with them, but for ongoing counseling, they need to go somewhere else. Knowing about referrals, would be very helpful.
- Agree with the above about resources in different languages and different modality (ASL, too – hard to get resources for people who are deaf). It is hard for people to reach out - they'd rather have children to go to the Temple rather than the Hutton House or Children's Crisis Center for example. Our role is to do more education about resources and what we can provide to professionals in how to service children in our background. What is our role to help providers?
- Agree with others. With regard to volunteers – we need more in just about every area. What would the credentials be? We need to be clear about this. Some kind of training for a volunteer to navigate the resources; reading a pamphlet; going down to a building. Is there something similar to the trafficking cards in restrooms.

Question #4:

What else would you like us to know about your everyday life?

- Most of my stuff is about social justice; I don't get into counseling. But, I'm thinking about the families in my congregation who are mostly comfortably. My son said, I just realized how lucky I am to have had this family and education. Learning about other people; provide experiences for people to know one another.
- Part of my life is recognizing children with special needs and how they can belong. Parents are concerned about this. Trying to understand and be supportive is a challenge. Pastors have so many hats; we want to care for people individually and have administrative, teaching, worship. We are stressed; so many competing schedules; it is possible for people and children to slip through the cracks. Need to be a community that supports one another. Families struggling with technology.
- Agree about stressors. Part of my dilemma is to not add to the problem that parents are facing. They are short on time with lots of responsibility. Adds to the pressure to participate in Sunday school and confirmation. I don't require anyone to do things. It is expected, but not required.
- I am not a leader – I am a member in the church where people don't speak much English. I want to be the change that I want to see in the world. I offer gratitude at the beginning of the day and my patients and colleagues are the focus when I'm with them. If I can't find

support for them, I will try to find the support they need. People listen to Dharma talk about raising children – what is ok and what is not.

- I feel a need in the work I do through the church is to reach people on the fringes who don't have access. It is different for different needs; a single parent. The means of communication that people use and what takes their attention: cell phones and social media. Both good and bad as the means we have to communicate with people. As we work to prevent child abuse, we can use it as a tool for good. Need to make kids aware of certain dangers with cell phones – we tell them what is dangerous about driving a car, but not about cellphone use – concern about cyber-bullying. It is being addressed, but needs more attention because it is an on-going issue.
- It is a tenet of Judaism that all life is sacred and all children are of the divine. A tenant of Judaism is tikkun olam. We are helping homeless families to transition to a better living environment. What came to mind is time constraints; wouldn't it be great if I could volunteer, but time is an issue; maybe a training program to train people to outreach through the CAPC; train IFC to outreach for volunteers. Train about how to do outreach for volunteers. Child was aware that someone cared. Mandated reporter training – see something/say something.

Appendix 2: Individual Comments by Question Professional Partners Listening Session

Vicki Orcanza, Aspiranet Turlock FRC
Sarah Hickenbottem, Aspiranet, TAY
Carolyn Warren-Smity, Behavioral Health
Renee Crawford, Public Health
Moses Pacheco, Center for Human Services
Yamilet Valladoid, Golden Valley Health Center

Question #1:

From your perspective, what are the three most important things parents or caregivers need or what to be the best they (you) can be?

