

# COMPREHENSIVE PREVENTION PLAN

County Of Orange FFPSA Implementation

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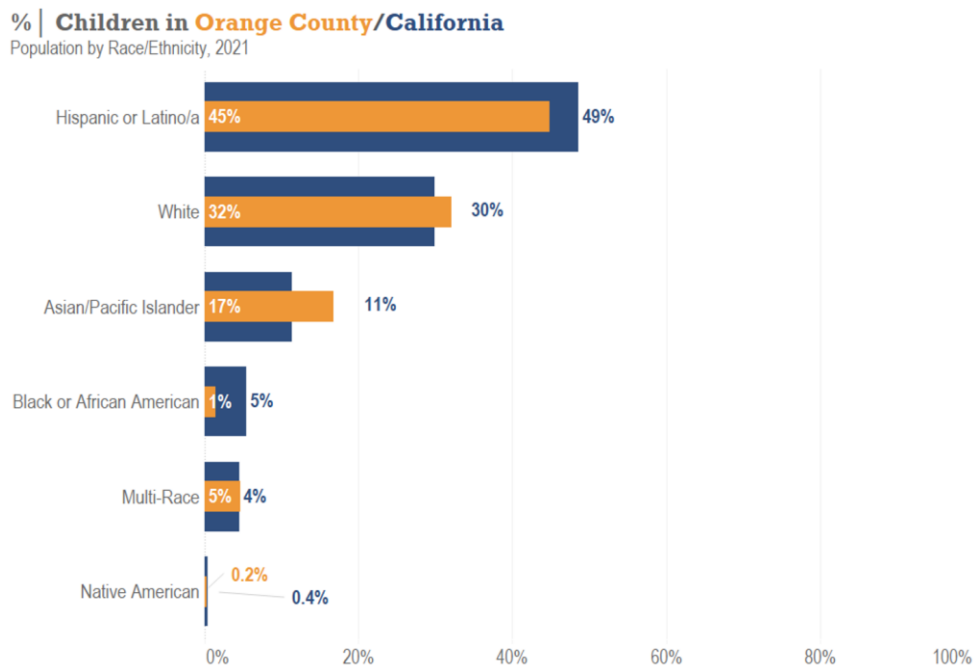
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## Introduction

The County of Orange (Orange County, or OC) is the third most populous county in the state of California and the sixth most populous county in the United States. Indigenous communities lived on the land for centuries before the first Spanish explorers entered what is now the County of Orange in 1769. The County is known for its agricultural history, with the County's economy being largely agricultural until the 1950s. In addition to the County's namesake fruit, lemons, apricots, walnuts, lima beans, celery, sugar beets and avocados all thrived here. Today the County is a leader in health care, technology and biotechnology. It is also well known for its tourism and theme parks.

The population of Orange County is a diverse make up of approximately 3.1 million residents. Almost one-quarter of the County's residents (22%) are under the age of 18. The largest child racial/ethnic group in Orange County (figure 1) is Hispanic/Latino, followed by White and Asian/Pacific Islander. The County has a comparatively small population of Black/African American children (1% compared to 5% statewide), and 5% of children identify as multiracial. A small but historically vital population in the County are those who identify as Native American. The original inhabitants of Orange County and the Los Angeles basin were the Gabrielino/Tongva Indians. This extremely diverse population—which is estimated to be 30% foreign born—and nearly half (45%) of households identify as speaking a language other than English at home.

**Figure 1. California and Orange County Child Population by Race**



More than 20 public departments operate in Orange County. Of those, the primary providers of services to families and children are the County of Orange Social Services Agency (SSA), Orange County Probation Department (Probation) and the Orange County Health Care Agency (HCA). SSA, through its Children and Family Services (CFS) Division and its coordination of CalWORKs and CalFresh in Orange County, has historically provided county-based services that help ensure child safety.

Although parts of the County have great wealth, according to California Poverty Measure (CPM), 13.1% of residents in Orange County are living in poverty. Programs like CalFresh and CalWORKs provide prevention support as an additional safety net. The CPM estimates that poverty levels for children would be closer to 20% without these programs. Obtaining housing is often a challenge for working class families. The Casey Community Opportunity Map estimates that it would require a person making minimum wage to work 127 hours per week to afford a two-bedroom home in Orange County.

Well-being measures indicate that overall, children are doing well in Orange County. The County has fewer children living in poverty, a greater high school graduation rate, and more families have access to technology such as computers and internet for education purposes in comparison to surrounding California counties. The County is rated as being good when it comes to access to “healthy food,” which means that low-income families have better access to healthy and affordable foods compared to others in the U.S. Most children in Orange County have some type of health care coverage.<sup>1</sup>

Orange County currently has a robust network of public agencies, community providers, and other family and youth-serving organizations with a prevention-oriented vision. These collaborative partners are a huge strength in Orange County. Collectively, they believe that transitioning further away from a reactive approach to one focused on prevention and early intervention will provide an opportunity for families in Orange County to be stronger and the lives of children will be improved.

The Family First Prevention Services Act (FFPSA) provides Orange County with a significant new opportunity to improve the well-being of its residents. The legislation authorizes federal funds to be used earlier for a child or family when the family first needs the service. These prevention services aim to be a wiser investment, rather than using funds to support a child’s needs in foster care. For SSA and Probation, in partnership with the California Department of Social Services (CDSS), the implementation of this Comprehensive Prevention Plan (CPP) and Title IV-E prevention services intends to:

- Promote the social determinants of health
- Strengthen community providers and increase their capacity to provide family centered and culturally appropriate services
- Strengthen collaborative partnerships with other public and private entities throughout the county
- Reduce disproportionality, addressing systemic and historical traumas
- Decrease entries into foster care by serving more children when the services are needed the most
- Reduce incidences of abuse and neglect

This plan will serve as a living document that outlines, at a high level, how Orange County intends to redefine child welfare services and move away from reporting and dependency and toward prevention services. Orange County will work with the community to build the capacity to identify what is needed to prevent families from entering the County’s child welfare and probation systems.

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<sup>1</sup> Casey Family Foundation Opportunity Map

## Governance Structure

The CPP outlines the strategies for Orange County to strengthen and enhance the local array of prevention services, supports, and partnerships and to ensure: (1) community-based organizations (CBOs) are prepared to provide evidence-based practices (EBPs) approved under the FFPSA; (2) families can access services appropriate to their individual needs; and (3) the County collects data that will allow for maximum claiming of Title IV-E funds as allowed under FFPSA.

The SSA and Probation Departments led a coordinated and collaborative process to develop the CPP, providing the blueprint for how prevention services will be implemented. Key partners included public agencies, private organizations, and local tribal representation as well as community members and youth and families with lived experience in the child welfare system. The implementation of the CPP in Orange County is being led by the SSA's CFS Division, Probation, and the HCA. These agencies oversee the efforts of several groups that were either previously existing or are newly formed for the planning of FFPSA and are working together to develop and implement the County of Orange CPP.

**Interagency Leadership Team (ILT):** The ILT role is to align the work of public serving agencies, such as SSA, Probation, HCA, the Orange County Department of Education (OCDE) and the Regional Center of Orange County. This mission includes an awareness of and a commitment to incorporate foster youth experience and voice into county-level collaborations and partnerships that manage or oversee the delivery of services affecting youth in foster care. The ILT brings together system partners to ensure that all public programs for children, youth and families provide services in an integrated, comprehensive, culturally responsive, evidence-based/best practice manner, regardless of the agency door by which children and families enter.

For FFPSA, the ILT helps partner agencies keep apprised of status updates on FFPSA Part I implementation in the County. The ILT coordinates with other CPP teams to implement the plan and serve as a decision-making body for certain elements of the plan. The ILT is also responsible for overseeing the plan for its cross-sector collaboration and engagement, including how their input will be incorporated into strategies for continuous quality improvement (CQI). Orange County's ILT was established in 2020 in response to California Assembly Bill 2083 (2018).

The ILT will serve as the official governing body of the other FFPSA planning teams. The ILT's role will be to help partner agencies keep apprised of status updates on FFPSA Part I and coordinate with other agencies and their CPP teams' implementation.

Members of the ILT include leaders from SSA, Probation, HCA, the OCDE and the Regional Center.

**System of Care (SOC) Coordination Committee or IAC:** Members of the SOC Coordination Committee seek to have an authentic shared leadership of partners to maximize existing trauma-informed care for youth with a history of trauma in the child welfare system. This SOC Coordination Committee provides input on shared work to ensure alignment of that work.

The SOC has been operating as part of the Continuum of Care Reform, as part of California AB 2083, since 2018. For the purposes of FFPSA, the SOC will provide input on prevention planning and coordination on work that cross over between the two projects. SSA, HCA, Probation, and community partners (OCDE, Juvenile Courts, Regional Center, Courts) make up the membership of the SOC. This Committee is an arm of the ILT and serves as a workgroup for the purposes of Continuum of Care Reform.

**Core Planning Team (Core Team):** The purpose of the Core Team is the development and management of day-to-day operational planning for FFPSA Part I. This includes providing guidance and oversight on meeting frequency, location, membership and coordination of the various planning teams for FFPSA. Membership includes SSA, HCA and Probation.

**Implementation Team:** The purpose of the Implementation Team is to inform and develop the implementation plan for FFPSA Part I. The Implementation Team will provide guidance and oversight on the multiple phases of developing and implementing a prevention pathway for the Title IV-E agencies and the Community Pathway. The Implementation Team also serves as a platform for member agencies to provide status updates and coordinate their work. Members include SSA, HCA, Probation, First 5 Orange County (a public agency that funds initiatives and quality programs to prepare children to enter kindergarten), and foster youth representatives.

**Prevention Pathways Team:** The Prevention Pathway Team makes recommendations that inform the planning and implementation for prevention services and the prevention pathway for Orange County. The team does this by identifying EBPs that will be accessed by candidates for early implementation and prioritizing candidate populations which will be served by FFPSA. The Prevention Pathway Team has a strong focus on maintaining that prevention services in Orange County are equitable, easy to access and culturally responsive. This team is evolving over time, but to date has been comprised of the agencies and other organizations identified in table A.

This Prevention Pathway Team includes members who provide the voice of those with lived experience in the child welfare system and recipients of community-based services.

**Table A. Prevention Pathways Partner Organizations**

<ul style="list-style-type: none"> <li>• SSA</li> <li>• HCA</li> <li>• Probation</li> <li>• United American Indian Involvement, Inc.</li> <li>• OCDE</li> <li>• Start Well OC</li> <li>• The Raise Foundation</li> <li>• Children and Families Coalition</li> <li>• All 4 Kids</li> <li>• Anaheim Union High School District (AUHSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Native American Church of Anaheim</li> <li>• Teen Leadership Foundation</li> <li>• CDSS</li> <li>• Olive Crest</li> <li>• Santa Ana Unified School District (SAUSD)</li> <li>• Gabrielino-Tongva Tribe</li> <li>• Project Kinship</li> <li>• Families and Communities Together (FaCT)</li> </ul>

**Fiscal Team:** The purpose of the Fiscal Team is to create a fiscal pathway to maximize claiming of Title IV-E funds as outlined by FFPSA. To this end, the Fiscal Team is documenting how prevention services are currently funded at the primary, secondary and tertiary levels in the County, developing FFPSA spending plans for SSA and Probation, establishing fiscal claiming processes and rates for services,

identifying changes needed for contracts, and conducting a cost-benefit analysis for prevention services in the CPP. The team includes representatives from SSA, Probation and HCA.

**Child Welfare System Improvement Plan (CWSIP):** The purpose of CWSIP, a partnership between SSA and Probation, is to act as the oversight body for the CFS Division’s System Improvement Plan and other initiatives, as directed by SSA. For FFPSA, this group will provide ongoing input on CQI. Table B reflects the member agencies and organizations of CWSIP.

**Table B. CWSIP Organizations**

<ul style="list-style-type: none"> <li>• SSA</li> <li>• Probation</li> <li>• HCA</li> <li>• Raise Foundation</li> <li>• Young Lives Redeemed</li> <li>• Seneca</li> <li>• Western Youth Services</li> </ul>	<ul style="list-style-type: none"> <li>• Olive Crest</li> <li>• Orangewood Foundation</li> <li>• Children’s Cause OC</li> <li>• OC Public Defender</li> <li>• OC Juvenile Court</li> </ul>

**Data/Evaluation Team:** The Data/Evaluation Team, which is composed of SSA staff, is identifying the number of children that can be served by the prevention process; reviewing data-reporting needs; and creating the CQI process, the data-collection process, data-sharing agreements, and the evaluation process. This team has been minimally active during the planning process but will be more active during the implementation process.

## Cross-Sector Collaboration and Partner Engagement

Orange County has a strong history of cross-sector collaboration, as evidenced by the work of the teams currently partnering together, such as the ILT, SOC, CWSIP and many others. SSA and Probation began their initial planning for FFPSA in mid-2022 and began engagement of cross-sector collaboration early on. Members from contracted service providers were added by all three agencies.

Partnerships and strong participation have been provided by many CBOs, community members, faith community and American Indian and Native Alaskan (AI/AN) community members. The full teaming structure for the planning of FFPSA implementation is listed in appendix A. Each of these partners has demonstrated great commitment to the planning process and have been a natural cross-sector collaborator.

An important partner for community-based prevention services is the Family Resource Centers (FRCs). The FRCs are part of the [Families and Communities Together](#) (FaCT) network, an SSA public-private program. Since 1994, FaCT, which includes [more than 100 partners](#), has provided support services to children and families through community-based collaboratives operating in FRCs, that are each led by a nonprofit or city agency. Each of the 16 FRCs across the County provide the following seven core services, as well as other services tailored to each community’s needs, for free to families:



- Case management team services
- Counseling
- Personal Empowerment Program
- Emergency assistance
- Family support services
- Information and referral services
- Parenting education
- To view a complete list of the services each FRC offers, see appendix B.

The strategy for governance and cross-sector collaboration for Orange County's planning process has been to capitalize on existing teams and resources and has been successful thus far. There remains a need to identify more opportunities to bring in the voices of those who have experience with child welfare and those who may be candidates for prevention services and their families.

A strategy to ensure cross-sector communication will be developed as the first phases of this project are operationalized.

## Tribal Consultation and Collaboration

The population of AI/AN residents in Orange County per census data is approximately 1.1% based on residents that self-identify as AI/AN. While Orange County does not have federally recognized tribes or reservations, the County does have a population of relocated urban AI/AN, as well as those who belong to state-recognized tribes and others. Many of these families not identified by a tribe still claim AI/AN heritage and value their unique culture.

The County CFS Division has a specialized Indian Child Welfare Act (ICWA) unit. In August 2003, CFS formed an ICWA Notification Unit designed specifically to ensure adequate and uniform notification to tribes and the Bureau of Indian Affairs. The ICWA Unit researches the ancestry of dependents at the time of detention and contacts and interviews relatives and others who might have information. The ICWA Unit has recently expanded, and according to the staff that work in the ICWA Unit, there is a sizable wait list for families to be assigned to an ICWA social worker.

SSA has a memorandum of understanding (MOU) with the Pechanga Tribal Nation and the Southern California Tribal Chairmen's Association for Temporary Assistance for Needy Families (TANF) agreements, and an MOU with the California State University Tribal STAR Program, which helps support AI/AN youth. To better address the needs of tribal foster youth, the Tribal STAR Program and SSA have agreed to work collaboratively to access training and technical assistance for SSA child welfare professionals who work on cases involving tribal youth. This collaborative effort ensures that tribal foster youth are connected to culture, community and resources as they successfully transition to adulthood.

As part of FFPSA planning, SSA and Probation engaged AI/AN leaders, staff and community members in the effort to plan for prevention services that would include the voice of the AI/AN community. AI/AN partners have participated in the Prevention Pathway teaming efforts and have provided input on how the EBPs selected for the County's Prevention Plan will enhance the prevention work being done in the community.

As additional engagement efforts occur with AI/AN organizations, services and EBPs will be identified. Ongoing discussions will be needed to ensure funding is available for culturally appropriate services.

The AI/AN members involved in Orange County's prevention planning efforts have been simultaneously engaged in and frustrated by the process. They have identified that they feel that the AI/AN population is undercounted and underserved in Orange County and have expressed frustration that their needs have not been addressed before FFPSA. They do feel positive that they have been invited to the table, but are unsure what results will be produced.

According to the California Child Welfare Indicators Project (CCWIP), AI/AN children in Orange County are 2.7 times more likely than the general population to have a foster care entry when they are engaged with the agency.<sup>2</sup>

The Judicial Council of California has created a guide to understanding the benefits of providing culturally appropriate services to AI/AN families for non-federally recognized tribes. It offers best practice guidance for providing culturally centered practice at the front end and throughout the lifespan of a case for families who are part of an AI/AN community, whether they are part of a federally recognized tribe or not. The guide is used by SSA along with the notice and service requirements of ICWA. The guide also includes a description of efforts to invite and engage tribes in cross-sector collaboration for the CPP. The plan is for SSA and Probation to address the prevention needs of AI/AN community members in alignment with the practice guidance and requirements already in place.

With an awareness that the federal requirement for claiming Title IV-E prevention funds solely related to AI/AN candidacy requires membership in a federally recognized tribe, SSA and Probation will assess alternate categories of candidacy for AI/AN children and families. Additionally, SSA and Probation will continue to work to identify contracted providers and/or other community resources for culturally responsive services. The CPP spending plan proposes the use of some of the Family First Prevention Services (FFPS) State Program Block Grant to ensure that alternate funding is made available for culturally responsive services.

