

## **Addendum to the County of Orange's Comprehensive Prevention Plan (CPP)**

In consultation with the California Department of Social Services, Orange County wishes to clarify the following strategy and implementation plans for the CPP.

### ***Case Worker Participation in CPP***

During the planning process for the CPP, feedback was collected from frontline case workers and probation officers through several activities:

- Readiness assessment with staff and Family Resource Centers
  - Half day spent with frontline staff to get feedback
  - Half day spent with their supervisors to gain their perspective
- Two Indian Child Welfare Act (ICWA) case workers were represented on the Prevention Pathway Team
- Case worker's supervisors have been part of all parts of planning, bringing the perspective of the case worker
- Probation officers will complete similar readiness assessments in the fall of 2023
- Child welfare case workers and probation officers will be closely involved in the implementation process with similar engagement activities, representation on the groups involved in implementation and in the actual start-up of the work during the first phase of implementation

### ***Cross-Sector Communication in the Decision Making Loop***

The overall strategy for cross-sector communication is to provide a tool to build knowledge and develop a mindset to support prevention services for Orange County, moving away from always relying on child welfare interventions when a child or family is in need. The actions below are those that will support that strategy.

- The Communication Plan is currently in development and is scheduled to be completed by August 2023.
- There will be specific communication strategies for internal staff, community-based providers, and the community in general.
- The Prevention Pathways planning meetings will be relocated to the community to further engage the community. A charter will be developed around decision making and a community-based organization (CBO) will be engaged for planning and facilitation.
- The governance body will remain with the Implementation Leadership Team (ILT), Core Team, and Implementation Team. Currently these teams include community members such as foster care alumni, CBOs, and the Department of Education. Further efforts will be made to engage the Tribal perspective.
- As the Title IV-E agency, Orange County intends communication around Family First Prevention Services Act (FFPSA) planning, decision making, and agency and Community Pathway to be transparent.
- Decisions made as part of Prevention Planning will be elevated through the Core and Implementation Teams and presented to the ILT.
- If the ILT disagrees with a plan, it will send the plan back for further discussion, clarity, or revisions.

## **CPP Candidate and Evidence-Based Practice (EBP) Needs Assessment and Decision Making**

- Before determining which candidate populations would be served, data initially was collected from public sources such as the Child Welfare Indicator Project at Berkeley, the Casey Community Opportunity Map, and reports such as the Orange County Self-Assessment and the Conditions of Children and the Child Welfare Self-Report prior to the Prevention Pathway Team having access to current data from the County of Orange Social Services Agency (SSA).
- The data was shared as part of Prevention Pathway meetings, but the Pathway Team and Senior Leadership from SSA was clear that they felt that each of the populations (see exhibit A) had potential to be at risk for foster care.
- With the mindset of serving all populations, there were many conversations around identifying the best population(s) to start with. For the sake of simplicity, it was determined that the population that could be most easily impacted early on for prevention services would be those who were already known to SSA and entering through the Child Abuse Hotline.
- Data from SSA showed that the linkage rates for Differential Response (DR) were lower than they could be, and that Mindful Interviewing (MI) had the potential to improve those linkage rates.
- When looking at allegations by age, the highest rate of referral occurs for children under 1 year old. To address this population, SSA will look for opportunities to expand to EBPs such as Healthy Families America, Parents as Teachers and Nurse Family Partnership as implementation progresses.
- It was also suggested that the social workers who provided DR investigation could benefit from being trained and incorporating MI into their practice.
- According to the most recent Orange County Annual Report on the Conditions of Children in Orange County, the rates of students experiencing depression have increased since the last comparison gathered in 2011–2013. Further, nearly 10% of kindergarteners were identified as vulnerable on the Early Development Instrument’s social-emotional composite measure. Additionally, because most children in Orange County fall within school-aged populations, most cases in the County involve children within those age groups (see figure 6 on page 21 of CPP).
- Healthy Tomorrows is a program co-located in the Santa Ana Unified School District, and CFS staff deliver services and early interventions to children identified by school staff as being at risk of referral to child welfare.
- Healthy Tomorrows staff would also be using MI to support their practice and improve linking youth to services (including already existing EBPs) and one of the goals of the program will be to prevent a child from entering the child welfare system.

### **EXHIBIT A: FFPSA ELIGIBLE CANDIDATE POPULATIONS**

1. Children with a substantiated or inconclusive disposition, but no case opened
2. Probation youth subject to a petition under section 602 of the W&I Code
3. Children and families receiving voluntary or court-ordered Family Maintenance
4. Children whose guardianship or adoption arrangement is at-risk of disruption
5. Children who have siblings in foster care
6. Pregnant and parenting youth in foster care
7. Native American children identified by a tribe
8. Homeless or runaway youth
9. Substance-exposed newborns
10. Trafficked children and youth
11. Children exposed to domestic violence
12. Children whose caretakers experience substance use disorder
13. LGBTQ youth
14. Children or youth experiencing other serious risk factors combined with family instability or safety threats