- Respect that needs to be defined across different cultures. We need to understand what that means to them and take the lead. In the past, they've been talked down to and are afraid of saying the wrong thing. So, they hesitate to speak.
- Letting them know what they are doing well. Build on what they bring; applaud and praise strengths.
- Realistic plans and goals that fit the families' life style.
- Parents want to be better than their parents were; they want to be good parents
- Parents want additional tools to parent appropriately; more support group for finances or counseling. We don't always provide those things locally.
- No matter how much formal education, parents can struggle: they need knowledge and education about child development; support and access to resources. Not all parents have family support and those that do might not have a backup for child care. Last, positive mental health; making sure that the parents' mental health doesn't interfere with their parenting.
- Resources for immigrant families: Access to education; importance of college education; cultural sensitivity. Parent Institute of Quality Education: learning the education system, health system, banking system, mental health system. Culturally sensitive support systems in place.
- Support is huge; parents feel that is one thing they don't have. Support – churches are there but there isn't something for resources there. Education parenting is important; respite
- Support is top and foremost – it is very broad: it means people that you can rely on to talk about your problems and family life and know where to go for help. Social connections and healthy relations. Five protective factors. If parents have support and social connections they have doors open for supporting children, problem solving. Interfaith, FRC, moms or dads group. Working things out with friends in walking groups or at the park.
- Attitude of growth for parents: feeling that you can grow and that there is hope that you can change behavior patterns. Part of mental health and wellness. Self-compassion. Resiliency. Have support to know where to go to grow and get tools.
- Finances: people need the ability to earn an income to have a home, stable food, health care, child care, etc. Financial stability.

Question #2:

In your experience, how do age, race, ethnicity, and gender play a role in creating a barrier to thrive?

- Finances is one of the key things that is an issue for helping individuals to thrive. Parents aren't able to do things that others can't do which leads to shame; dance classes, baseball games
- Goes back to SDH; a safe place to live, a job, health care provider that is culturally sensitive. Age, disability, etc. can affect all the things we mentioned. We could go into detail with each one. Having access is impacted by these different things; access to treatments that are only available to people who have insurance.
- This question was challenging; lots of parents today are young and want to be their children's friend. Some parents are older and are considered being out of it. It used to take a village to raise a child, but today families are more isolated. Related to African American families. It doesn't matter whether there is one or two parents; if a child has a solid foundation with the right guidance and positive role models, they can thrive.
- I like this question - makes you think outside the box. I think disparities are underreported in our culture. When a person has a child when they are young, we make assumptions about them and people act with disrespect. Maturity is an important part of becoming a good parent, but we also discriminate against older people. Grandparents ability called into question because of their age.
- Gender: role of fathers isn't accepted in our culture: "are you babysitting your kids". It is not an expectation in our culture that the dad is doing his job.
- Women make less than men still
- Finances impact being a good parent; money doesn't fix everything in our culture because of other disparities. People of different race and ethnicity still don't have the same safety as white parents. Worries and fears of African Am. And Brown families are different.
- There is an expectation that the mom is the caregiver; we ask for the mom when we make appointments for counseling or school events.
- Even with LGBTQ community, we need to remember that there are two parents. There is no program for the "other" parent. It is assumed that dads are "slackers". Goes back to systems: if grandparent brings child, maybe can't do the assessment because they aren't the legal guardian. Need to understand the system of providers. Need to be more supports for the dads.
- Implicit bias is important to understand and how it impacts systems like health care and education and other systems. CalTrin did a training on bias.

Question #3:

What would help you to support prevention efforts in your work or in your community?

- I do a lot of health care advocacy with government officials and those in systems. Advocacy is critical to have a group of advocates who understand the health inequities.
- Being a social worker for 25 years, I am the resource queen. The pandemic negatively impacted that; we don't have places to refer that we used to have. We can't help improve

people's lives when we don't have the resources. National resources need to become local resources:

- The resources are important: I'm strong on the faith community. I can see where a lot of help is needed in the faith community so that they can help.
- Large scale resources do not come to the Central Valley – we get skipped. They go to Fresno and Sacramento. People can't travel there
- Examples: large vaccination efforts were done in Fresno and Sacramento. One location in Stanislaus. CRLA – closest one is in Sacramento/Fresno. There is one in downtown Modesto, but people can't access it and the large issues are handled in those other places.
- No medical provider program in Central Valley, though UC Merced has considered it. Causes a lack of doctors.
- More staff; there is only a few of us in Turlock doing case management and parent education; a strong volunteer program that can do mentorship and big brother big sister kind of stuff. Faith community could offer those two kinds of activities.
- Communication between each of these systems; if a local church had a food bank, I'd like to know that I could send my families. We have health fairs and mental health fairs; we don't communicate with others.
- Our county has gone through a huge revamping of systems, but how do we get that information to the schools, BH. People on the ground don't know what the programs are. It would be helpful to know about community events that churches and other organizations hold. Bring the systems together.
- We need to support fathers; they come for anger management groups. Stigmatism for mental health issues; aren't talk about.
- More providers that look like our families and come from the culture. Someone who is bilingual, has the same culture. It is hard to find bilingual counselors or providers. We need to recruit people into SUD and other programs to work with families and children who need the translation
- We need to know what resources are there, but there are many gaps. What about a Hmong family? We have resources that people don't know about. Communicating resources that exist. Sarah has been putting together a resource list of community resources for foster families.
- Accessibility of resources: you have to come on a specific day at a specific time without your children to complete these forms. Not an appropriate expectation for 19 -21 year olds.
- Communication with other resources. When I make a referral, I don't hear back from that agency about how it went.
- Wishful thinking: some kind of systemic change so access is easier.
- A better understanding at society level about youth. Educating society about how we're different and in this case, for former foster youth. They don't have a good support system. People still think that children in foster care did something wrong.
- Youth are treated poorly when they access services and systems. Afraid of the court system because of how they are treated.

Question #4:

What else would you like us to know about your everyday life?

- I wake up every day and make it a point to love everyone and give respect to everyone equally.
- Children want their families. They don't think that this is a negative or positive environment. Children don't want someone telling them that there is something wrong with their families. It is important for us to make sure we tell them we're here to support and not vilify the parents.
- 90% of the people I work with are dedicated and love their jobs. The problems that exist in the caregiving systems aren't the fault of the workers. As a system, if we take our natural resource of our invested workers, we could do something amazing.
- People have what it takes to make a difference.
- Resources are most important; more case workers that can mentor and advocate to improve lives; everyone get vaccinated.

I cherish parent education because it is preventative. It dovetails with mental health counseling. Keep supporting parenting education classes that are evidenced based. Keep doing parenting cafes. Nurturing parenting has lots of discussion where parents talk to one another built into the program. We're not the experts. Parent cafes that focus on conversations.

Appendix #3: Individual Comments by Question Foster, Kinship, and Adoptive Parents

Question #1:

From your perspective, what are the three most important things parents or caregivers need or what to be the best they (you) can be?

- A good community around them, especially for resource families to support one another. It can be a lonely road. Others can have empathy, but not fully understand.
- Support – no matter what community your with...young parent or any parent. Support allows you to be a better parent.
- Having a place where parents can get resources. It is challenging, even without the pandemic but that has made it harder. It is difficult to do so on your own.
- Encouragement to know that parenting is hard and we don't get it right. It's ok. All comes down to support and relationships.
- Knowledge of resources and how to access them. A biological family or resource family don't know where to look for help. I have adopted children and don't always know where to go.
- There are good resources for family preservation but people don't know how to access them.
- In post adoption world, not a lot of post adoption support.
- It would be great to have a directory or a call in number to ask where to go.
- Affordable adequate child care is a struggle for a lot of families. Without it can't go to work; if it isn't adequate, all you make goes to child care.
- Affordable housing; a mom who works 16 hours a day doesn't have enough time to prioritize health and sobriety (reunified families)
- Adoptive parents have a hard time finding mental health services for adopted children. There is trauma associated with adoptions, so post adoption services are necessary.
- Trauma informed clinicians: hard to find them who know about adoption experience or even general support for children
- Even with health insurance, often mental health service aren't covered and comes out of pocket.
- Having places where parents can go for further education through the schools or where parenting classes can be in place.
- How to navigate social media; places for community classes
- Resources and collaboration within the community to get resources they need to battle conditions that are facing them: food, affordable housing or rent,

Question #2:

In your experience, how do age, race, ethnicity, and gender play a role in creating a barrier to thrive?