The next step will be to identify opportunities to build entry points in a community pathway for prevention services for AI/AN children and families and identify culturally appropriate services that will meet their individual needs. The AI/AN community members who have been engaged in the FFPSA planning process have emphasized that the AI/AN population want culturally specific and traditional practices in a community pathway to meet their needs.

## Integrated Core Practice Model (ICPM)

The SSA and Probation both use the ICPM as a framework to inform practice internally between SSA and Probation staff, and with system partners through the interagency California AB2038 system of care to outline practice expectations and goals for how the agency does its work. Leadership in the agency recognizes that there have been stops and starts with full implementation, but the work continues to move forward for all levels of department staff. As a component of implementing the County's Prevention Plan, SSA will use the training resources available to share the ICPM framework and expectations with prevention plan partners and support the integration of the framework into the

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<sup>2</sup> California Child Welfare Indicators Project

prevention services access points to engage with families and assess their needs and candidacy, the management of family prevention plans and the delivery of prevention services with families. Additionally, SSA and Probation will use a CQI process that measures the integration of the ICPM framework, as part of FFPS (see table C).

**Table C. ICPM Behaviors and Strategies**

ICPM Behavior	County of Orange’s Strategies for Using the ICPM
Foundational	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> <li>• Engage in open, honest collaboration and accountability with the stakeholders participating in implementation teams, to gain input and give timely information.</li> <li>• Ensure accountability through evaluation components as outlined in the logic model.</li> <li>• Expect all team members to be accountable for what they say and do within planning meetings.</li> </ul> <p>Behaviors With Families</p> <ul style="list-style-type: none"> <li>• Engage in open, honest, clear and respectful communication with families seeking assistance and receiving prevention services.</li> <li>• Use Motivational Interviewing (MI) to engage families through accessing prevention services and managing prevention plans.</li> <li>• Support communication with families in the method they prefer and provide engagement or services in culturally relevant languages whenever possible with translation services available where appropriate.</li> </ul>
Engagement	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> <li>• Use multiple forums to ensure community partners and service providers will have the opportunity to contribute and be informed about primary, secondary and tertiary prevention services throughout the County.</li> <li>• Foster a sense of trust among implementation team partners and work toward gaining a better understanding of the roles and responsibilities of each agency.</li> </ul> <p>Behaviors With Families</p> <ul style="list-style-type: none"> <li>• Use MI to establish a relationship with all members of the family (child, youth, young adult and caregivers) through intake, screening, assessment of family needs and managing the family prevention plan.</li> <li>• At intake and throughout a family’s engagement in prevention services, providers will rely on the family’s input, actively maintain a collaborative relationship and share relevant information from which the family can make informed decisions along the prevention pathway.</li> </ul>

ICPM Behavior	County of Orange’s Strategies for Using the ICPM
	<ul style="list-style-type: none"> <li>Throughout a family’s engagement in prevention services, there will be consistent use of language that is in alignment with cultural expectations and shows consideration of the family’s perspective and demonstrates respect for the family’s role as an expert in planning and decision making.</li> <li>Families will be provided with information about available prevention resources and will have the ability to opt in for services. Messaging will be clear that opting in for prevention services is optional. An expectation of family engagement for intake, screening and prevention plan management is that the hours will be flexible, more than 5 days/week and by appointment. Engagements with the family will take place in the setting of their choosing.</li> </ul>
Assessment	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> <li>Use common assessment tools that are already being used effectively by partner organizations, such as Child and Adolescent Needs and Strengths (CANS), with minor modifications to ensure all FFPSA data needs are captured to minimize multiple assessments being conducted with each family.</li> <li>Expand opportunities for data sharing between the child welfare agency and community-based partners who are managing prevention plans to ensure consistency in the assessment processes.</li> </ul> <p>Behaviors With Families</p> <ul style="list-style-type: none"> <li>Staff will gather information using MI skills that support engaging the family and identifying their eligibility and interest in receiving prevention services.</li> <li>Prevention staff will facilitate assessments using CANS assessment tools. The assessment can be done in parts at a pace that works for the family. The tool will help staff to gain an understanding of the family’s needs.</li> <li>Prevention staff will engage in periodic screening for risk and engage in team-based decision making.</li> </ul>
Teaming	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> <li>As a collective, community partners are engaged in the design, testing and implementation of a prevention-oriented system of care in Orange County.</li> <li>Coordination and communication occur regularly between multiple teams that will support different components of the prevention plan.</li> </ul> <p>Behaviors With Families</p>

ICPM Behavior	County of Orange's Strategies for Using the ICPM
	<ul style="list-style-type: none"> <li>• Prevention team's goals are to support the family with any appropriate prevention services that they can provide and to use a team approach to ensure the family engages with their prevention plan.</li> <li>• The Prevention Social Worker's goal is to establish a team in partnership with the family to access available prevention services in the community and to support the family throughout their prevention plan, from needs assessment to service completion.</li> <li>• The Prevention Social Worker will work with community-based services to identify culturally appropriate services to meet the family's needs and will be a continued support to the family as they engage with prevention services. The Prevention Social Worker will share needed information to the referred CBO as appropriate and assist the family in contacting the CBO.</li> </ul>
Service Planning and Delivery	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> <li>• Agency partners will use data to guide decision making about which EBPs to implement, expansion of EBPs or need for cultural adaptations of services.</li> <li>• Partners will track data to best determine how to use funding and maximize revenue sources to best meet family's needs.</li> </ul> <p>Behaviors With Families</p> <ul style="list-style-type: none"> <li>• Customized prevention plans are co-developed with the family and monitored and adjusted as needed to reflect the family's needs and progress through prevention services.</li> <li>• Throughout service delivery, the Prevention Social Worker will facilitate interaction with the family by staying impartial and consistently creating an atmosphere of transparency, mutual exploration and respect and that acknowledges prior safety solutions.</li> <li>• Well-rounded case management and linkages will be provided using MI and ongoing assessment, collaboration and engagement with the family and other supports.</li> </ul>
Transition	<p>System and Partner Behaviors</p> <ul style="list-style-type: none"> <li>• Partners will keep each other well informed of agency changes, either in key services or initiatives, funding, data or staffing to prepare for the impact of these transitions on the Counties prevention plan.</li> </ul> <p>Behaviors With Families</p> <ul style="list-style-type: none"> <li>• The Prevention Social Worker will provide transition planning and preparation well ahead of the family's transition out of preventive</li> </ul>

ICPM Behavior	County of Orange’s Strategies for Using the ICPM
	<p>services in collaboration with the service provider and in alignment with the EBP being provided.</p> <ul style="list-style-type: none"> <li>• The Prevention Social Worker, in coordination with the community-based service provider, will collaborate with the family as the expert during transition planning.</li> <li>• The Prevention Social Worker, in coordination with the community-based service provider, will coordinate and collaborate with the family’s informal and formal supports as identified by the family to ensure successful transition.</li> </ul>

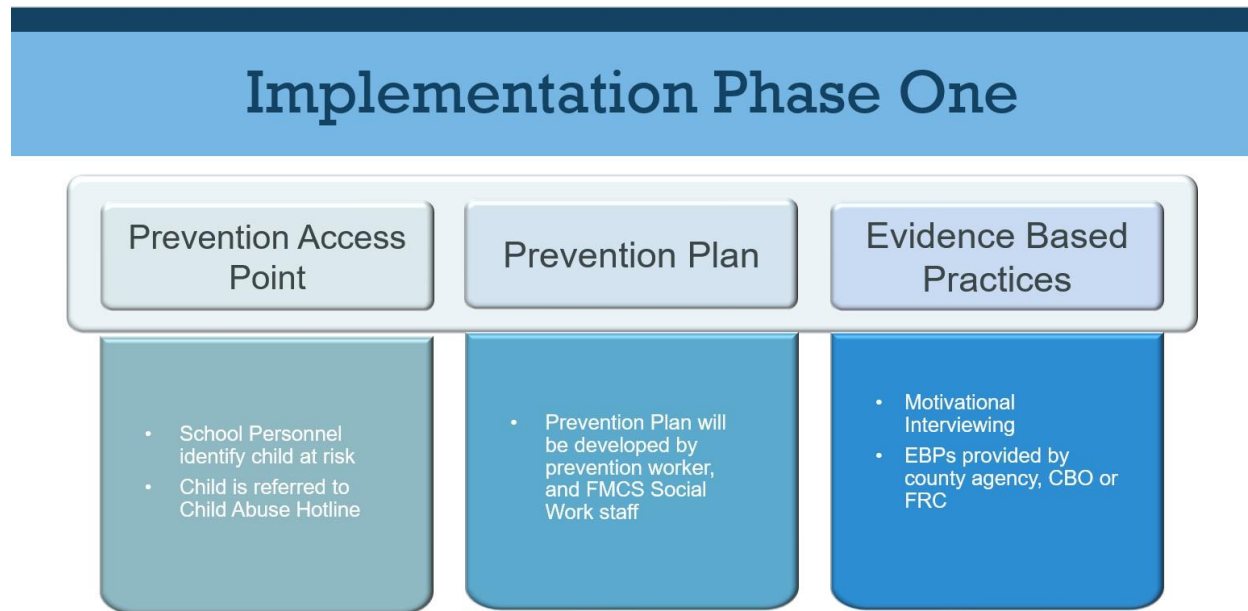
Along with the ICPM, SSA has other core practices that it has implemented over time, including Safety Organized Practice, and some staff have had training in MI—both of which the County feels align closely with the ICPM. There will be an intentional focus during CPP planning that all prevention practices align with the values that are instilled in the ICPM and MI. (See ICPM Crosswalk in appendix C.)

## The Prevention Pathway

A prevention pathway, as defined by CDSS, represents “the ways in which vulnerable children and families may come to the attention of service providers and be approved for Title IV-E prevention services.”

As SSA and Probation strengthen their focus on prevention, the first phase of implementation (figure 2) will include MI. For SSA, Family Maintenance Collaborative Services (FMCS) staff will be trained in the use of MI for case management.

Figure 2. Prevention Pathway Phase One



SSA's path to prevention services will be as follows:

1. Children served in Phase One of FFPSA implementation will be children known to the agency and identified by one of two pathways:
  - a. **Healthy Tomorrows** – Youth will be identified as being at risk that their emotional and behavioral needs are affecting their academic status. The child is referred to the Healthy Tomorrows program by school personnel within the Santa Ana School District.
  - b. **Child abuse hotline** – Youth will be referred to the child abuse hotline when there is a concern of neglect or abuse. When eligible, the child is referred for a Differential Response (DR) investigation. DR cases are mostly comprised of allegations of general neglect. SDM Risk and Safety assessments will be used in this process. Child is referred for prevention services.
2. SSA staff will determine FFPSA candidacy.
3. Families will receive prevention services:
  - a. Healthy Tomorrows staff will engage with identified children and families to provide short term intervention and case management. SSA staff will provide resources and referral information about EBPs that are being provided by County CBOs and FRCs and make referrals.
  - b. DR staff will assess families while completing a DR investigation. If the allegations are substantiated and there is no ongoing risk, families will be referred to an FRC in their community for intervention. DR staff will participate in a service planning meeting to provide continuity and assist with prevention planning.

### Evidence-Based Practice Selection

The MI Implementation manual, developed by Chapin Hall at the University of Chicago, describes MI as an “EBP with the potential to change the way child welfare professionals work with families. By

providing a framework for workers and clinicians to reach, engage and empower families, it creates affirming and transformative service experiences—replacing the reactive or punitive interactions that have characterized child welfare for too long.”

SSA has decided to implement MI to support its case management model for the following reasons:

- MI supports the ICPM through engagement with families and children.
- MI improves outcomes by changing how practitioners engage and partner with families.
- MI can increase linkages to early prevention services and prevent families having recurring referrals to the hotline.
- MI would require minimal effort to implement with the Title IV-E staff.
- Implementing MI will broadly allow Orange County to offer an EBP and simultaneously claim for more children under Family First, sometimes entire programmatic areas.
- MI is widely practiced within CBOs in the County.
- There are opportunities to learn from implementation of MI during early phases and expand this practice across the Title IV-E agency and to other FRCs and CBOs. This will increase collaboration, e.g., by supporting communication and partnerships with the FaCT platform and First Five.

In future phases of FFPSA implementation there will be opportunities to develop more entry points for prevention services within the IV-E agency, including the addition of Probation youth. SSA plans to include inconclusive or unsubstantiated suspected child abuse referrals to be added. SSA will also plan for further expansion including adding more school districts to the Healthy Tomorrows program, developing a second path for Family Preservation Services (FPS), and expanding MI to other programs such as the Family Self Sufficiency program.

## Candidacy Populations

With the initial pathway prioritizing families already known to CFS, the County intends to identify and serve all eligible FFPSA candidacy populations. Should the children or families not meet FFPSA candidacy, they still will be referred to appropriate services via public agencies, community-based providers and FRCs. Based on the sequencing of implementation, it is likely that particular candidacy populations will be prioritized. Prioritization was not based on a perceived need or sense of deservedness, but rather was based on the following factors:

- Existing structures to support implementation of a specific pathway, which aligns to specific populations
- New structures or supports needed to support the implementation
- Benefits and possible barriers associated with the approach
- Feasibility within the timeline for implementation
- A review of various data on existing populations served



Phase 1 will include children and families known to Healthy Tomorrows, CFS, and Probation. The following candidacy populations are more likely to be identified during Phase 1:

- Children and families receiving voluntary Family Maintenance
- AI/AN children identified by a tribe<sup>3</sup>
- Substance-exposed newborns
- Children whose caretakers experience substance use disorder (SUD)
- Children or youth experiencing other serious risk factors combined with family instability or safety threats
- Probation youth subject to a petition

As additional capacity is built and the pathway for prevention services is expanded, Phase 2 will likely include:

- Children who have unfounded or inconclusive investigations by CFS
- Children with a substantiated or inconclusive disposition, but no case opened
- Probation youth who have been diverted from Probation
- Additional eligible candidacy populations will be added based on data and capacity

Data will be continually monitored, and opportunities for the inclusion of additional candidacy populations will be explored throughout implementation

For SSA, Phase 1 will capitalize on existing capacity within CFS. This includes the DR and Healthy Tomorrows programs. In 2022, DR served over 3,000 children. Healthy Tomorrows was paused due to COVID-19; however, over 500 children were served by Healthy Tomorrows in 2018 and over 400 children were served in 2019. Therefore, it is anticipated that a total pool of 3,000 to 4,000 children will be reviewed for FFSPA candidacy annually. Most of the families that come through SSA's pathway will qualify for prevention services, although not all families will qualify for an FFSPA-eligible EBP.

The pathway for Probation will require additional planning. The specific candidacy pool for this population will be examined as a part of this planning process; however, it is anticipated that Probation will capitalize on existing capacities, similar to the approach taken within SSA.

## Needs Assessment

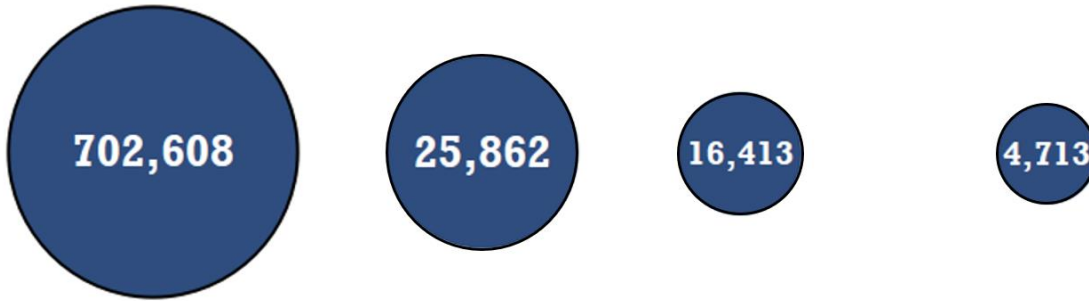
According to CCWIP data from 2021, Orange County has a total child population of 702,608. Nearly 4% of children had a child welfare allegation, with about 18% of those allegations substantiated. Figure 3 depicts the main decision points and associated number of children in Orange County that come to the attention of child welfare.

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<sup>3</sup> SSA understands that not all AI/AN children are affiliated with tribes and provide services based on the spirit of ICWA. SSA is committed to building culturally responsive services for all children.

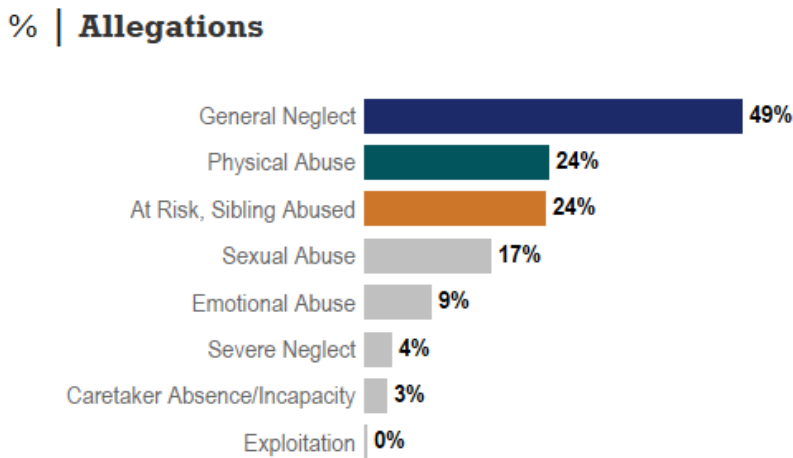
**Figure 3. California Child Welfare Indicators Project Data, 2021**

**# | Orange County # | Allegations # | Investigations # | Substantiated**  
 Source: CCWIP  
 Child Population, 2021



Based on 2022 referral data provided by SSA, most families involved in child abuse referrals are experiencing allegations of general neglect (figure 4). Understanding that some families will still require traditional child welfare services, this allegation type represents the largest category of the child welfare population in Orange County and is one that is especially likely to benefit from prevention efforts.