- While this program is currently limited to a small number of schools in the northwestern part of the County, FFPSA could provide an avenue to expand this entry point. In future phases of implementation, Orange County will also examine opportunities to support other EBPs in California's plan, many of which target this population of children.
- MI was the only EBP that was selected, as it was felt that it had the broadest potential to benefit each of the candidate populations being served.
- Orange County recognizes its wealth of prevention services and specific EBPs that enables the County's strategy of using existing EBPs and fully using current funding resources, while also capitalizing on the ability to use MI.
- Orange County has amended parts of appendix G to point out those EBPs that were approved by the California Division of Social Services that already exist in the community and the corresponding candidate populations they might serve. These EBPs will continue to serve as referral sources for the Family Maintenance Collaborative Services (FMCS) staff. Further monitoring of the types of services that youth and families involved with FMCS and Healthy Tomorrows need will help provide direction for areas of focus for more defined referral networks for already existing services that have capacity or to help determine if any EBPs need to be added.

### ***Tribal Representation in Decision Making***

- Conversation within the governance body (ILT), Core Team and Implementation Team are currently taking place about how to improve engaging Tribes to get their perspective in decision making, Tribal compensation, and ICWA and Spirit of ICWA planning needs. The ultimate goal is for Tribal representatives to be directly involved in prevention decision making.
- Tribal involvement has been challenging when federally recognized Tribes do not exist in Orange County.
- Orange County has chosen to capitalize on the community involvement of Native people as well as the County's ICWA staff to understand the needs of the Native Community.
- There have been six team members who identify as Native who have been extremely engaged on the Prevention Pathway Team.
- Efforts to engage meaningfully with Tribal members and the Native Community during the implementation process are ongoing and will be continued.

### ***Strategies for Primary, Secondary and Tertiary Prevention***

- The Orange County Prevention Planning team wants to capitalize on the primary and secondary prevention services that already exist and focus on planning for how families can be connected to those services when they need them.
- Primary and secondary prevention efforts exist broadly in Orange County. Orange County demonstrates in attachment A of the CPP the breadth of those services. The strategy for Orange County as the Community Pathway expands is to capitalize on existing services as well as assess where there is a need to build capacity or expand services in coordination with providers and planning teams. Feedback from frontline staff and community providers is that there is a need to find consistent, common access points for those in need to access prevention services.
- Healthy Tomorrows is a strategy for secondary prevention and is an area where MI will be used as a case management practice during phase one of FFPSA implementation.

## ***Barriers to the Sustainability of the CPP***

Throughout the planning process for the CPP, sustainability of the CPP has been at the forefront along with the need to address barriers as they come up. The following factors continue to be the biggest threats to a successful long-term prevention plan:

- Issues around workforce is currently a major challenge for both child welfare agencies, CBOs, HCA and Probation. There is a concern that if the workforce barriers are not solved, it will be challenging to get ahead of their focus on deeper end issues and move to prevention.
- The mindset of staff, leadership, and the community needs to support a culture of prevention. The communication plan will use strategy to change mindset, provide ongoing information and a transparent look at the data for the results of the work.
- The administrative challenge of the work is a barrier for CBOs and timely implementation of prevention services. The time to generate a new contract in comparison to the current date of the State Block Grant will be a barrier:
  - The fiscal planning teams foresee challenges with the extended timeframe between implementing and starting or expanding services without having the ability to claim for any federal reimbursement.
- The County and CBOs are hesitant to move forward with implementation until there is a consistent way to fund prevention services after the Block Grant and other temporary funding is gone.

## ***Support or Non-Supplantation***

To explain the statement in the plan, our understanding of the use of MI as a case management practice is the ability of SSA to initially draw down State Block Grant funds and subsequently Title IV-E prevention funding through a time study by FMCS staff as an administrative expense reimbursement via the claims expense reporting. By adding the additional funding stream, where eligible staff working with FFPSA-eligible clients allocate time spent using MI (to fidelity), the salary and benefit costs are “shifted” for a portion of the time to MI-supported fund sources.

Consider that FMCS staff salaries and benefits:

- Have not used any existing prevention funding and therefore are not replacing existing prevention funding<sup>1</sup>
- Are not part of a funding source that would have been eligible to be captured as part of the Maintenance of Effort calculation<sup>2</sup>

Based on the above, we suggest that the claiming of time spent providing MI as a case management practice would not violate the non-supplantation clause.

### **Example:**

For the salaries and benefits of FMCS staff, they time study to a variety of fund sources, including County, realignment, some state and federal sources. Once staff can begin using MI as a case management practice, there will be some allowable activities that they perform that can be coded as MI.

The State Block Grant and Title IV-E prevention becomes an additional funding stream in the mix of funding for their salaries and benefits.

As an example, assume that current costs for salaries and benefits allocate as follows:

- 20% State

- 40% Federal
- 40% County

Once an additional federal funding source (Title IV-E prevention) is added, the costs shift to a higher percentage of federal support with the addition of a new eligible federally funded activity. If the federal share goes up, another area of funding will be lower while still covering 100% of salaries and benefits and the percentages may instead be allocated as follows:

- 20% State
- 50% Federal
- 30% County

The ability to repurpose realignment and County dollars associated with current staff salaries could support expansion of existing or new services.