- Race and ethnicity play a major role for most families; women are normally involved in neglect or abuse for our children. The younger children seem to be the most vulnerable.
- The barriers are poverty, access to housing .
- Socioeconomic status. Maybe connected with race and ethnicity. When in lower SES you can't get a foothold to get ahead or even get started. It impacts food insecurity and ability to access internet. It can be seen at different areas and different schools where there are inequities. At a lower income school, there are higher percentage of AA families and Hispanic families. Causes people to struggle just to survive.
- Single parent and female households are also impacted.
- So much of the problem is connected to socioeconomic status.
- I think the schools do a good job of ensuring that kids get breakfast and lunch.
- When my kids were in foster care, we had to go to classes at WIC which were during the day. We had to wait often, the instructor would be late, and parents couldn't spend the time because they were working. They had to take time off – people's time wasn't honored nor respected.
- Society makes policies that don't look at deterrents that keep families from getting child care, can't take off from work because they'd get fired.
- As a foster parent, WIC allowed me to do classes on line, but people with lower SES had to come in and take time off work. I don't know why.
- The above is implicit bias and we make assumptions about different people and that impacts treatment.
- Many AA families have to fight for every resource and aren't given information. It can be different for families who have means who have access.
- No one gives help to fill out forms or information to help get what you need.

Question #3:

Where do you go for support?

- People don't know exactly where to go. I'm affiliated with the board of the *West Modesto Community Collaborative*. Families come to the center to find out where to get help. There is nothing that gives resources, contact names, ways to connect.
- At the community center, there are lists of resources. It works in partnership with other community organizations. We will call different partners to get families the help they need.
- This has been extremely important during covid. People were suffering from mental health needs. Some organizations ran out of money, and the legislation helped with rent and evictions.
- People go to faith communities that have been willing to offer support for bills, food, and basic needs. Especially during COVID.
- *Love all Our Kids* doing a great job to provide for birth families reunifying to get help and for resource families.
- If people are connected to a faith group or community center, it is helpful. But if they are not connected, there is no centralized source. Organizations don't know about one another.
- I brought together groups that are resources for foster families. Agencies didn't even know that others existed. It would be helpful to have a central location that managed resources. It

is a failing in our community. Go to one website. Particularly when people are at a point of crisis.

- We lose so many foster youth because they can't find help easily.
- For foster parents and adoptive parents, it is difficult. Often you find it informally.
- Need to know more about parenting across the age span.
- It is currently very word of mouth.

Question #4:

What else would you like us to know about your everyday life?

- This may take legislation, but I would like to see emergency funds available to help solve problems immediately. Often support is there but people have to wait. If you fill out a form for rent, you may need to wait two days. By then, you might not have a home. Set aside a pot of money for emergency support.
- Start looking at policies geared toward minimizing or eliminating poverty. How do we educate our legislators to think about what people in poverty might need to make things better.
- If we're really looking to address prevention, it needs to be a community effort. What drives abuse is when there are stressors, in survival mode, and lack of resources. We need to ensure that all families have support from the community. People need to know that there is someone they can turn to. It means that the community needs to provide support.
- Maybe more parenting education through the schools; but needs to be at the community level.
- We have to lift up the least of us which enhances all of us. Anyone can be pushed to that point.
- As a community we need to look at prevention and intervention. If it is not a harmful situation, we should work with the family to keep the child at home, if it is possible.
- We're pushing for the foster care program to ensure safety for kids. Relatives don't have to go through the same process as resource families so may not have all the resources they need. There needs to be more resources for biological families. Placements are suffering because resource families or kin don't have the resources. Relatives want to step up but can't always provide financially for the children – causes failure. The families think they will get support. Legislation for biological families or budget item.
- *Bridges* is an emergency child care funding mostly for relatives of foster children. This is only for children removed through dependency.
- If a relative takes a child before dependency through guardianship, they don't have access to the same resources as through dependency. This is when the placement is done informally and not through dependency. Relatives are trying to step up, without resources.
- *California Alliance of Caregivers* have been trying to push through a bill to offer support and resources to relative families.
- There is no transparency of resources from a worker. They will tell you what they think you need, but not broadly so the family can choose. Even in foster care, you might get a bigger reimbursement with a different level of care, but workers don't let you know that. The