**Figure 4. Types of Child Maltreatment Allegations, 2022**



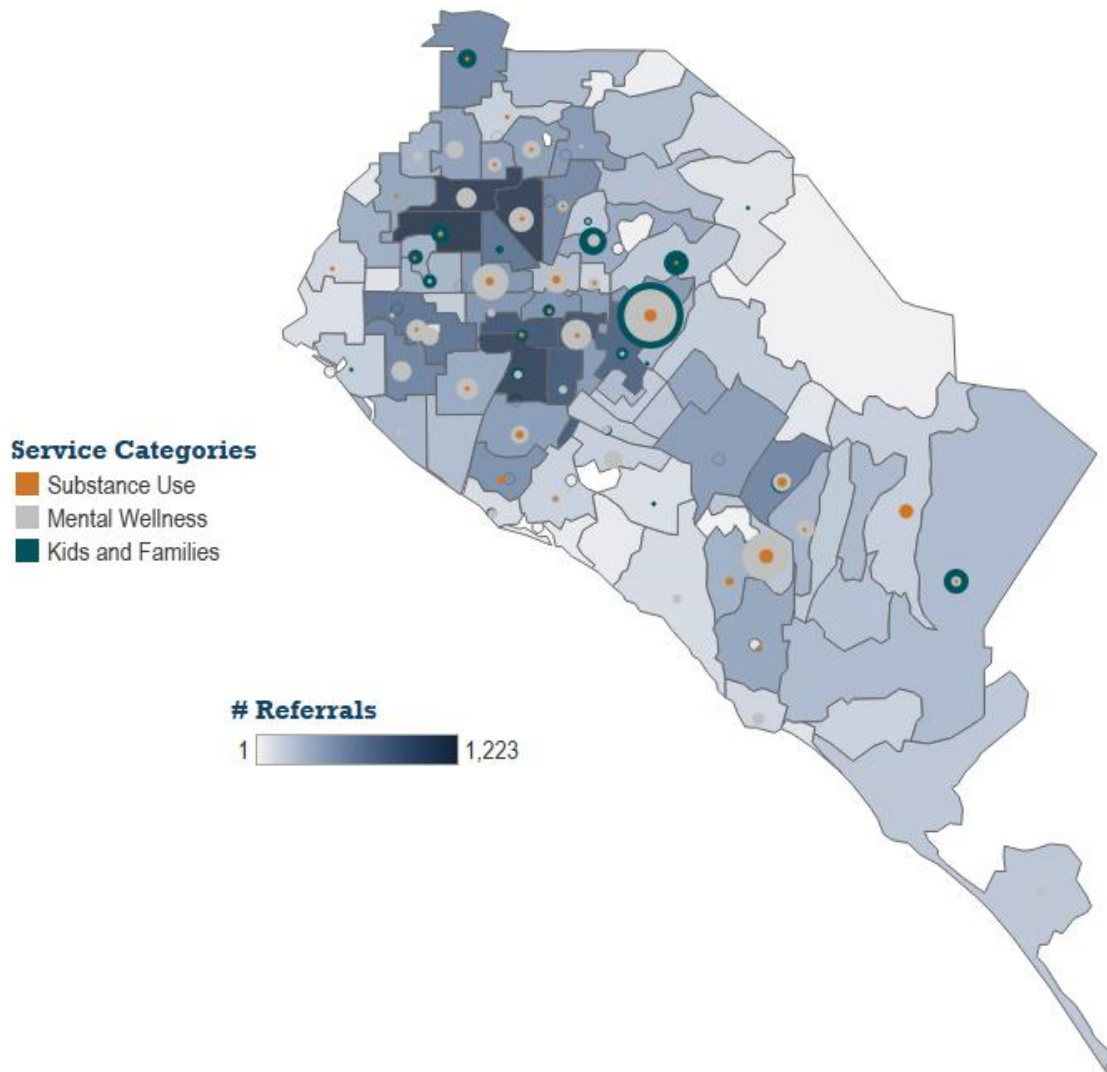
Using the County of Orange SSA data from 2022, the map below in figure 5 shows the distribution of unique referrals throughout Orange County, along with the volume of kids and families, mental wellness and substance use services identified through the HCA OC Navigator network. This map shows the greatest concentration of child welfare referrals originate in the County’s northwestern zip codes. Services are dispersed throughout this area, with a higher concentration of services centrally located in the County. Very few services are in the northeastern or southern areas. Additionally, there is a lower availability of services for SUDs in comparison to services for kids and families or mental wellness.

Furthermore, according to the 28<sup>th</sup> Annual Report on the Condition of Children in Orange County, services to support children experiencing mental health and SUDs is an area of need. In that report, combined hospitalization rates reported for children with serious mental illness and substance use conditions increased by 42% from 2011 to 2020. While some of this may be explained by increased capacity to serve and decreased stigma around seeking help, Orange County acknowledges these barriers to families accessing services. For families to access services prior to coming to the attention of child welfare or probation, a coordinated way to link referrals to resources through a community pathway will be crucial. According to SSA staff, while current navigation tools, such as 2-1-1 and OC Navigator are helpful, the information accessed across these systems is not consistent. This makes it challenging to equitably provide services to children and families. Continued efforts will be necessary to understand and develop strategies to support these needs within the community. Orange County SSA and Probation plan to use FFPSA as an opportunity to increase the accessibility and array of prevention services in line with community needs.

Figure 5. Referrals and Service Categories

## # | Referrals + Service Categories

Unique Count, 2022



When looking at allegations by age, the highest rate of referral occurs for children under 1 year old.<sup>4</sup> To address this population, SSA will look for opportunities to expand to EBPs such as Healthy Families America, Parents as Teachers, Nurse Family Partnership as implementation progresses. Additionally, because most children in Orange County are school aged, most cases in the County involve children within those age groups (figure 6). According to the most recent Annual Report on the Condition of

<sup>4</sup> California Child Welfare Indicators Project (CCWIP). Retrieved February 21, 2023, from the University of California at Berkeley CCWIP website. <https://ccwip.berkeley.edu>

Children in Orange County, the rates of students experiencing depression have increased since the last comparison gathered in 2011–2013 and nearly 10% of kindergarteners were identified as vulnerable on the Early Development Instrument’s social-emotional composite measure. SSA’s Phase 1 of implementation includes Healthy Tomorrows, where social workers are co-located in some County schools and deliver services and early interventions to children identified as being at risk of referral to child welfare. While this program is currently limited to a small number of schools in the northwestern 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.

**Figure 6. Referrals by Age, 2022 (SSA referral data)**

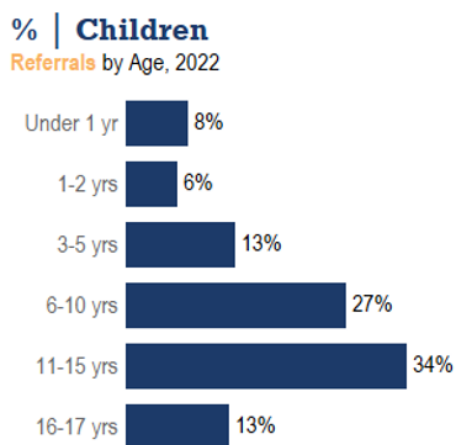
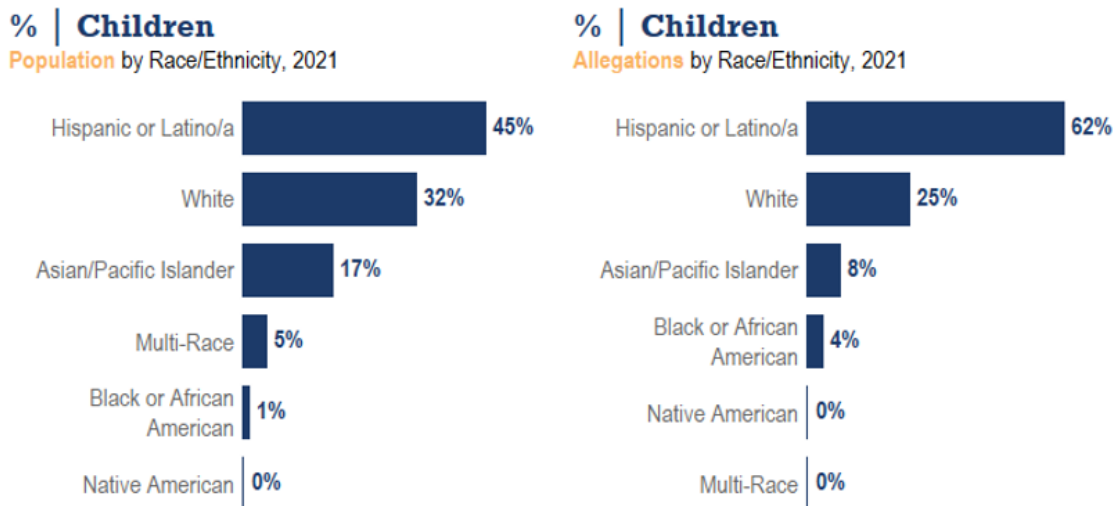


Figure 7 below illustrates race/ethnicity breakouts for the child population and those with allegations in Orange County.<sup>5</sup> The majority (45%) of children in Orange County identified as Hispanic or Latino, this demographic also represented the largest population of children with allegations (62%). Looking at allegations per 1,000 children, Latino children are 78% more likely to have a child welfare allegation compared to White children. Furthermore, although Black children represent a small percentage of the Orange County population (1%), they occupy a disproportionate percentage of children with child welfare allegations (4%). Statistically, Black children are more than three times as likely to have a child welfare allegation when compared to White children and still twice as likely when compared to Latino children. According to the most recent Annual Report on the Condition of Children in Orange County, Black or African American, Native Hawaiian or Pacific Islanders, and Hispanic or Latino children also represented the largest percentages of children identified as socially and emotionally vulnerable in 2022.

<sup>5</sup> CCWIP. Retrieved February 21, 2023, from University of California at Berkeley CCWIP website. <https://ccwip.berkeley.edu>

Disproportionality in the child welfare system is an acknowledged issue across the United States<sup>6</sup> and remains an important issue to address within Orange County. SSA and Probation acknowledge that Latino and Black children and youth are significantly overrepresented in the child welfare system, a disparity they aim to address through prevention services.

**Figure 7. Child Population and Child Maltreatment Allegations by Age, 2021**



Together, these data highlight Orange County’s needs for improved access and array of services. Specifically, these data suggest strong areas of need for youth mental health and substance use services, services that support parents and caregivers of infants, as well as a variety of services and supports for youth and caregivers of school-age children. Additionally, there is a need to provide culturally responsive options. Consideration will be given to how services can further be offered in geographically targeted locations to reduce barriers to access. Orange County aims to address these needs through prevention services and will further evaluate how to incorporate additional services and increase accessibility as capacity increases.

## Service/Asset Mapping

Orange County SSA and Probation have a strong history of providing prevention services to support families through interagency collaboration and resourcing of services. They have a well-known community-based FRC network, a robust provider network that includes nonprofits to government agencies, hospitals, school-based services, and several faith-based organizations. Service array strengths and gaps were assessed through a variety of data-collection methods. Orange County SSA and Probation are committed to further moving toward a system of prevention, while simultaneously serving the youth that are neglected and abused and providing for the safety of all children. The information gathered during the asset mapping phase reflects these existing partnerships and serves as a strong foundation to

<sup>6</sup> Annie E. Casey Foundation (2023, February 8). *Children in foster care by race and Hispanic origin in the United States*. <https://datacenter.kidscount.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin#detailed/1/any/false/1729,37,871,870,573,869,36,868,867,133/2638,2601,2600,2598,2603,2597,2602,1353/12992,12993>

expand or add prevention services to maximize services across primary, secondary and tertiary prevention levels.

## Readiness Assessments

To gain a deeper understanding of the service array, baseline readiness, and capacity strengths and needs, SSA, HCA and Probation, in partnership with consulting firm ICF, disseminated a survey to public agencies and service providers. Eighteen organizations responded to the survey. The following is a summary of the findings:

- Readiness
  - 17 of the respondents indicated they were “very motivated” or “motivated” to partner on prevention
  - 1 respondent indicated “neutral”
- Implementation Strengths and Supports
  - 14 respondents have existing partnerships that can support the prevention work
  - 13 respondents currently provide prevention services
  - 13 respondents have a strong awareness of other programs provided in the community and positive working relationships with those service providers
  - 12 respondents have and use data tracking systems
  - 10 respondents have existing fiscal reporting systems
  - 9 respondents have sufficient staffing resources
  - 5 respondents have no wait lists to receive services
- Implementation Barriers
  - 9 respondents have had or are experiencing staffing shortages
  - 4 respondents have a long waitlist for services
  - 4 respondents have issues with service accessibility (e.g., location, limited hours of operation)
  - 4 respondents are unable to offer services in languages needed
  - 2 respondents have high staff turnover
  - 2 respondents have limited ability to track and monitor client outcomes

This survey helped gain a baseline understanding of the services being provided to families, the providers’ motivation to partner with SSA and Probation for the purposes of FFPSA, and the strengths and gaps in services within Orange County.

After completing the baseline survey data, structured readiness assessments were completed with 16 County CBOs, FRCs, and groups of FMCS staff and supervisors who will be part of the first phase of prevention services implementation. A more detailed summary of the readiness assessments is included in appendix D.

Orange County is assessed to be in a good position to strengthen its prevention services within the Title IV-E agency and subsequently to develop a pathway with the community and in the community for FFPSA.

The CBOs, FRCs and County staff who were interviewed are motivated to work with SSA and Probation to co-create a community pathway. Each of the organizations that were assessed identified prevention as not only being important to them, but part of their mission. Organizations felt that they were a preferred place to provide prevention services and that information about prevention services could be disseminated through them as they are already trusted partners with the community.

There was a certain amount of caution in their motivation, which was identified as coming from uncertainty whether the County will relinquish control to community organizations or whether the SSA could be nimble and responsive for needed adaptations. This was especially seen related to the contracting process. SSA and Probation will need to take this uncertainty into consideration when partnering with community organizations.

Capacity building and a commitment to partnerships will be an ongoing focus of planning for FFPSA. SSA and Probation recognize that in child welfare and other human services organizations, there are challenges with staff retention and hiring qualified applicants. Many of the organizations, including SSA, have numerous unfilled positions. This causes some anxiety for their staff when they see leadership in the organizations hoping to bring on new work when they are already feeling overly burdened.

Organizations in Orange County identified a need for financial resources for them to engage in a partnership. FRC leadership state that they are not fully funded, and that often they are asked to do more but do not receive any additional funding.

The conversations yielded the following information as to what the community providers identify as gaps in services that are needed to meet the needs of youth and families in Orange County:

- Services for teens, particularly substance use prevention and intervention
- Services that are provided in the home
- Services that have variable hours other than 8 a.m. to 5 p.m.
- Services that support AI/AN families in a location that supports trusted access
- Services using peer-partner models
- Services for navigation or care coordination
- Referral processes and services that meet the language needs in the community
- Services that support youth and families with developmental disabilities

In addition to the readiness assessments, SSA conducted two engagement sessions with parents with lived experience in child welfare and related systems (e.g., mental health services) to ensure their perspectives could be incorporated into Orange County's CPP. One session included 24 participants, and the other included 10 participants. Appendix E provides a detailed description of the session. The following is a summary of suggestions to improve prevention services in the County:

- Ensure services are easy to access and address waiting lists
- Focus on positive and supportive relationships and helping families develop trust
- Help with basic needs, particularly housing
- Normalize getting help
- Include SUD services, mental health services and parenting education as part of the service array



- Provide services that are culturally appropriate
- Locate services in a welcoming, comfortable location
- Provide additional services and activities for children
- Address the issues of fathers
- Address violence and promote suicide prevention
- Conduct additional outreach about available services

Moving forward, feedback from the parent groups will need to be factored into a communication strategy and for policy and legislative advocacy. Persons with lived experience provided feedback around their need to trust the system in order to access it. Most said that a reason they did not reach out when they needed help was a fear of the system and a fear that they would lose their children.

During implementation, additional capacity and readiness assessments will be conducted through subsequent surveys, interviews and focus groups at certain intervals.

A strategy to assess the County’s readiness was to obtain input from staff and supervisors from FMCS and FRCs who will be involved in Phase One of implementation. Readiness assessment sessions were held separately for staff and supervisors. Each group was provided with an overview of the FFPSA, the proposed prevention pathway, and MI—the selected EBP—to provide context for the discussion.

Both groups identified that their motivation and readiness to move their work toward a focus on prevention was strong, with some caveats. There were questions and concerns that they viewed needed to be addressed before moving forward. The staff and supervisors felt more hopeful than nervous. The social workers saw opportunities for stronger partnerships, particularly with families, FRCs and CBOs.

The groups also expressed concerns around their own capacity. They noted that while change and initiatives have started within CFS and change has been promised, it has not been delivered. The social work staff felt that their capacity to take on new work was limited, and they were already working at capacity. They expressed the hope that as candidate populations are being expanded, there would be additional staff to support the work. The social workers and their supervisors recommended that stronger efforts be made around recruiting and retaining staff and addressing the high level of turnover that they see in the agency and in the community.

Services that are noted as either missing or having gaps are outlined below. The availability of these services would strengthen the array of prevention services:

- Services for couples counseling
- Services for domestic violence counseling that work with couples
- Services that address anger management
- Services that address basic needs
- Services that provide SUD services for teens
- Services that pair with parent partners
- Services for Black and Brown communities

## Existing Prevention Services and Spending

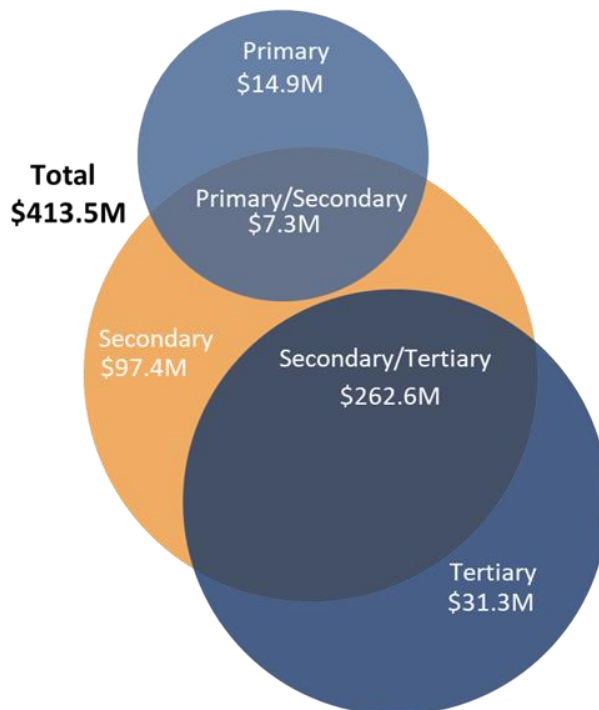
The review of existing community resources that strengthen families emphasized the numerous prevention efforts currently in progress in Orange County. Information was gathered from SSA, Probation, HCA Behavioral Health, HCA Public Health, and First Five of Orange County and includes a list of contracted prevention services or in-house provided services. Additional research, survey results and meetings with CBOs helped inform an expanded list of current prevention service offerings, funding amounts and sources in Orange County (see attachment A).

To determine available funding to serve primary, secondary and tertiary tiers of prevention (figure 8), the following departments and organizations provided information:

- SSA
- Orange County Probation
- Orange County HCA – Behavioral Health
- Orange County HCA – Public Health
- First Five of Orange County

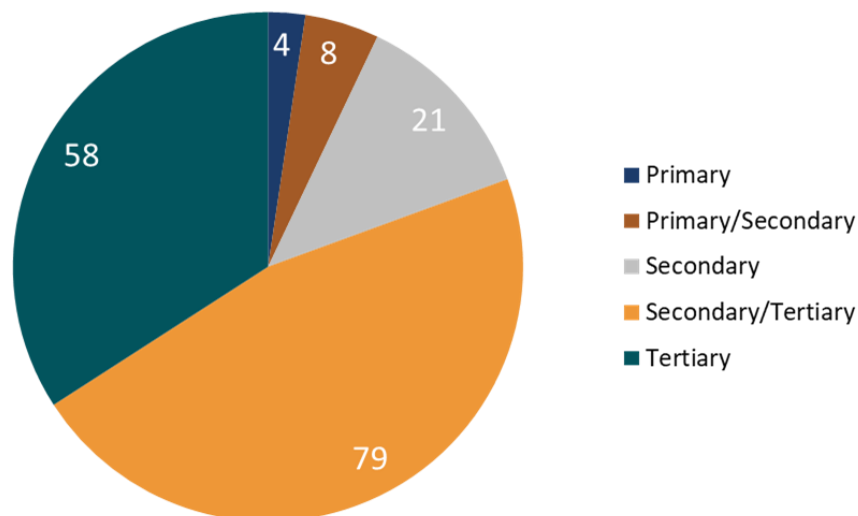
For some services, information could not be separated out into distinct categories so there is some overlap between tiers. The information was collected as a point in time and is reflective of the organization’s interpretation of the level of prevention. The fiscal information that was gathered reflects a rough estimate of a little over \$413.5 million in prevention funding.

**Figure 8. Prevention Spending by Tier, 2022**



The information gathered identified 170 prevention services in relation to the organizations noted above that support youth and families in Orange County and span across the prevention levels (figure 9).

**Figure 9. Number of Prevention Services by Tier, 2022**



SSA, in partnership with Probation, HCA, 16 FRCs, First Five and through existing contracts or referral networks, links youth and families to various needed services. SSA and Probation will continue to explore these existing services and community-based providers to identify opportunities to enhance referral processes, determine any need to expand services, or assess for new EBPs or culturally appropriate services to meet identified needs.

The survey responses and readiness conversations highlighted substantial motivation and identified many existing prevention strategies that include extensive collaboration among community partners alongside SSA, HCA and Probation. The following list includes active community programs or initiatives that aim to strengthen families and reduce the likelihood of Child Welfare or Probation involvement. These are programs for consideration that could serve as a future additional entry point(s) into the community pathway that offer intentional focus on increasing and best matching youth and families referred from CFS and Probation. As capacity and referral populations can be assessed there is a potential need for expansion of services such as Healthy Families America, Parents as Teachers, Nurse Family Partnership or others. Detailed information about the programs, agencies involved, and objectives of each program or initiative can be found in appendix F:

- Bridges Maternal Child Health Network
- Home Visiting Collaborative
- Multi-Disciplinary Consultation Team
- Neighbor Resource Network
- OC Navigator

These programs are a sample that represents the multitude of programs used to support primary, secondary and tertiary prevention efforts. In addition to these specific programs, figure 10 outlines other strategies that Orange County currently employs at each level of prevention, with those most impacted by FFPSA highlighted.

**Figure 10. Current Prevention Strategies**

Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> <li>•Reducing substance use</li> <li>•Reducing poverty, improving economic stability, transportation and access to supports</li> <li>•Increasing social connections within families and the community</li> <li>•Improving health and access to healthcare</li> <li>•Improving school readiness, neighborhood safety and play areas for children and youth</li> <li>•Increasing communication and public awareness strategies for education, engagement, and outreach</li> <li>•Increasing access to concrete supports such as childcare, food and housing</li> </ul>	<ul style="list-style-type: none"> <li>•Increasing accessibility to community-based resources for families needing support</li> <li>•Offering parent education programs</li> <li>•Providing home visiting programs that provide support and assistance to expecting and new parents</li> <li>•Providing respite care for families that have children and youth with special needs</li> <li>•Increasing access to family-centered substance use disorder (SUD) treatment services</li> <li>•Connecting families to public assistance programs such as Medi-Cal, WIC, Calworks and CalFresh</li> </ul>	<ul style="list-style-type: none"> <li>•Providing family preservation or reunification services</li> <li>•Providing permanency planning</li> <li>•Providing independent living supports for youth in transition to adulthood</li> <li>•Providing post adoption caregiver support</li> <li>•Providing Kinship/care support services.</li> <li>•Offering parent supports that help parents strengthen positive parenting behaviors and attitudes</li> <li>•Providing behavioral health and health services for children, youth, and families</li> <li>•Providing parent mentoring programs to families in crisis.</li> <li>•Providing counseling, substance abuse treatment, and crisis intervention for at risk youth, including those that cannot access services through Medi-Cal.</li> </ul>

In our review of current prevention strategies, we determined which of the EBPs identified in California’s five-year prevention plan are Title IV-E reimbursable. We also identified other available practices rated as Promising, Supported or Well-Supported in the Title IV-E Prevention Services Clearinghouse. Appendix G represents a summary of each EBP, its funding source (if known), provider(s) of the service and an indication of a current contract by the Title IV-E agency for the service.

The needs assessment reveals that school-age children make up the largest proportion of child welfare referrals and case openings. Additionally, with the trend of increased numbers of youth impacted by mental health or substance use, the schools and HCA in addition to SSA and the Healthy Tomorrows program are working to address these needs. The behavioral health and substance use services currently being provided in schools are outlined below. As SSA and Probation continue to expand the prevention pathway, the OCDE will continue to be a close partner in implementing prevention services.

Orange County’s school districts offer the School-Based Behavioral Health Interventions and Support (SBBHIS) program in elementary, middle and high schools in school districts that have the highest indicators of behavioral health issues, including dropout rates, expulsion and suspensions. The program provides prevention and early intervention services to empower families, reduce risk factors, build resilience, and strengthen culturally appropriate coping skills in students and families. The curriculum is implemented at the classroom level for all students in these schools to explore a positive approach to the school environment, and a more intensive curriculum is implemented for students and families based on assessed need.

Individual school districts also may provide their own school-based behavioral health and wellness programs to students and families. Behavioral health professionals and counselors work with students, families, staff and interagency partners to assess and support behavioral health challenges at school, particularly those that are possible barriers to student learning. Examples of services include individual and/or family counseling, group counseling or skills groups, suicide prevention and intervention services,

crisis intervention services, case management and progress monitoring, school social work services and referrals to community partners.

Orange County school districts also institute school-based programs and services that specifically address substance use issues. For example, the Alcohol and Drug Prevention Team of the Orange County HCA provides staff training, parent workshops, a school-based curriculum, community education and outreach on substance use issues. The Orange County Friday Night Live Partnership program engages young people in substance use prevention activities on school campuses and in CBOs.

Phoenix House, a contracted provider of SBBHIS services in Orange County, uses EBPs in its school-based substance use program and other services. It uses the Strengthening Families Program to improve parenting skills, family relationships, social competencies and school performance and to reduce child maltreatment, problem behaviors in children, delinquency and alcohol and drug use. Phoenix House implements the Too Good for Drugs prevention curriculum in middle schools. This curriculum provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. Phoenix House also uses Positive Action, a program created for students in kindergarten through eighth grade that aims to motivate them to be their best selves by teaching them about how positive actions can make them feel good.

Many school districts' Local Control and Accountability Plans (LCAPs) outline services for children and youth in foster care. (See appendix H for links to the LCAPs for the County's 28 school districts as well as the OCDE.) Examples of services highlighted in the LCAPs for children and youth in foster care include supports to help children and youth in foster care remain enrolled in their school of origin, coordination of services with direct service agencies, instructional assistance, extended learning programs outside the traditional school day and year, after school individual and small group support, transportation, counseling and tutoring.

During this discovery phase, it has been clear that there is a strong array of prevention services, although there is a lack of coordination across the services. In conversations with partners and internal SSA and Probation staff, there is not always equity in the knowledge that is carried. There are some organizations that identified both navigation strategies and peer-partner programs that would be a way to address some of the barriers. It is the intention of SSA and Probation to have prevention services that are easy to access and well known to the community. Both strategies will be explored as planning moves forward.

## Logic Model

The Title IV-E prevention program offers an opportunity for SSA, Probation, HCA and their contracted service providers to continue their work toward early intervention, supporting communities and increasing services for families to achieve positive outcomes and reducing the need for child welfare involvement. As outlined in the logic model, Orange County will build on its current resources and enhance its infrastructure (e.g., policy, data collection, contracts), practice supports (e.g., technical assistance) and collaboration (e.g., planning, communication) to support an array of prevention services aligned with the needs of children and families throughout Orange County, with the ultimate goal of supporting safe and stable families.

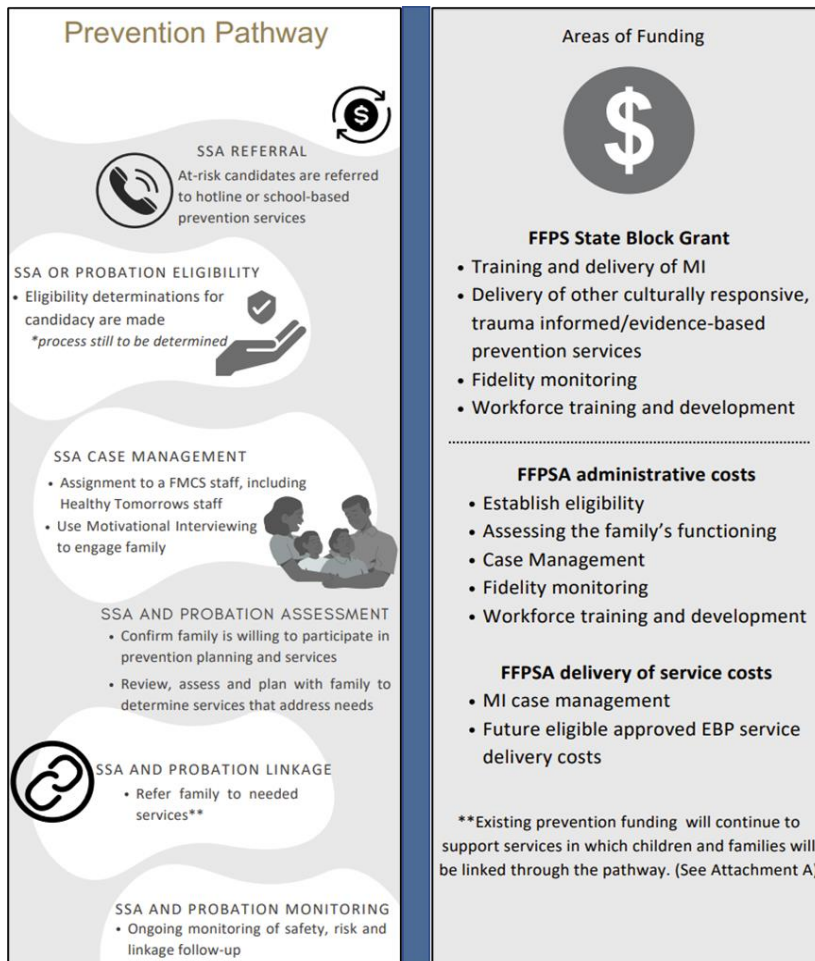
The FFPSA logic model for Orange County (found in appendix J) broadly depicts the activities and anticipated outcomes associated with the CPP. Specifically, the logic model highlights:

- Key implementation drivers (i.e., infrastructure, practice supports, collaboration and coordination and services) and inputs
- The activities of the FFPSA implementation and Prevention Pathway Teams and their associated outputs
- Anticipated system and child and family outcomes

## Spending and Sustainability Plan

Existing prevention funding will continue to support the current array of services and will be leveraged to ensure a continuum of prevention services is available at all levels of prevention (primary, secondary and tertiary). This will be accomplished through existing and/or new contract amendments, agreements between internal agencies, existing funding such as grants, and federal, state, county, local or other funding. As EBPs, culturally responsive services or other prevention services are identified, contracts will be sought or adjusted to allow CBOs or FRCs the necessary fiscal support to adequately serve FFPSA candidates. Ongoing fiscal discussions, fiscal-readiness focus meetings, CBOs and FRC fiscal information and fiscal CQI processes will further identify when adjustments are needed and when they can be leveraged to selected EBPs or services. Title IV-E FFPSA funding will supplement, not supplant, any existing funding to assist in further funding prevention services or activities. Figure 11 reflects some areas where new prevention funding could support the proposed prevention pathway services for a child or family.

**Figure 11. Prevention Pathway Areas of Funding**



The county’s commitment to prevention goes back decades with the provision of federal, state and local funding such as:

- Bringing Families Home (BFH)
- Bridge Voucher
- CalWORKs
- Child Abuse Prevention, Intervention and Treatment (CAPIT)
- Children’s Trust Fund (CTF)
- Child Welfare Services Outcome Improvement (CWSOIP)
- Community-Based Child Abuse Prevention (CBCAP)
- Housing Support Program (HSP)
- Home Visiting Program (HVP)
- Independent Living Program (ILP)

- Kinship Support Services Program (KSSP)
- Promoting Safe and Stable Families (PSSF)
- Juvenile Justice Crime Prevention Act (JJCPA)
- Title IV-B (IV-B)
- Wraparound

The FFPSA's authorization to use Title IV-E funds for prevention services stands to positively impact the County's ongoing efforts to build a robust prevention continuum. The list below provides a categorical summary of areas proposed for spending of the FFPS State Program Block Grant. Per the CDSS' All-County Letter No. 22-23, the State Block Grant is allocated to create and build the infrastructure of prevention services, to train and build a professional workforce to deliver prevention services, to support a comprehensive approach to prevention planning, including delivery of services not yet eligible for IV-E funding and reimbursement.

SSA currently plans to use the FFPS State Program Block Grant to support the following:

- Administration associated with allowable prevention planning and implementation activities
- Administration associated with program evaluation planning and implementation
- Costs associated with training and delivering MI
- Other training and workforce development to support prevention, EBPs or fidelity and outcome monitoring
- Funding resources that support additional access and services for the community pathway through FRCs or CBOs
- Costs associated with training, delivery, and monitoring of fidelity for new or existing culturally responsive, trauma-informed and/or evidence-based services

Orange County Probation currently plans to use the FFPS State Program Block Grant to support the following:

- Administration associated with allowable prevention planning and implementation activities
- Administration costs associated with program evaluation planning and implementation
- Expansion of existing contracts for Wraparound with consideration for use of MI
- Costs associated with training, delivery, and monitoring of fidelity for new or existing culturally responsive, trauma-informed and/or evidence-based services that support youth with a petition
- Other training and workforce development to support prevention, EBPs or fidelity and outcome monitoring

Beginning with early implementation and through readiness and capacity assessments of existing contracted service providers and other community providers of EBPs, additional determinations can be made as to how both State FFPS Block Grant funding and Title IV-E prevention funding can enhance the existing array of prevention services specific to the needs of the community. SSA and Probation will



evaluate potential services that can be supported with State FFPS Block Grant or Title IV-E prevention funding. Attachment B outlines additional details for a proposed spending plan.