parent/caregiver needs to ask about the level of care and advocate for themselves. Workers may assume that parents/caregivers have the information.

- We would like to know what comes of the listening sessions and stay involved.

Appendix #4: Individual Comments by Question Promotores

Question #1:

From your perspective, what are the three most important things parents or caregivers need or want to be the best they (you) can be?

- To be more careful, leave the phones and pay more attention on the children and their surroundings. Do not leave the children alone in the house even if the dad or someone else is home, never leave them alone at any moment and keep a close eye on them
- To be more careful and keep an eye on the kids because there have been many cases that even when we are present things happen to them.
- To know whom they are interacting with, get to know their friends and get to know their families. To monitor their social media networks that they are on.
- To have trust, and respect and good communication. To be able to communicate with your spouse and with the children so they can talk to you and tell you stuff whatever that may be, whether it is about drugs sex, and alcohol. etc.
- To monitor the children well, to have trust and respect and most important to have good communication
- To teach children compassion, generosity. To be more positive and to be patient
- Communication with our kids because that way we would be able to know if something happened and how it happened. Sometimes we pay attention to the surroundings but our children can choose not to tell us things, so the most important is communication.

Question #2:

In your experience, how do age, race, ethnicity, and gender play a role in creating a barrier for your family to thrive?

- One of the barriers for us is the language; having a different language other than English has been a big barrier.
- The language is a barrier, that is why it's important to have a lot of communication with kids especially if they speak little Spanish but the biggest barrier for me has been the language
- One of the barriers for us has been my spouse's job and being able to access education of our oldest child. A personal barrier for me is finding resources due to the language.
- The language, the culture and the lack of education has been a barrier. Sometimes not knowing of resources or certain ways to receive assistance. Especially because of not knowing how to reach that point so the language has been a barrier
- The difference in cultures I have tried to tell my kids about the differences between here and in Mexico and how many resources they have here and how they should take advantage of all the opportunities.
- The difference in cultures between the kids and the parents has been a barrier.

Question #3:

Where do you go for support?

- Moral and financial support I look to my husband.
- I connect to different free groups via internet or zoom. The first place I go to is the Family Resource Center (Patterson), I go to the church, my friends, my husband and my mom
- Now my focus for support is Promotoras they have helped me. Since I discovered the Promotora movement, they have been very helpful. I also seek support with some associations like Parent Resource, King Kennedy, Sierra Vista those places that have parent groups.
- Depends what type of support I need. When I need support to fill out paperwork, I go to Ceres Partnership. When I need mental health support, I also go to Ceres Partnership. Other than that, the one that is my go to be the Promotoras group and the exercise group that I have, they provide a lot of support.
- It depends on the type of support that one is looking for , with technology available the first thing that comes to mind is Google then based on the resources found in google the next step is to visit those organizations to follow up on the resources.
- Depends what type of resource I need but me personally, I use the programs in Ceres Partnership and other programs available like self-help groups. If I cannot find the resource with my partners then I go to these groups.

Question #4:

What else would you like us to know about your everyday life?