As further exploration of the capacity for services being provided through FRCs, First Five, Home Visiting collaborative and others for existing parenting support, mental health and substance use programs, SSA and Probation can evaluate beyond a referral pathway for potential braiding of funding to maximize available services and enhance linkage to authorized Title IV-E prevention services. Further collaboration with existing providers of programs such as Healthy Families America, Parents as Teachers and Nurse Family Partnership programs and others will lead to opportunities for enhanced service integration. Through this collaborative effort among agencies, the County will have an opportunity to further blend or braid funding, ensure payor of last resort and maximize resources to work toward the sustainability of prevention services throughout Orange County. Once SSA can draw down Title IV-E prevention dollars, initially using MI, some funding currently spent on FFPSA-eligible prevention services can be shifted to support other CPP efforts that cannot be funded via FFPSA. As outlined earlier, the implementation of the CPP will be rolled out in stages over the course of the plan and the spending plan will be amended as needed to support it.

SSA and Probation will use a CQI process to conduct ongoing fiscal reviews throughout implementation to determine if funding adjustments are needed to support the implementation. This could result in adjustments or changes in how the State FFPS Program Block Grant funds or other funding will be spent.

## Additional Assurances

A description of the coordination with the local Mental Health Plan to ensure adherence to federal requirements that Title IV-E remains the payer of last resort.

The Orange County Mental Health Plan is run through the County's HCA. The SSA and HCA have a close interagency collaboration to assist in supporting the Behavioral Health needs of children and families. The Behavioral Health Division has actively participated in the development of the CPP through sharing processes helping inform EBP identification and selection, identification of potential candidacy and proving strengths, gaps or needs within the community to provide specialty mental health services.

As has been pointed out previously, Orange County has an array of mental health services, including many of the EBPs that have been identified in California's Prevention Plan. The partnership with HCA is also within the previously existing group, such as the ILT and Systems of Care, which both have strong mental health representation.

Plans for meeting the workforce and training requirements established under the state plan.

Throughout the implementation of this plan, trainings will be created to support the following processes:

- Engagement to support intake and screening for eligibility, interest in prevention services and referral to prevention plan case manager partners as needed
- Engaging families in the co-creation of prevention plans and case management supports through the delivery of prevention services

- Referrals to community-based providers for prevention services and follow up to ensure families are being engaged and services conducted
- Data collection, quality assurance and fidelity monitoring for the prevention pathway components
- Fiscal reporting and claiming processes: an overview training will be developed on Title IV-E funding expectation with an emphasis specific to FFPSA

Assurances and plans for meeting the workforce training requirements under the state plan, Title IV-E agencies will follow the statewide curriculum to ensure that caseworkers within both the community and the child welfare pathway are trained on all foundational requirements including the understanding of how tribal considerations intersect with the community-based and Title IV-E agency pathway services.

Procurement of nationally qualified trainers to provide training on all new EBPs that are targeted for expansion and plans for building capacity. One example: with the County's plan to expand MI capacity within both IV-E staff and community providers, a training platform that has been used with several other IV-E agencies who currently have approved prevention plans will be used.

SSA and Probation both have training areas that will be included in planning for ongoing training for FFPSA implementation.

A description of how counties will ensure that all EBPs, whether delivered via contracted entity or by local Title IV-E agency staff, will adhere to model fidelity protocols.

Seven of the EBPs included in California's Prevention Plan are currently being provided by the HCA or by a CBO contracted with HCA, First Five or SSA. The level of fidelity monitoring for many of these EBPs is determined by the model and are required by contract. For those that are not monitoring fidelity, such as MI, efforts have been made to determine the current level of fidelity monitoring that is maintained.

- Contracted providers under First Five are required to deliver their EBPs with fidelity and are monitored for their tracking and documentation of model fidelity.
- Under Phase One of prevention services implementation, MI will be used as an EBP for both Title IV-E staff and community partners. A technical assistance provider is being considered but has not yet been procured. Training, fidelity monitoring and CQI will be a part of the implementation model that will be procured.
- For the Probation Department, Phase One will include working with a community partner to build capacity for providing the EBP Functional Family Therapy (FFT). Model integrity is well established with FFT, and fidelity will be monitored as part of the model's contracting process.

Assurance that the agency will monitor child safety, including conducting periodic risk assessments. Local Title IV-E agencies that contract with CBOs for services will also describe the process for how safety monitoring and periodic risk assessments will be overseen. Agencies must include language within service contracts that describes this process to ensure that roles and responsibilities are clear.

The SSA sees safety as a priority in the prevention planning process and is engaged in ongoing conversations about the need to monitor child safety in the planning process. Under Phase One of FFPSA implementation, candidates for prevention services will be identified through the child abuse hotline and a risk assessment will be completed during that process. Risk and safety will be assessed both by the Title IV-E agency and community providers. Safety assessments will be part of the planning for the community pathway.

In future phases of implementation, a community pathway will be developed with entry points for candidates who have not already come to the attention of the Title IV-E agency. The candidates will be identified and safety monitoring strategies will be incorporated as part of the community pathway.

**See Assurances Template in Appendix K**

# Appendix A: Teaming Structure (Option Year 1)

Orange County FFPSA Support

Teaming Structure

Option Year 1 (2022–2023)

## Mission of Project

The mission of the FFPSA Implementation project is to prepare and position Orange County SSA, Probation departments of the County of Orange for implementation of FFPSA Part I. This includes preparing CBOs to provide services approved under FFPSA and collecting appropriate data that will allow for maximum claiming of FFPSA Title IV-E funds.

## Team Goals

- Create a prevention services pathway for families to access evidence-based preventive services and for the community.
- Create a prevention pathway for families to receive evidence-based preventive services from CBOs where county staff provide oversight of these services.

CFS Executive Team Meeting
Purpose: Provide regular status updates on the FFPSA Part I implementation to SSA’s CFS Leadership Team. This is an opportunity for discussion, questions, next steps, and decision making.
Interagency Leadership Team
Purpose: Provide status updates on the FFPSA Part I implementation and to coordinate with other implementation teams around prevention; gain consensus on the CPP elements that need cross-sector decisions.
Core Team
Purpose: Planning with the FFPSA Leads for Orange County. To coordinate the technical assistance being provided to Orange County, and each of its sub teams. To check-in and coordinate on contract and program issues
Implementation Team Meeting
Purpose: Focus on the development of an implementation plan for FFPSA Part I. This includes providing guidance and oversight on the phased process of developing a prevention pathway for children known to the system and will expand to the community pathway. This team seeks to gain consensus on the CPP elements that need cross-agency decisions.
Prevention Pathways Subcommittee Meetings
Purpose: To identify the prevention pathway for Orange County. Prior to CPP, this team will identify EBPs to be accessed for early implementation and prioritize candidate populations. This team will also

identify the best path to prevention for Orange County. Once CPP is approved, this team will break into subgroups for different work of implementation.

**CFS Director Engagement Meeting**

Purpose: To engage with the Director of SSA’s CFS Department and assure that communication about the direction of implementation and resolution of challenges is done in a timely manner.

**Probation Check-in Meeting**

Purpose: Assurance that Probations needs are addressed in the FFPSA planning and to identify opportunities for prevention services for Probation youth.

**Fiscal Team Meeting (SSA, Probation Department, HCA)**

Purpose: Create a fiscal pathway to maximize claiming of FFPSA Title IV-E funds.

### Cross-Sector Partnerships and Collaboration

SSA	
CFS Director – Jyothi Atluri	Martin Raya
CFS Leadership	Camile Delgadillo – FFPSA Core Team
Christine Snapper – CFS Director, Retired	Maithanh Nguyen – FFPSA Core Team
Ken Santini – CFS Deputy, Retired	Amanda Ming-Chieh Carney
Scott Burdick	Nicole Stratman – FFPSA Core Team
Kim Ragan	Karla Roberts – FFPSA Core Team
Ian Wolf	Laura Henry – FFPSA Core Team
SSA Staff and Supervisors	Cynthia Grace
Rita Rangel – FFPSA Lead	Wai Yan Yung
Kristen Hunter – FFPSA Lead	Kristina Traw
	Jessica Chlebowski
	Claudia Juarez
	Liza Le
	Caroline Ano
	Crystal Sanchez
	Priscilla Lopez
	John Bunnnett
Probation	
Daniel Hernandez – Chief Probation Officer	
Ivy White – FFPSA Probation Lead	

<p>Steve Sandoval          Jessica Johnson          Kevin Clark          Cynthia Contreras-Leo          Isabell Gutierrez          Tracy Duran</p>	
<p><b>HCA</b></p>	
<p>Alice Kim          Alicia Lemire          Kim Olgren – Potter          Cathy Martinez          Veronica Kelly</p>	
<p><b>In-Home Visiting Collaborative</b></p>	
<p>Sara Brown – First Five of Orange County          Rhiannon Dorschner – MECCA</p>	
<p><b>Orange County Department of Education</b></p>	
<p>Nathan Goodly          Janise Price          Dennis Cole          Raina Lee</p>	
<p><b>Community-Based Organizations and Family Resource Centers (FRC)</b></p>	
<p>Sandy Avzaradel – Start Well OC          Dolores Barrett – CAP OC          Diana Daly – Consultant First Five of Orange County          Eldon Barber – Raise Foundation          Lydia Marquez – All4Kids          Michael Arnot – Children’s Cause OC</p>	<p>Lee Lombardo – YMCA of Orange County          Gary Taylor – CalOptima          Laura Neal – Casey Family Foundation          Max McGhee – Saddleback Foundation          Valerie Brauks – Children and Families Coalition          Kerri Dunkelberg – Oliver Crest          Steve Kim – Project Kinship</p>
<p><b>Lived Experience</b></p>	
<p>Michelle Toliver – Foster Care Voice</p>	

Euronymous Fernandez – Foster Care Voice  
Courtne Dowdie – Teen Leadership Foundation

**AI/AN and Tribal Partners**

Reverend Gregory Douglass – Native American Church of Anaheim  
Gina Arvizu, L.C.S.W., Traditional Wellness Coordinator – Seven Generations Family Program and Community Member and tribal representative from the Gabrielino-Tongva Nation and Diegueno, Apache Tribe  
Virginia Carmelo – Tribal representative Gabrielino-Tongva Nation, Culture Bearer and Community Elder, Toveema Clan  
Sandonne Goad – Gabrielino-Tongva Nation

**ICF International**

James Coloma – Project Director  
Paul Lennander – Child Welfare Implementation Specialist, Project Lead  
Jennifer Barnette – Child Welfare Implementation Specialist, Fiscal Lead  
Kate Stephenson – Data/Evaluation Lead  
Simon Pipkin – Implementation Specialist

## Appendix B: Family Resource Center Research

### Families and Communities Together (FaCT) Organization Summary

**FaCT is a County of Orange SSA public–private program.** Since 1994, FaCT has provided support services to children and families through community-based collaboratives operating FRCs. FaCT supports these community-based centers by providing program development and administration, funding and training. FaCT receives federal, state and county funds including U.S. Department of Health and Human Services, PSSF, OCAP, the County of Orange as well as volunteer, in-kind support and private foundations and donations.

[FaCT 2021.2022-Annual-Report.ONLINE-2.pdf \(factoc.org\)](#)

“We use time-tested and evidence-based approaches and programs to ensure we provide the services our families need most. And we are committed to continuing to develop even more effective ways to fulfill our mission. FaCT’s collaboration is built on an evidence-based model – the Collective Impact framework. Collective Impact provides the structure and process by which we can work together more effectively and truly become greater than the sum of our parts. At the very front line working directly in the communities are the 16 FRCs. Each FRC is led by a nonprofit or city agency, pulling in multiple funded and unfunded partners who provide specific services and expertise for their communities. Next, Charitable Ventures provides critical services like evaluation, marketing, training, technical assistance, fund and resource development and community engagement. Charitable Ventures supports and collaborates with FRCs and the County to maximize the collective impact. Finally, the SSA provides the leadership, oversight, funding and additional technical services that make all the partnerships possible.”

The following are essential principles of collective impact practice, as illustrated in the Child Welfare Information Gateway’s 2021–2022 [Prevention Resource Guide](#):

- Design and implement the initiative with a priority on equity.
- Include community members in the collaborative.
- Recruit and co-create with cross-sector partners.
- Use data to continuously learn, adapt and improve.
- Cultivate leaders with unique system leadership skills.
- Focus on programs and system strategies.
- Build a culture that fosters relationships, trust and respect across participants.
- Customize for local context.

Specific resources about the Collective Impact approach may also be found on the Collective Impact Forum [website](#).

### FRC Services in Orange County, California

Each of the 16 FRCs in Orange County, California, offers **seven core services for every family that walks in**. Each of the core services is free and rooted in the five protective factors\* that are proven to support and strengthen families, help promote child development and promote family bonding. In addition, each FRC also offers other supportive services that complement the seven core services and are responsive to



the needs of their unique communities. Specific details about each FRC services may be found in this directory [FaCT Directory 2020.2022.PRINT.pdf \(factoc.org\)](#).

\*See the 2020 Child Welfare Information Gateway publication “[Protective Factors Approaches in Child Welfare](#).”

### **Core Services Offered at all FRCs**

#### 1. Case Management Team Services

This multidisciplinary team meets on a weekly basis to assess families with multiple needs. The goal is to link each family to services either at the FRC or in the community to meet those needs. Family members are invited to participate in the meetings and share thoughts regarding their strengths, needs and capacity to participate in services.

#### 2. Counseling

Our FRCs provide counseling services to individuals, children, families and groups. This service is offered with the goal of improving family functioning, increasing social support, teaching problem solving, reducing the effects of trauma and strengthening coping skills. Priority is given to non-Medi-Cal, underinsured and clients experiencing barriers to services. Clients may receive up to 20 sessions.

#### 3. Domestic Violence Personal Empowerment Program (PEP)

FaCT FRCs offer this ten-week educational support program designed to empower victims to break the cycle of domestic violence through education on the dynamics and the effects of domestic violence, and to help victims protect children who live in domestic violence homes. Topics include safety planning, boundaries, anger management, legal aspects of domestic violence, working through denial and maintaining healthy relationships.

#### 4. Emergency Assistance (EA)

FaCT FRCs offer EA services to help stabilize families in crisis, due to the inability to meet their basic needs. Families will receive an assessment of emergency needs and sustainability. FRC staff will develop a plan with the family to circumvent the circumstances that led to the crisis.

#### 5. Family Support Services

A family support specialist provides assessment, crisis intervention and ongoing support and referrals to resources and services for families with multiple needs. Services are provided at the FRC or in-home depending on client needs and safety considerations. An individual case plan is designed for each family with their input regarding barriers, strengths and needs. Every effort is made to ensure positive participation in services to stabilize the family and create safe and healthy home environments for children.

#### 6. Information and Referral Services

Each FRC has a full-time staff member offering information and referrals for a family, individual, or agency requesting assistance. This service is designed so that each specialist is the expert in their community and can link clients to resources and services to meet their varied and special needs. Examples include mental health services, basic needs resources, utility assistance, job training, legal assistance, substance abuse services, parenting, other educational programs, job training, recreational programs and more.

## 7. Parenting Education

FaCT FRC parenting courses have an effective curriculum that focuses on positive parenting techniques, effective discipline and developmentally appropriate parenting skills, and are open to all parents and caregivers.

### **Detailed Services by Resource Centers**

#### **Anaheim Independencia FRC Services**

- Case Management Team (CMT) Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Application Assistance
- Community Resource Services
- Diaper Program
- Document Translation
- Family Fun Activities
- Food Distributions
- Volunteer Opportunities

#### **CHEC FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education

- Application Assistance: CalFresh, CalWORKs, Covered California and Medi-Cal
- Domestic Violence Legal Advocacy
- Food Distributions
- Legal Consultations
- Life Skills Workshop
- Support Groups

### **Corbin FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Application Assistance (Medi-Cal, CalFresh and Covered California)
- Community Resource Services
- Foster, Adoptive and Relative Caregiver Family Support and Recruitment Services
- Legal Advocacy for victims of Domestic Violence
- Life Skills Workshops
- Military family support program
- Nutrition Workshops (Diabetes prevention)
- Youth Out-of-School-Time Art Workshops

### **Downtown FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral

- Parenting Education
- Active Transportation Family Enrichment Services
- Additional Counseling services
- Legal Service Referrals and Linkages
- Community Enrichment Activities
- Family Centered Obesity Remediation Program
- Information Dissemination and Prevention Screenings
- Medical Screening and Services

### **EI Modena FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Adoptive Family Support Services
- After School Program/Teen Program
- Application Assistance (Medi-Cal and CalFresh)
- Child Support Services
- Community Events and Workshops
- Community Resource Services
- Diaper Program
- Financial Empowerment Program
- Income Tax Preparation
- Karate Program
- Kids Café/Clementine Food Trolley/Nana's Kidz
- Military Services via Strong Families, Strong Children
- Multidisciplinary Team
- Senior Program/Senior Grocery Program/CSFP/Congregate Meals
- Women, Infants, and Children – WIC/Dental Services/Mobile Health Clinic

### **Friendly Center Orange FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- After School Tutoring
- Diaper Assistance Program
- Family Engagement
- Food Distribution
- Utility Assistance Program

### **La Habra FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Application Assistance (Medi-Cal, CalFresh, and Covered California)
- Child Support Services
- Community Resource Services/Events
- Health Education/Screenings
- In-home Education Support
- Juvenile Diversion Counseling and Case Management
- Legal Assistance /Consultation and Education
- Relative Caregiver Support Services

- Senior Advocacy
- Support Groups
- Teen Support Services

### **Magnolia Park FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Diaper Program
- Family Wellness Classes and Workshops – Father Involvement Groups
- Individualized Education Plan Consultation and Workshops
- Legal Workshops and Clinics
- Mobile Food Pantries
- Strengthening Family Workshops
- Teen Programming and Support

### **Manzanita FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Community Events and Workshops
- EA (Food and Hygiene Products)
- Family Health and Wellness Services

- Family Strengthening Workshops
- Father Strengthening Parenting Classes
- Food Distribution
- Health Insurance Enrollment: Medi-Cal and CalFresh
- Immigration clinics
- Support Groups
- Youth Programs

### **Minnie Street FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Family Fun & Bonding Events
- Financial wellness
- Legal Advocacy
- Peer Navigation for Military and Veteran Families
- Volunteer Opportunities

### **Newport Mesa FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Family Fun Activities

- Food Distribution
- Out-of-School-Time Youth Programs
- Support Groups

### **Oak View FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Adoptive Family Support Services
- Application Assistance (Medi-Cal, CalFresh and Healthy Families)
- Community Resource Services
- Drop-in After School Youth Recreation Program
- Family Events
- Food Distribution
- Group Fitness
- Legal Advocacy
- Life Skills Workshops

### **South Orange County FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Application Assistance: CalFresh, CalWORKs, Covered California and Medi-Cal



- Domestic Violence Legal Advocacy
- Food Distributions
- Legal Consultations
- Life Skills Workshop
- Support Groups
- Youth Programs

### **Stanton FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- After School Programs
- Adult and Child Counseling
- Citizenship Classes
- EA (Diapers, Hygiene, Etc.)
- Family Reunification
- Foster/Adopt/Kinship Services
- Food Distribution
- Head Start Child Development
- Homework Program
- Math Tutoring Program
- Kid's Café Snack Program
- Recreation Program
- Telehealth (Online Counseling)

### **Tustin FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)

- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Application Assistance (Medi-Cal, CalWORKs and CalFresh)
- Basic Needs Assistance
- Community Resource Services
- Family Fun Events (Via Zoom; Bingo, Movie night, etc.)
- Family Health and Wellness Workshops
- Life Skills Workshops for youth and adult at FRC
- One-on-One Parent Enrichment Programs

### **Westminster FRC Services**

- CMT Services
- Community Leadership Program
- Counseling (individual, family, crisis, and group)
- Domestic Violence Services
- EA
- Family Support Services
- Family Stabilization Services
- Information and Referral
- Parenting Education
- Application Assistance (citizenship)
- Community Resource Services
- EA for Basic Needs (food, hygiene, diapers, etc.)
- Family Fun and Bonding Events
- Food Distributions
- Health, Life Skills and Wellness Education
- Homeless Prevention and Rapid Rehousing
- Multidisciplinary Team
- Nutrition Classes
- Peer Navigation for Military and Veteran Families

- Volunteer Opportunities
- Youth Enrichment and Recreation Programs

See also [Vehicles for Change Volume II – Family Resource Centers and Best Practices](#)

This technical report describes how FRCs have evolved to address health and well-being in their neighborhoods through authentic engagement and the incorporation of research and best practice beginning with a review of five defining characteristics of a FRC: center environment; family centered and family strengthening; embedded in community, culturally sensitive and cross-systems collaboration; community transformation, reciprocity and asset development; and impact driving and evidence-informed.

FRCs as incubators for innovation is discussed, as well as FRCs' focus on five family protective factors. The elements of a strong field are explained, and the essentials for ensuring sustainability are described. The report reviews FRC lessons from Colorado, Pennsylvania and Alabama, and discuss the impact of FRCs, stable funding sources for FRCs and recommendations for leaders and practitioners in FRCs, donors and investors, legislators and policymakers and families and residents.

The report's appendices include a list of principles of family support and examples of activities commonly found in FRC practice methods, including assessments, surveys and interview tools that have significantly contributed to FRCs' ability to better understand the strengths and challenges faced by children, adults and families and document changes in their situation. These assessments and tools include the Parents Assessment of the Protective Factors, the Adverse Childhood Experiences survey and the Ages and Stages Questionnaire. The ability to demonstrate such changes has helped FRCs better determine the effectiveness of services and programs.

## Appendix C: ICPM Crosswalk

# ICPM CROSSWALK - Social Worker

Engagement Behaviors	Assessment Behaviors	Teaming Behaviors	Service Planning and Delivery Behaviors	Foundational Behaviors	Transition Behaviors
<p>Listen to the child, youth, young adult, and family. Demonstrate that you care about their thoughts and experiences,</p> <hr/> <p>Child Family Team Meetings Quality Parenting Initiative Structured Decision Making Wraparound Parent Partners Family Resource Centers PDU Trauma Informed Practice <b>SOP:</b></p> <ul style="list-style-type: none"> <li>• Mapping with Families</li> <li>• Coaching</li> <li>• Solution Focused Interviewing</li> <li>• Three Questions</li> <li>• Safety House</li> <li>• Three Houses</li> <li>• Trauma Informed Care</li> </ul>	<p>Engage in initial and on-going safety and risk assessment and permanency planning throughout all work with the child, youth, young adult, family, and their team,</p> <hr/> <p>Structured Decision Making CANS Pathways to Well-Being (Katie A) Resource Family Approval (RFA) HCA/CCPU Psychologists <b>SOP</b></p> <ul style="list-style-type: none"> <li>• Appreciative Inquiry</li> <li>• Trauma Informed Care</li> <li>• Safety Mapping</li> <li>• Child Family Team Meetings</li> </ul>	<p>Work with the family to build a supportive team that engages the family, cultural, community and Tribal connections as early as possible.</p> <hr/> <p>Child Family Team Meetings CANS Wraparound Parent Partners Quality Parenting Initiative Icebreakers PDU RDM Family Resource Centers <b>SOP</b></p> <ul style="list-style-type: none"> <li>• Cultural Humility</li> <li>• Circles of Support</li> <li>• Support networks</li> <li>• Genograms</li> <li>• Solution Focused Inquiry</li> <li>• Appreciative Inquiry</li> <li>• Mapping with Families</li> </ul>	<p>• Work with the family and their team to build a culturally sensitive plan that focuses on safety, trauma, healing, and permanency.</p> <hr/> <p>SIP RFA RDM Community Partners Family Resource Centers Concurrent Planning ILP services Non-Minor Dependents <b>SOP</b></p> <ul style="list-style-type: none"> <li>• Behaviorally-Based Case Plans / less services</li> <li>• Appreciative Inquiry</li> <li>• Solution Focused Questions</li> </ul>	<p>Be open, honest, clear and respectful in your communication.</p> <hr/> <p>Consultation and Information Sharing Framework Child Family Team Meetings <b>SOP</b></p> <ul style="list-style-type: none"> <li>• Harm and Danger Statements</li> <li>• Solution Focused Inquiry</li> <li>• Behaviorally-Based Case Plans</li> <li>• Appreciative Inquiry</li> <li>• Coaching</li> <li>• Trauma Informed Care</li> <li>• Mapping with Families</li> </ul>	<p>Work with the family to prepare for change in advance. Provide tools for managing placement changes, social worker changes, and other significant transitions.</p> <hr/> <p>Linkages Wraparound Family Resource Centers Community Partners Child Family Team meetings <b>SOP</b></p> <ul style="list-style-type: none"> <li>• Support Networks</li> <li>• Genograms</li> <li>• Safety Mapping</li> <li>• Safety Goals</li> <li>• After Care Case Plans</li> </ul>

### ICPM VALUES

Collaborative Practice, Critical Thinking, Self-Reflection & Humility, Culture & Community, Effective, Strength-Based Services &, Supports Growth & Change, Lifelong, Loving Families & Connections, Mutual Respect, & Trust Organizational, Support Partnership/Teaming, Permanency Prevention & Early Intervention, Professional Competency, Respectful Engagement, Safety, Well-Being

# ICPM CROSSWALK - Directors/Managers/Supervisors

Engagement Behaviors	Inquiry/Exploration	Teaming Behaviors	Advocacy	Foundational Behaviors	Accountability
<p>Create a learning environment Engage staff in implementation and system improvement. Show that you care Recognize staff strengths and successes</p> <hr/> <ul style="list-style-type: none"> <li>• Monthly conferences</li> <li>• Staff meetings</li> <li>• Team development activities</li> <li>• Kudos board</li> <li>• Performance Evaluations</li> <li>• PIP goals</li> <li>• Celebrate success and accomplishments</li> </ul>	<p>Seek Feedback Hold regular supervision meetings with staff Review casework for fidelity to the CPM Actively seek input Join with staff to develop solutions for issues that impact the worker's ability to work effectively with children, youth and families</p> <hr/> <ul style="list-style-type: none"> <li>• Goal planning</li> <li>• Regular check-ins</li> <li>• Face-to-face meetings</li> <li>• Open door policy</li> <li>• Mapping</li> <li>• Appreciative Inquiry</li> <li>• Solution Focused Questions</li> <li>• Succession Planning</li> <li>• Career Growth</li> </ul>	<p>Build partnerships Work with partners Model teaming</p> <hr/> <ul style="list-style-type: none"> <li>• Joint meetings with other programs and stakeholders.</li> <li>• Partnerships and partnership work.</li> <li>• Staff participation in workgroups and on special projects</li> </ul>	<p>Promote Advocacy/ Advocate for Resources Provide information to management about gaps in staffing and necessary resources needed.</p> <hr/> <ul style="list-style-type: none"> <li>• Regular meetings and check-ins with management</li> <li>• Communication loops between management and staff</li> <li>• Proactive resource requests</li> <li>• Feedback from staff on resource needs</li> <li>• Needs articulated clearly and persuasively</li> </ul>	<p>Be open Be honest Be clear Demonstrate respect in all of your interactions</p> <hr/> <ul style="list-style-type: none"> <li>• Use of language and body language</li> <li>• Written and verbal communication</li> <li>• Transparency</li> <li>• Consistency</li> <li>• Trust development</li> <li>• Coaching</li> <li>• Modeling</li> </ul>	<p>Listen and Provide Feedback Be transparent to staff and stakeholders about barriers and why some requested changes cannot be made Provide information from staff to management</p> <hr/> <ul style="list-style-type: none"> <li>• Modeling accountability</li> <li>• Taking responsibility</li> <li>• Communicating clearly</li> <li>• Owning commitments</li> <li>• Answerable to actions and decisions</li> <li>• Communicating clear goals</li> <li>• Asking for help when needed</li> <li>• Honest and constructive feedback</li> </ul>

## ICPM VALUES

Collaborative Practice, Critical Thinking, Self-Reflection & Humility, Culture & Community, Effective, Strength-Based Services & Supports Growth & Change, Lifelong, Loving Families & Connections, Mutual Respect, & Trust Organizational, Support Partnership/Teaming, Permanency Prevention & Early Intervention, Professional Competency, Respectful Engagement, Safety, Well-Being

## Appendix D: Orange County Readiness Assessment Summary

Component of Readiness	Strengths and Beliefs	Areas to Build Capacity/ Considerations	Possible Strategies and Next Steps
<p><b>Motivation for a Prevention-Oriented System</b></p>	<p>The motivation of organizations is strong, and staff express that they are ready and supportive of SSA moving toward a system of Prevention.</p> <p>Orange County is a resource-rich county.</p> <p>Orange County has a strong network of FRCs and providers embedded in the communities they serve.</p> <p>FRCs have historically been trusted agencies in the community which has been a way to engage and provide outreach for community members.</p> <p>FRCs have core services which provide vital services to community members.</p> <p>FRCs and CBOs often see prevention as part of their DNA, but SSA is focused on crisis and response after something has happened to a family.</p> <p>FRCs are not fully funded.</p> <p>FRCs tend to be sponsored by other organizations and rent physical space or are gifted office space.</p> <p>FRCs don't always feel that their work with SSA aligns with their mission.</p> <p>CBOs have staff that are hopeful and committed to helping families where they are.</p>	<p>Seek alignment with other community initiatives so it doesn't become "just another program" – break down silos.</p> <p>Family and youth voice within the Prevention Planning process</p> <p>Services that provide for the cultural needs of Orange County community members.</p> <p>Resources equitably distributed in Orange County.</p> <p>The IV-E agency and probation's ability to be nimble and responsive to needs of partners in the community.</p> <p>Community organizations can provide prevention services without being stifled by bureaucracy and red tape.</p> <p>Revenue for the CBOs and FRCs is often the same whether they use EBPs or not which can make EBPs and the huge investment very challenging.</p> <p>Attrition and changes in leadership of the IV-E agencies and Probation Department has made partnerships challenging and creates a lack of trust when programs end when new leadership is in place.</p>	<p>Use agencies that identify themselves as a "backbone" for smaller agencies to build capacity in the community.</p> <p>Engage both small and large providers to participate and build capacity with equity.</p> <p>Partner with CBOs and FRCs to ensure a strong CQI continuum.</p>

Component of Readiness	Strengths and Beliefs	Areas to Build Capacity/ Considerations	Possible Strategies and Next Steps
<p><b>General Community Capacity</b></p>	<p>There are strong sources of public funding to support services that are collaborative and do not duplicate services.</p> <p>Certain CBOs have long histories in Orange County which allows them to have developed a collective of private donors, real estate and support in the community, which supports their ability to provide services.</p> <p>Infrastructure, such as technology, accounting systems and CQI capacity is growing in many CBOs.</p> <p>Many staff in the CBOs and FRCs are bilingual or bicultural.</p> <p>There are existing systems and structures that can support the effort, e.g., some partners with strong capacity for training, others have strong capacity to monitor and measure some EBPs, FRC network, such as OC Cares and 221.</p> <p>Informal and unfunded services take place in the FRCs which are seen to prevent foster care and are core to the organization’s mission.</p> <p>A strong belief among community organizations that the community would benefit from a stronger network of peer partners within Prevention Services.</p> <p>Certain organizations have what are described as “employee centric,” which focuses on a culture that staff</p>	<p>Staffing in general is a concern: staffing to deliver services (including clinical staff), and staff to manage services. Need competitive pay to attract and retain staff.</p> <p>Most but not all organizations have a high level of turnover and a significant number of vacancies.</p> <p>Some CBOs see that they don’t have the power to push back on SSA and don’t feel there is always a shared vision for the services they provide.</p> <p>Other contributing factors that influence risk and protective factors on prevention continuum – access to basic needs, e.g., housing, is critical.</p> <p>Build capacity to respond to domestic violence, SUDs and mental health concerns.</p> <p>CBOs are expected to partially fund parts of their own program through fundraising despite their contracts to provide those services to county clients.</p> <p>It is critical to communicate the prevention vision clearly to community and staff to engage and get buy-in.</p> <p>It is critical to build capacity of the services to ensure that families have access to and are engaging in the services they need when they need them; reduce waitlists for mental health services and substance abuse services; in particular, increase options</p>	<p>Partner with organizations such as MECCA and First Five for a strategy for prevention for 0–5 populations</p> <p>Identify ways that creative and small programs could be built up and evaluated prior to setting up fully robust programs.</p> <p>Develop a peer-partner program that fills specific needs for families, which doesn’t always require a degreed or licensed clinician.</p>

Component of Readiness	Strengths and Beliefs	Areas to Build Capacity/ Considerations	Possible Strategies and Next Steps
	<p>want to stay with the organizations. These organizations seem to have less of a problem with retention.</p>	<p>for families with young children for in-patient substance abuse services.</p> <p>Staff that work in the CBOs often either live with family or live outside of Orange County due to the high cost of housing.</p> <p>Some CBOs see the contract and the contracting process as the force that “drives” what takes place, rather than the needs of community members.</p>	
<p><b>Intervention-Specific Capacity</b></p>	<p>There are strong foundations for parental support programs in Orange County</p> <p>Services for 0–5 are in high demand and don’t consistently have adequate capacity.</p> <p>Programs such as Neighbor to Neighbor serve many preventions needs in the community.</p> <p>Rolling out EBPs will require a lot of coordination and collaboration between providers and public agencies.</p> <p>Certain programs in the community that are seen to work, such as Wraparound, but are not EBPs are still vital to the community’s needs.</p> <p>There are some effective prevention services ongoing that are not in California’s plan or in the clearinghouse that FFPSA funds could support building evidence for.</p> <p>Plans of Safe Care, SUD and Mental illness can have a</p>	<p>Need support for the following:</p> <p>Training on EBPs and new processes and building a sustainable train the trainer model for identified EBP’s</p> <p>Support for monitoring EBPs for fidelity and any evaluations required.</p> <p>Support for understanding which funding sources pay for a service when?</p> <p>Support for building capacity for culturally responsive practice</p> <p>Need support for smaller organizations to build their capacity to be an active participant.</p> <p>There is a need for targeted services to the populations most impacted by child welfare and juvenile probation, e.g., African American and Latina/o/x and Hispanic populations and American Indian.</p> <p>There are many other city/county initiatives, and it will be important that these</p>	<p>There are many Prevention services in Orange County, but there are also service deserts. Orange County may benefit from focusing on care coordination efforts with a strong communication effort.</p>



Component of Readiness	Strengths and Beliefs	Areas to Build Capacity/ Considerations	Possible Strategies and Next Steps
	<p>positive impact for Prevention services.</p>	<p>initiatives are aligned and do not compete with one another.</p> <p>Housing is the most consistent challenge for providing services to families in Orange County across organizations.</p> <p>The gap in services to address the needs of older teens and Transition Age populations, especially Black and brown youth.</p> <p>Eligibility for programs often is structured around having “open cases” within Child Welfare, which prevents services being more upstream and creates gaps for community needs.</p> <p>County is seen as conservative and often resistant to risk reduction models.</p> <p>Services to meet LGBTQ youth are insufficient, for housing, mental health, SUD or services that address sex trafficking.</p> <p>Need to support building a true community pathway system of care coordination and/or navigation for families that is outside of child welfare or juvenile probation but does not replicate the Differential Response program.</p> <p>Improve data sharing and management.</p> <p>Improve evaluation capacity and sharing evaluation results.</p>	

## Appendix E: Lived Experience Listening Session Summary

### Orange County FFPSA Implementation: Parent Engagement – Listening Session

The SSA and Probation departments have opted in to participate, in partnership, with the state of California in implementing the FFPSA and developing a CPP for its residents. The prevention plan will build on Orange County’s existing prevention services to increase prevention efforts to reduce child abuse and neglect and decrease the need for children to be removed from their home and placed in foster care. On November 3, 2022, Orange County SSA brought together a group of parents who all shared lived experience in the child welfare system in Orange County, to understand their experience with child welfare service (CWS) in Orange County and what services or interventions would have prevented that involvement.