- My everyday life is to try to stay at home; I have my son doing school virtually. I order everything at home; I have to take care of myself since I have asthma. The Promotora group has helped me so much and other groups like healthy classes, mental health, and exercise classes. In addition, coming out to play with my dog and water my plants, participate in craft classes to practice self-care. Sometimes it is hard but it is something I have to do.
- We are caring for our families; we are maintaining safety thanks to the programs available that are being offered to us daily. We are not as stressed or as scared as we could be. They give us information to prevent us from being in crisis.
- I like to maintain my involvement in my kid's school, especially in the office and with the teachers, and everyone that is in charge of caring for my children. I check in with the teachers because when we have them at home, we care for them but when they are at school, they are the ones that know what is happening with them. I try to ask my kids questions about bullying and give them tips on how to advocate for themselves to use his words. I think it is very important to really listen to the kids and make the changes that are needed to be made, because it matters. If the kids feel like the teachers are not listening to them, then they get home and they feel like their parent are not listening either, that is when they isolate themselves in their space and that is when things happen and we are not

aware of them. In addition, thank you for having workshops that can help us and were we are listened to, we appreciate any other tips that we can get to help guide our kids

- I would love to see other opportunities for groups for older adults (similar to children's groups) because since I am the one that cares for my parents it can be stressful. We are trying to move forward and live life especially now since it is very difficult with everything that is going on.
- I would like to see educational workshops where we can learn what signs to look for in our kids, to be able to recognize when there is abuse. Because they may be going through something and we might not be able to recognize it. I would love to have groups like that in the community. Therefore, we can have more tools to help our kids
- Based in the circumstances we have been dealing with this last year with COVID there have been many changes, things are completely new and different we have all been learning and continue learning. In addition, it would be good for the resources available now to continue because there is still a lot of need out there. I would like to see more workshops and more information especially since kids are returning to school they everyday life is changing their activities are completely different.

Appendix #5: Individual Comments by Question Dad's Group

Question #1:

From your perspective, what are the three most important things parents or caregivers need or want to be the best they (you) can be?

- Children's safety/security, knowing how to educate them better, and to get more knowledge on how to guide and educate them
- Respect, safety, love and care
- Security, love, a mutual respect and understanding
- Love, patience, and giving them sense of safety, feeling safe in the home
- Protection, Safety/security, love, and having trust with the children
- Patience, love and security
- Patience, Understanding. Listening to our kids is important to know what is happening.

Question #2:

In your experience, how do age, race, ethnicity, and gender play a role in creating a barrier for your family to thrive

- As far as age goes we have to be informed about what we can teach our kids and at what age
- We have to know how to teach the children according to age and their maturity level
- Age plays a big role as far as child development and teaching the child, sometimes we hold them back unknowingly by setting boundaries that we were put on us as children and passing them on to our kids. We tend to say you cannot do this or you should not do that instead of allowing them to learn and experience life on their own. Sometimes that is what is needed for successful development
- Stereotypes or barriers that the older generations and younger ones had. How we group ourselves (millennials and such) that dictates how we act. The stereotypical age or genre is hard to break
- The age and culture, and at times discrimination play a role. Being Latino had has it challenges.
- Culture, we can teach our kids the values we have as families, and what our ancestors went through. The religion can also help to overcome barriers to help the child develop better

Question #3:

Where do you go for support

- Depends the topic I need support with, I could go to my brothers with priests, with teachers psychologist. Depending what type of support I need, if I am having emotional issues I can go to a therapist that can give me better advice then my brother or my friend. Is better to go with someone who has the capacity to give the support I need.
- When I need support, I have gone to Ceres Partnership and they have helped on many occasions
- Lately I have been reading a lot of parenting books to help me out with the different age groups. However for support, the main person I go to is my father in-law, he holds no judgement on which road I want to take and he gives great advice so that is who I go to for parental or any support in general.

- Typically, I get ahold of my mom, someone who has experience and who is none biased and non-judgmental.
- With my spouse, mom and dad. In addition, if I cannot find it there then life gets very difficult
- Depends what support I need, when the kids are not behaving we take away electronics and I ask my spouse how to control them since they have more experience, if the child is hyperactive then we look for professional support. We always try to take care of the issue fist but when it is bigger or it gets out of hand then we can go to an organization to find the help or support because sometimes parents do not have the answers.
- Normally I try to resolve the problem on my own if not I go to my spouse but if we can't fix it then I seek elsewhere with friends with parents

Question #4:

What else would you like us to know about your everyday life?