#### Process

Information was collected in an informal roundtable discussion. A trusted and known parent ally and partner led the discussion and prompted elaboration from the group, while an ICF Child Welfare Implementation Specialist took notes and requested clarifying information. Participants were informed that their identities would remain confidential and that the feedback they gave would be shared with the SSA to inform the counties implementation of the FFPSA. At the beginning of the meeting, the group members agreed that “what was said in this room will stay in this room.”

While recruiting participants, parents were informed that in appreciation for their participation, they would be provided with gift cards and other donated gifts. They were informed that their receipt of the gift cards was not contingent on their level of participation and simply by showing up they would receive the gift card in consideration of their time.

Demographics	Count
Total number of Participants	10
Gender: <ul style="list-style-type: none"> <li>• Female</li> <li>• Male</li> </ul>	8 2
Ethnicity: <ul style="list-style-type: none"> <li>• White</li> <li>• Hispanic</li> <li>• Asian</li> <li>• African American</li> </ul>	3 7 1 0
Total number with lived experience with SSA	10

Demographics	Count
Total number who had lived experience of being a child in foster care	2
Total number who had struggled with SUD	10
Total number who took part in Mental Health Services while involved in CWS	10
Total number who took part in Parenting Education while involved in CWS	10
Number who are currently employed as Parent Support Partners	3

## Topics

### Prevention of Child Welfare Involvement

Participants were asked what would have prevented their families from being involved with child welfare and what support needed to be in place for their families to have access to that support. The questions were also posed as, “What services would have been preventive for you?”

#### Participant feedback:

- Most of the participants felt that they knew in some way that they needed help at the time of their involvement with CWS.
- Some of the participants knew that there was a problem and would like to have had help.
- One participant stated that the challenges they were facing were what they were used to, they did not know it was a problem.
- There was fear that if they reached out for help that would have “gotten them a case” or “sent them to jail.”
- There was consensus in the group that if they did seek out services, they would not have been a priority and would have been put on waiting lists.
- The waiting lists were very long.
- Participants agreed that when they did have a child protection case, they got put to the top of the list.

#### Several participants provided quotes:

- “I overdosed several times; but my biggest fear was that I would go to jail.”
- “I knew I had problems but didn’t know what to do.”

- “I finished my case plan successfully but didn’t get my kids back because I didn’t have housing.”
- “I was in custody when my kids got taken away, so there was not much that would have helped.”
- “It didn’t matter if I needed the services in my case plan, I had to do it, but it would have been better if they had helped me find housing.”
- “I am undocumented, I was afraid that I wouldn’t get my papers.”
- “I was in an abusive relationship with my kids’ dad, I didn’t know that domestic abuse was a problem. I grew up that way.”
- “My use was a secret, and I didn’t tell anybody. Not even my family knew.”
- “When my initial contact was positive, when I was treated like a ‘human,’ I continued to have a positive relationship with my social worker.”
- “My social worker was like family.”
- “What made me successful was the relationship that I had with my social worker.”
- “Where I didn’t have success was when the social worker treated me like a lost cause.”
- “It was helpful when they were encouraging.”
- “It was helpful when I had concise and clear directions in what I needed to do.”
- “I needed to document everything as I didn’t trust that anyone had my back.”

**Community recommendations:**

- Make services that are easy to access, and address wait lists.
- Make services that people can reach out for help without fear (of the system).
- Relationships were what led to success in overcoming their challenges.
- Focus on positive and supportive relationships with providers.
- Families need a plan of care that they trust.
- Help with basic needs (especially housing) is vital.

**What Does SSA Need to Know?**

Participants were asked if there were things that SSA needed to consider if they wanted prevention services to be successful and how their experience had been with FRCs in Orange County.

**Participant feedback:**

- All the participants agreed that at the time they were involved with CWS, they did need substance use treatment, mental health services and parenting education.
- One participant stated that “[t]here may have been some services available, but I didn’t make progress until I had a Hispanic therapist. She knew me and knew my life; she had been there.”
- “When I needed help, nobody could figure out the funding source.”

- Don't assume that "I am the person on the paper."
- Use a team system, there is too much reliance on one person's assessment.
- Most participants knew and understood what an FRC was, and most who identified as Hispanic had gone to an FRC for service, while none of the white participants had done so.

**Community recommendations:**

- Normalize getting help.
- SUD, mental health services and parenting education should be part of the services.
- Services need to be within their culture.
- Services need to happen in a place where you can feel comfortable.

## Appendix F: Programs and Initiatives

Program/Initiative	Agencies Involved	Description	Linkages
Bridges Maternal Child Health Network (BMCHN)	First Five and 8 partner hospitals	Multi-disciplinary, community-based network of providers that partner to improve the health and well-being of pregnant women and young children. Comprised of 8 birthing hospitals, the BMCHN provides a continuum of prenatal, infant, toddler, and specialized public health nursing home visitation, family support, referral, and case management services to families with children 0-5.	The goal is to enhance parent-child relationships and the health, safety, and security of infants, and to make it easier for families to access support services when needed. The program is based on family strengthening and risk reduction strategies conceptually aligned with current knowledge of best practice for the prevention of child maltreatment.
Home Visiting Collaborative	First Five , MECCA,	The Home Visiting Collaborative, supported by First 5, convenes key stakeholders in the Prenatal to 3 system of care. The members include funders and service providing partners including First 5 OC, CalOptima, OC SSA, OC Health Care Agency, Priority Center, Children's Bureau, OC Head Start, Rancho Santiago Community College District, MOMs OC, MECCA (which includes 4 sub-contractors of OCCTAC, OMID, AASC, Abrazar)	This group is building on Prenatal-3 efforts already in place and with intention to bring these components together into an integrated system of care for families. Goal is to identify and design a coordinated entry and referral approach to support a backbone agency to develop communication, performance management and support providers and funders in the maximization of funding and reducing the barriers families experience when seeking services.
Multi Disciplinary Consultation Team (MDCT)	SSA/HCA	MDCT is a collaboration of representatives from SSA and HCA. Provides consultation and support to families; when a child evidences mental health issues. It is anticipated that the provision of mental health, social work, probation and educational services to seriously emotionally disturbed children will stabilize the family and reduce the need for protective custody.	Assist the family in accessing: mental health services, education services, accessing and utilizing available community programs such as FRC's, helping to understand and interface with the probation system, support and advocacy.
Neighbor to Neighbor (N2N)	SSA and community partners	A referral pathway from CAR Hotline where reports are determined as information only however criteria suggests that the youth or family may benefit from services and are referred to community resources.	Link the family with services and supports for substance use, mental health and parenting supports. There is currently no funding for this program and is a referral only.
Neighbor Resource Network (NRN)	MOU involving First Five OC, Children's Home Society of CA and SSA	Intent of program is to reduce future reports of child abuse and neglect in families with children ages 0-5. Currently referrals are made by SSA that meet the following criteria: Have at least one child 5 years old or under 2) No previous child welfare involvement. In addition referrals can also come from cases that were investigated and closed or found inconclusive.	Refer families identified to Parents as Teachers, PCIT and PC-CARE
OC Navigator	OCHCA, MHSA, Chorus Innovation, Inc. with information contributions from community partners	he OC Navigator is part of the OC Behavioral Health System Transformation Innovation Project. The project seeks to help people find and connect with the supportive resources they need in different areas of their life including health, wellbeing and other supportive services ( <a href="https://ocnavigator.org/m/ocn/75">https://ocnavigator.org/m/ocn/75</a> )	Provides an online resource guide for services related to mental health, substance use, family safety, basic needs, Medical, Kids and Families, learning, legal, money, getting around. Additional opportunity to talk to a resource navigator.

# Appendix G: Orange County Evidence-Based Practices

## Orange County Evidence-Based Services - as of February 2023\*

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Orange)
Cross-cutting	Motivational Interviewing	All ages	A method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes.	Two or more sessions, as needed throughout case	Well supported		Substance Abuse Prevention and Treatment Block Grant; Mental Health Services Act ; Medi-Cal Federal; Medi-Cal State General Fund	√	Telecare Corporation; Korean Community Services; PES-EBS, Inc.; Phoenix House Orange County, Inc.; Twin Town Treatment Center; South Coast Counseling & Psychological Services; Clean Path Recovery, LLC.; His House New Creation; Hope House, Inc.; Roque Center, Inc.; Straight Talk Clinic Inc.; The Teen Project, Inc.; The Villa Center, Inc. Woodglen Recovery Junction; Coastal Star Behavioral Health; Exodus Recovery, Inc.; Sanctuary Recovery Center; Victorious Children FFA; also broadly used throughout MH system of care
In-home Parenting	Parents as Teachers	Expecting parents or parent of ages 0-2	A home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment.	The frequency of meetings can range from biweekly to monthly, based on need.	Well supported	Part of NRN Referral Matrix	CalWORKs; First Five	√	Children's Bureau; The Priority Center; MECCA via collaborative partners
In-home Parenting	Nurse Family Partnership	First time, low-income mothers and their infants ages birth-2 years	Intensive, strengths-based, trauma- and violence-informed community health program .	Through the child's 2nd birthday	Well supported		MIECHV Block grant, TANF, First Five funding	√	Health Care Agency of Orange County

\*Results are based on public agency inventory included as plan exhibit, administered survey results and web research

**Orange County  
Evidence-Based Services - as of February 2023\***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Orange)
In-home Parenting	Healthy Families America	Parent/caregiver of children ages 0-5	Home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences.	Services begin as early as prenatally and continue for a minimum of three years at one time per week. After six months may move to less frequent visits.	Well supported		CalWORKs HVP	√	Orange County Therapeutic Arts Center (MECCA is fiscal agent)
In-home Parenting	Parenting with Love and Limits	Families with teenagers (ages 10 to 18) who have severe emotional and behavioral problems	The program is designed to help families re-establish adult authority through setting consistent limits and reclaiming loving relationships.	Typically delivered over 4 to 6 months. Six 2-hour weekly multifamily group sessions.	Supported				Pathways Community Services, LLC.
In-home Parenting	Family Centered Treatment	Families with youth who are at-risk for out-of-home placements, have trauma exposure, have histories of delinquent behavior, or are working toward reunification	Aim to help families identify their core emotional issues, identify functions of behaviors in a family systems context, change the emotional tone and behavioral interaction patterns among family members, and develop secure relationships by strengthening attachment bonds.	2 times per week for 6 months. Families have access to 24/7 on-call support.	Supported				Serenity, Inc. Foster Care and Adoption

\*Results are based on public agency inventory included as plan exhibit, administered survey results and web research



**Orange County  
Evidence-Based Services - as of February 2023\***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Orange)
Mental Health/ Parenting	Triple P-Group	Parents/care givers of children up to age 12	Targets for parents who are interested in promoting their child's development or who are concerned about their child's behavior problems.	Each session is 2 hours for 4 in-person sessions	Promising				Radiant Futures/Women's Transitional Living Center (Anaheim Independence, El Modena, Friendly Center-Orange ); Human Options(CHEC, South Orange County);New Alternatives; CYS PACT program; Teen parents in juvenile hall; 2 county clinics; Orange County Parent Wellness Program
Mental Health	Incredible Years - School Age Basic Program	Parents of children ages 6 to 12 years	Program typically targets higher risk populations and parents of children diagnosed with problems such as oppositional defiant disorder and attention deficit hyperactivity disorder (ADHD). Aims to strengthen parent-child interactions and attachment and reduce harsh discipline, foster parents' abilities to promote children's social, emotional, and academic development and reduce behavior problems.	Typically receive 12 to 20 weekly group sessions of IY-School Age. Each group session lasts about 2 hours.	Promising				Pathways Community Services, LLC; Human Options (Newport Mesa FRC); New Alternatives, Inc.

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**Orange County  
Evidence-Based Services - as of February 2023\***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Orange)
Mental Health	FFT	Parents of children 11-18	Program aims to address risk and protective factors that impact the adaptive development of 11- to 18-year-old youth with behavioral or emotional problems.	12 sessions over the span of 3 to 6 months	Well supported		Medi-Cal for allowable portions	√	Western Youth Services; Pathways Community Services, LLC.
Mental Health	Parent-Child Interaction Therapy (PCIT)	Parents of children 2-7	Program aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship.	One or two 1-hour sessions per week for 14 weeks	Well supported	Part of NRN Referral Matrix	Mental Health Services Act – Prevention and Early Intervention funds and First Five for professional training and coverage for non-MediCal eligible	√	Broadly used throughout the MH system of care; Child Guidance Center
Mental Health	Intensive Care Coordination Using High Fidelity Wraparound/High Fidelity Wraparound	Children and youth birth to age 21	An individualized, team-based, collaborative process to provide a coordinated set of services and supports.	Multiple phases of service delivery lasting from 1 to the determination services are no longer needed	Promising	√	CalWORKs; WRAParound funding; PSSF; CWS; CCTF; IV-B;		New Alternatives, Inc.; Waymakers; Olive Crest; Seneca Family of Agencies; South Coast Children's Society; Associates in Counseling & Mediation; Orange County Children's Therapeutic Arts Center; Pathways/College Community Services
Mental Health	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Parents/care givers of children ages 3-8	Treatment for children and adolescents who have symptoms associated with trauma exposure.	Usually administered in 12 to 16 sessions. However, it can be delivered in as few as 8 sessions	Promising		Mental Health Services Act; Medi-Cal Federal; 2011 MH Realignment; Community Mental Health Block Grant		Olive Crest; Waymakers; Broadly used throughout system of care; 7 contract clinics and 7 county clinics and in various full service partnerships

\*Results are based on public agency inventory included as plan exhibit, administered survey results and web research

**Orange County  
Evidence-Based Services - as of February 2023\***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Orange)
Mental Health	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	ages 8-15	3rd through 8th grade students who screened positive for exposure to a traumatic event and symptoms of posttraumatic stress disorder with a focus on exposure to community events.	Ten 45-minute group sessions typically held once per week.	Promising		Mental Health Services Act – Prevention and Early Intervention funds		Pathways Community Services, LLC.
Mental Health	Mindfulness-Based Cognitive Therapy	Adults with depression symptoms. also adults with other mental disorders, such as anxiety.	Aims to treat adults with depression symptoms and prevent depressive relapse through mindfulness practices. Designed to teach individuals how to become aware of and manage their thoughts, feelings, and body sensations.	Over 8 weeks in 2-hour weekly group sessions	Well supported				Woodglen Recovery Junction, Inc.
Mental Health	EMDR	All ages	Treatment for children and adults aimed at minimizing distress associated with traumatic memories and other adverse life	The length of treatment must include at least 2 sessions but depends on the specific	Supported		Mental Health Services Act ; Medi-Cal Federal		The Priority Center; Human Options; Waymakers; Seneca Family Agencies; New Alternatives; Pathways/College Community Services: Broadly used throughout system of care

\*Results are based on public agency inventory included as plan exhibit, administered survey results and web research

**Orange County  
Evidence-Based Services - as of February 2023\***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Orange)
Mental Health	Aggression Replacement Therapy (ART)	Youth ages 13 to 18 who exhibit violent or aggressive behavior.	A Cognitive-behaviorally-based intervention designed to serve youth who display violent and aggressive behavior. ART consists of three components: social skills training, where youth learn how to replace aggressive behaviors with prosocial behaviors; anger control training, where youth learn how to handle anger-provoking situations; and moral reasoning training, where youth learn how to perspective-take and develop concern for others.	Typically delivered three times per week over 10 weeks for a total of 30 sessions	Promising				Pathways Community Services, LLC.
Mental Health	Cognitive Processing Therapy	Adults with PTSD	Cognitive-behavioral treatment for posttraumatic stress disorder (PTSD). CPT aims to help clients identify and address ways of thinking about traumatic experiences that might interfere with their recovery.	Typically 12 sessions, 1-2 times per week. Usually 24 sessions.	Promising				Hart Community Homes

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**Orange County  
Evidence-Based Services - as of February 2023\***