- Raising kids now a day is very hard; especially with the internet, it becomes more difficult.
- The first thing that there needs to be is communication and trust that needs to be present in every family to prevent any type of abuse
- Things differ from when we were in school; I notice that there is not anymore counseling in school and kids need to find a way to reach out. As adults, we have the 411 if they could implement something like that for children because sometimes they feel embarrassed, and feel like there is no safe place for them to share anything that is happening. If schools had something like that implemented, we could reach more kids,
- Times are different from when we were growing up, some things that were allowed that are not allowed anymore the way we were raised it is completely different. There is no safe place for kids to go to, they have home but sometimes kids have stuff that they don't feel comfortable telling their parents. They do not know who to go to anymore and kids are not comfortable to speak their mind. In addition, you only hear of things when they are bad or when there is some kind of trouble. I feel like there should be more support especially considering the troubled times we are in. Moving forward the children need a space that they can open in, and be themselves, different and safe
- It is hard to raise our kids but not impossible, we come from a culture that comes from hitting and yelling as a way to discipline and we need more resources to help us guide, and treat our kids better and therefore be better dads
- I have a child with Down syndrome and I have seen them pushed to the side in schools. They think that kids with disabilities do not learn and yes they are slower but they do learn. I would like to see them be more included with other kids because they feel rejected. We try to educate my son here at home but it is hard but we had have had bad experiences in the school, last time I took my son to school I saw a school staff using her body (knee) to push a kid. The child had a disability and did not want to get in the classroom she was pushing the child in the class with her knee. So that makes me ask a question: what do school administrators and staff do when we are not looking? The kids do not have a voice especially children with some sort of disability. If someone could offer some resources or a workshop on what parents should do in this situation, I would really appreciate it.

Attachment 3: Logic Model

See the following pages for the Logic Model

Stanislaus County Comprehensive Prevention Plan Logic Model

Infrastructure and Implementation Supports and Resources	Candidacy Population	Strategies	Phase 1 and 2 Evidence-Based Interventions	Short-term outcomes	Long-term outcomes	Goals
<p>Hiring & Recruitment</p> <ul style="list-style-type: none"> Increase staffing support <p>Training & Workforce Development funds</p> <ul style="list-style-type: none"> Re-centering lived experience Implicit bias and cultural competency of service providers Family Strengthening <p>Interagency collaboration</p>	<p><u>Phase 1 (year 1):</u></p> <ul style="list-style-type: none"> Children and families receiving in-home voluntary services or court-ordered Family Maintenance Pregnant and parenting youth in foster care <p><u>Phase 2 (year 2):</u></p> <ul style="list-style-type: none"> Children and youth with a substantiated or inconclusive disposition, but no case opened (hotline, emergency response units) Children and youth whose guardianship or adoption arrangement is at risk of disruption Children and youth with a report received by Child Welfare Services, but no investigation was conducted 	<p>Family Strengthening activities</p> <p>Mental Health and Substance Abuse Supports</p> <p>Parenting/caregiver education and development</p> <p>Outreach and Communications</p> <p>Promote increased engagement and completion of services through Motivational Interviewing</p> <p>Leverage existing Community Pathway</p> <ul style="list-style-type: none"> Early access to prevention services Reduce the number of families engaging with Child Welfare Minimize the stigma of working with Child Welfare 	<p>Nurse Family Partnership</p> <p>Healthy Families America</p> <p>Homebuilders</p> <p>Family Check-Up</p>	<ul style="list-style-type: none"> Increased positive interactions between the caregiver and the child Decreased length of time children and youth spend in residential, psychiatric, or other out-of-home placement Reduced harmful behaviors affecting family functioning Increased non-violent parenting skills Caregivers are empowered with skills and resources Child maltreatment declines CBO capacity is strengthened to act as hubs for community pathways in Phases 2 	<p><u>Parent/Caregiver Outcomes</u></p> <ul style="list-style-type: none"> Improved confidence in parenting abilities Improved family relationships Improved problem solving skills Increased ability to access and navigate services <p><u>Child and Family Outcomes:</u></p> <ul style="list-style-type: none"> Reduced maltreatment reports Reduced foster care entry, re-entry, or both Increased child and family well-being Reduced overall foster care population Increase in protective factors <p><u>System/Child Welfare Outcomes:</u></p> <ul style="list-style-type: none"> Increased investments in preventative services Decreased foster care placement Decreased child welfare caseloads <p><u>Provider Capacity</u></p> <ul style="list-style-type: none"> Increased ability to serve more families Increased engagement of family and youth voice 	<ul style="list-style-type: none"> Increase prevention services that prevent child welfare services involvement Decrease the need for foster care through evidence-based interventions that allow children to stay in their home Increase the well-being of youth in foster care by expanding family-based foster care and reducing reliance on congregate care

Stanislaus County Comprehensive Prevention Plan Logic Model

What will impede us?	What will support us?
<ul style="list-style-type: none"> - Lack of investment - Other parts of the system aren't aligned & push them down - Communication and Transparency - Stereotypes about the system - Laws and policies that lead to investigations and removals - Time- mandates - Staffing shortages and caseloads too big - Distrust of the system - Socially inept service providers- not humanitarian, unable to connect - Funding=caseloads - Community/parental fear of repercussions - How do we monitor progress? - Gap between the vision & mandate for providers - Lack of recognition/follow up - Consistency across providers 	<ul style="list-style-type: none"> - Active parent voice along the spectrum of engagement - There is public will - Illustrate progress over time- manage expectations - Peer facilitated groups - Marketing - Training on historical trauma; - Focus on engagement - Educate community on system - Personalized approach to meet needs - Success stories in media- educate community - Virtual (even at FRC's) meetings w families - Networked, coordinated activities - BIPOC, LGBTQ+, Differently abled, multi-lingual, lived experience support systems; Visibility is KEY! - Established partners who work well together - Support- we worked on plan together, multiple partners - Relationships

Attachment 4: Spending Plan

See the following page for the FFPSA Spending Plan

Stanislaus County

Families First Prevention Services Program (FFPS)

* Please note these amounts are estimated and will be adjusted as final costs are determined through contracting processes.

Spending Plan - Community Services Agency

	Total Amount	Amount Allocated	Description
Child Welfare Block Grant - CFL 21-22-84	3,075,907	3,075,907	
Evidence Based Practices (EBP) Training and Certifications		500,000	Nurse Family Partnership, Healthy Families America, Home Builders, Family Check-Up
Nurse Family Partnership (NFP)		97,500	Funding to support Public Health Nurse 50% of the time to deliver Nurse Family Partnership EBP
Healthy Families America (HFA)		646,407	Augment current Family Resource Center services to deliver Health Families America EBP
Home Builders		400,000	Fund Ten Slots for intensive in-home counseling and support services for at risk youth. (Home Builders EBP)
Family Check-Up		200,000	Fund slots for Family Check-Up
Child Welfare Services (CWS) - Administration		432,000	Extend funding for Social Services Department administration costs.
Culturally Responsive Services and Supports		300,000	Identify and execute culturally responsive services and supports
Model Fidelity		50,000	Develop and Implement EBP Model Fidelity
Community Outreach/Engagement Activities		50,000	Develop outreach materials for primary, secondary, and tertiary prevention activities including a focus on FFPS
Community Pathway		400,000	Develop and implement Community Pathway through Family Resource Centers to include risk and safety assessments
Total	3,075,907	3,075,907	