Service Category	EBP	Target Population (in years)	Program Description	Average Length of Services	Title IV-E Clearinghouse Rating	Contract currently held by Title IV-E agency	Funding Source	FFPSA Claimable	Service Provider (in County of Orange)
Mental Health	Child-Parent Psychotherapy	For children ages birth through 5 and their parents/caregivers.	Intensive therapy model that aims to support family strengths and relationships, help families heal and grow after stressful experiences, and respect family and cultural values.	Typically weekly for 20 to 32 weeks. Therapy duration is based on clinical need. Sessions are typically 60 to 90 minutes.					Pathways Community Services, LLC.
Mental Health	Trust-Based Relational Intervention-Caregiver Training	Parents and/or caregivers of children between the ages of 0 to 17 years old who have experienced adversity, early harm, toxic stress, and/or trauma.	Intervention for caregivers of children who have faced abuse, neglect, and/or other trauma. This program is designed to be highly interactive and is delivered in-person by certified practitioners	Four in-person group sessions that last for 6 hours each.	Promising				MECCA; Olive Crest; Hugs FFA
Substance Use Disorder Service	Methadone Maintenance Therapy	For individuals with an opioid use disorder. Generally 18 and over but can be used for under 18 with special considerations.	A medication-assisted treatment that aims to reduce the use of heroin and other opioids for individuals who have an opioid use disorder.	Length of treatment can vary person to person. Generally once a day dose for at least one year and counseling support varies per person.	Promising		Substance Abuse Prevention and Treatment Block Grant; Public Safety Realignment		Western Pacific Med-Corporation; Western Pacific Rehabilitation

\*Results are based on public agency inventory included as plan exhibit, administered survey results and web research

## Appendix H: Orange County LCAP and School-Based Supports

Links to copies of each district LCAP Reports Orange County, California

Source: District LCAP, OCDE <https://ocde.us/LCAP/Pages/District-LCAPs.aspx>

<a href="#"><u>Anaheim Elementary School District</u></a>	<a href="#"><u>Garden Grove Unified School District</u></a>	<a href="#"><u>Ocean View School District</u></a>
<a href="#"><u>Anaheim Union High School District</u></a>	<a href="#"><u>Huntington Beach City School District</u></a>	<a href="#"><u>Orange County Department of Education</u></a>
<a href="#"><u>Brea Olinda Unified School District</u></a>	<a href="#"><u>Huntington Beach Union High School District</u></a>	<a href="#"><u>Orange Unified School District</u></a>
<a href="#"><u>Buena Park School District</u></a>	<a href="#"><u>Irvine Unified School District</u></a>	<a href="#"><u>Placentia-Yorba Linda Unified School District</u></a>
<a href="#"><u>Capistrano Unified School District</u></a>	<a href="#"><u>La Habra City School District</u></a>	<a href="#"><u>Saddleback Valley Unified School District</u></a>
<a href="#"><u>Centralia School District</u></a>	<a href="#"><u>Laguna Beach Unified School District</u></a>	<a href="#"><u>Santa Ana Unified School District</u></a>
<a href="#"><u>Cypress School District</u></a>	<a href="#"><u>Los Alamitos Unified School District</u></a>	<a href="#"><u>Savanna School District</u></a>
<a href="#"><u>Fountain Valley School District</u></a>	<a href="#"><u>Lowell Joint School District</u></a>	<a href="#"><u>Tustin Unified School District</u></a>
<a href="#"><u>Fullerton School District</u></a>	<a href="#"><u>Magnolia School District</u></a>	<a href="#"><u>Westminster School District</u></a>
<a href="#"><u>Fullerton Joint Union High School District</u></a>	<a href="#"><u>Newport-Mesa Unified School District</u></a>	

## **Which school districts offer School-Based Mental Health and what do those services look like?**

### **School-Based Mental Health Services**

The School-Based Behavioral Health Interventions and Support (SBBHIS) program in Orange County provides a combination of prevention and early intervention services designed to empower families, reduce risk factors, build resilience and strengthen culturally appropriate coping skills in at-risk students and families. These supportive services are described on the OCDE [website](#). In addition, with regards to specific school districts, we found that they offer school-based mental health services. Although these programs may vary, all districts provide school-based mental health/wellness resources to students and families. These services include individual or group counseling for students at the school site; resource linkages to community-based mental health or social services for students and families. Services are provided by counselors and licensed mental health professionals.

Mental health professionals and counselors work with students, families, staff and interagency partners to assess and support mental health challenges on campus, and work to address possible barriers to student learning. Services may include individual counseling, family counseling, group counseling/skills groups, suicide prevention/intervention services, crisis intervention services, case management/progress monitoring, school social work services and/or referral to community partners.

Some district-specific examples with a specific reference to the type of MH services provided are listed below:

[Mental Health Resources – Anaheim Elementary School District](#) (AESD) offers school-based mental health/wellness services and resources to students and families. These services include individual or group counseling for students at the school site; resource linkages to community-based mental health or social services for students and families. Services are provided by counselors and licensed mental health professionals.

[Placentia-Yorba Linda Unified District](#) offers mental health/wellness school-based counseling from Wellness Specialists through individual and group counseling. Each comprehensive high school, middle school and some elementary schools (Ruby Drive, Rio Vista, Melrose, Travis Ranch, Mores, Tynes) has a Wellness Specialist. Referrals to external resources and a partner, [Care Solace](#).

[Magnolia School District](#) addresses the importance of mental health and highlights its partnership with [Care Solace](#) an online resource with a live 24/7 concierge meant to assist individuals in finding local mental health related programs and counseling services. Care Solace is a tool for school staff and families to connect with community-based mental healthcare resources and providers. Their proprietary care navigation system taps into a vast database of mental healthcare resources to find carefully vetted local therapists and programs in minutes.

The [Los Alamitos Unified School District](#) website features mental health resources and contacts for school psychologists, and external connections, link to an Orange County Navigator, and also highlights its partnership with Care Solace.

## **Do the school districts call out their services for foster care youth?**

### **Children/Youth in Foster Care**

The majority of State plans highlight services for children in foster care; State plans describe providing “Increased or Improved Services for Foster Youth, English learners, and Low-Income Students.” Some examples of how their needs may be met and a mention of the substance abuse prevention program are listed below:

#### [Orange County Department of Education](#) (OCDE)

OCDE leadership maintains ongoing contact with its educational partners to discuss the needs of students and generate ideas for how to improve the school programs. As OCDE serves a unique population of students, representatives from a variety of organizations are included in these conversations. Staff from the Probation and SSA, the Orange County Juvenile Court, HCA, and numerous nonprofit entities contribute feedback during weekly discussions and interactions regarding suggested uses for the funding received via the Budget Act of 2021, with a particular focus on the needs of foster youth, English Learners and students who are low-income.

Targeted academic interventions provide additional support directly to students. With more staff focusing their attention on the individualized needs of students, OCDE schools have seen a decline in chronic absenteeism rates among English learners, foster youth and students with disabilities.

OCDE Foster Youth Services have successfully coordinated with SSA and community partners to increase the percentage of foster youth who remain enrolled in their school of origin, which provides stability for the students and lessens disruptions that often impede their educational progress.

As a county office of education, OCDE is responsible for the coordination of services for foster youth across the County. We will continue to support the agencies providing direct services to Orange County students who are foster youth through ongoing consultation and communication between OCDE and collaborative partners. We will continue to offer trainings, liaison support, and case consultation and to collaborate with child welfare/probation and local schools to improve coordination of services for foster youth.

#### [Laguna Beach Unified School District](#)

Services for foster youth, English learners and low-income students that increased or improved support include additional staff, such as class instructional assistants and Virtual Academy teachers, extended learning programs outside the traditional school day and year, smaller class sizes, after school individual and small group support, transportation, translation services and academic resources, including online programs aligned to these student needs.

#### [Huntington Beach City School District](#) (HBCSD)

HBCSD will implement parent engagement activities and parent education which provides accessibility for parents to participate, i.e., childcare during meetings, convenient time for parent meetings, informal meetings. This will help to contribute to learning of English learners, foster youth and at-risk/low-income students by increasing parent knowledge and involvement in their child's education.

#### [Westminster School District](#)

Westminster School District has made a commitment to increase student achievement through increasing direct services to students. The additional concentration grant funds will be used to increase



direct services to student and target low-income, English learners and/or foster youth through the following activities:

- 1) Counseling Services: WSD will add three additional counselors to provide direct services to students in the areas of academic counseling, social-emotional learning and behavioral support. Currently our counselor to student ratio is 1 to 1200; adding three counselors to our services will result in a ratio of 1 to 700.
- 2) Dual Language Immersion (DLI) Program: Additional staff to support the DLI program as it expands. The Spanish DLI program will need an additional teacher as it expands to 6th grade. The Vietnamese DLI program will need an additional teacher as it expands to the middle school (7th grade).
- 3) Health Services: Addition of a Licensed Vocational Nurse to each site to provide health services support at each of our Preschool-8th grade sites (17 total positions).
- 4) Instructional Support: addition of six classroom Paraprofessionals to support classrooms with high enrollment.
- 5) Intervention Program: Addition of one upper-grade Intervention Teacher at each K through 8 school site (16 total positions) to provide academic Tier II and III intervention services. A social-emotional program (BRAVE) for K through 6 elementary and a substance abuse program (Life Skills) for grades 3 through 8 will be implemented.

#### [Placentia-Yorba Linda Unified School District](#)

Academic interventions, case management, tutoring, counseling, instructional supplies and transportation, the implementation of a summer in-person and credit recovery program, targeted support and intervention for foster youth are called out.

#### **Do any of the school districts provide for substance use disorders or for youth with SUD?**

##### **Substance Use Disorders and Prevention**

Orange County's [Alcohol and Substance Use Prevention School-Based Programs](#) are described on the HCA website. In particular, the Orange County Friday Night Live Partnership program engages young people in prevention activities on school campuses and in CBOs. Under the guidance of an advisor, youth focus on making an impact in the areas of substance abuse prevention and other concerns that affect their schools and communities. Specific information about the program's components are found on the OCDE [website](#).

Specific information (listed below) about School-Based Behavioral Health Intervention and Support in Orange County, California contracted to [Phoenix House](#):

**Program Description:** School-Based Behavioral Health Intervention and Support provides services and curriculum for students and their families for the purpose of preventing and/or interrupting the onset or progression of behavioral health conditions, negative social behaviors and emotional distress in youth exhibiting early signs of problem behaviors. Services will be delivered to elementary, middle, and high schools in school districts that have the highest indicators of behavioral issues, including dropout rates, expulsions, and suspensions. Curriculum will be implemented at the classroom level for all students to explore a positive approach to the school environment. More intensive curriculum will be implemented

for students and families based on assessed need.

**Hours of Operation:** 8 a.m.–5 p.m., Monday–Friday

Outpatient and School-Based Mental Health Services – Phoenix House (Contractor of OCDE)

Mental health services are provided to children (0 to 21 years old) as well as their families. The focus of services is on addressing mental health issues ranging from depression, anxiety, aggression, ADHD, trauma, substance use and much more. A comprehensive team including a clinician, case manager and supervisor support the child/adolescent and their families to decrease mental health symptoms, improve functioning at home, in school, or in the community so they can live a healthy life and be able to function within these core areas.

Children and adolescents are referred by their schools and county welfare agencies, but county mental health agencies and families can also self-refer.

- Services are provided in the clinic, home, school, community as well as via telehealth. Services are designed to meet the needs of the family and include individual, family, parenting, medication management and case management.
- Services are designed for high-risk children and teens who may have issues such as anxiety, school refusal, eating disorders, PTSD, drug use, depression, or other mood disorders.
- Services are provided with a focus through a trauma-informed lens and attention to cultural and socioeconomic challenges that the child/adolescent may be experiencing.

The average amount of time the child/adolescent stays in the program is 6 to 9 months, but each case is unique. Expected outcomes are improvement in family functioning, including better communication, improved parenting skills, improvement in the student's academic performance, and a decrease of mental health symptoms (depression/anxiety). Our therapists also provide psychoeducation to help families understand mental health illness. Phoenix House California also has agreements with several schools in the community to provide school-based mental health services on the school campus.

Mental Health and case management services are provided to students that are struggling with behaviors impacting their school attendance and academic success. Students are identified as having behavioral issues such as noncompliant behavior (excessive absences, running away, fighting with peers and adults) as well as having learning issues. More mild cases may include students negatively affected by transitional issues such as divorce, separations, or problems with social skills. Some of the more serious cases referred to us are due to depression (suicidal ideation/or attempts) and anxiety.

Working alongside school administrators, counselors, teachers, school psychologists and other personnel, mental health providers create and implement behavioral programs, often guided by individual education plan goals and behavioral assessments. Our staff assist in executing interventions that impact students both on the school campus and at home. Mental Health providers can focus support to individual students and/or provide full classroom intervention. Providers also support parents through consultation, coaching and groups; helping them better understand their kid's social and emotional needs.

**Are there EBPs or any services that are being called out as prevention services?**

**[What Are EBPs and Why Are They Important to Phoenix House California?](#)**

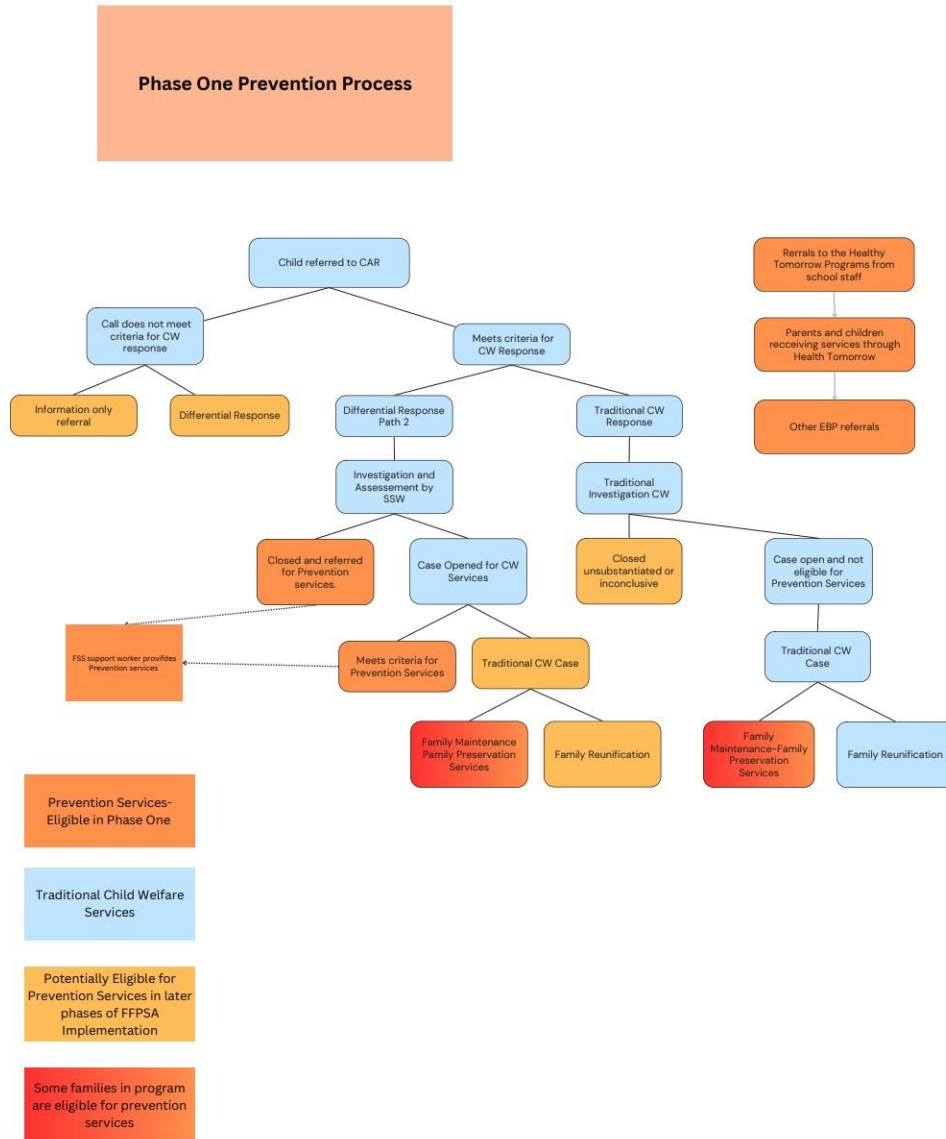
To deliver effective services which accurately target individual client issues, Phoenix House has implemented many EBPs and Programs that are proven to address specific issues and improve client outcomes. Phoenix House of California (PHCA) is committed to having highly skilled staff trained in a variety of EBPs to flexibly provide the best possible approach for each client's unique circumstances and clinical needs. We pledge to implement EBPs with fidelity while engaging in CQI efforts to ensure a high standard of care. The Federal Substance Abuse and Mental Health Administration (SAMHSA) maintains EBPs Resource Center to provide communities, clinicians, policymakers and others with the information and tools to incorporate EBPs into their communities or clinical settings. Ratings and descriptions of various EBPs may be found on the website of the California Clearinghouse of Evidence-Based Practices, the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice also maintains a database of model programs. These databases describe individual EBPs, with information about their designated client populations, approaches, objectives, effectiveness and the research basis. The EBPs PHCA currently uses often combine the MI approach to communicating with clients along with one or more Cognitive Behavioral Therapy curricula. This combination has been proven highly effective for SUD treatment. Among the CBT curricula that our staff is trained on and implements across various settings are the following EBPs:

1. ***Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA)*** has been developed by the Institute of Corrections at the University of Cincinnati in 2010 and has been introduced as required or highly recommended component in behavioral health programs by in-custody programs in California. CBI-SA uses a cognitive behavioral approach to help participants gain skills and strategies for avoiding substance abuse. CBI-SA focuses on helping clients learn how to identify high-risk situations and respond to them as they arise. Emphasis is placed on practicing skill-building activities, so clients learn new behaviors and responses to challenges they may face. Based on its proven effectiveness, Phoenix House has used CBI-SA in all its correctional and community-based treatment programs for adults in six prison and probation institutions in Southern California, and in residential treatment programs for adults in Venice, Los Angeles County and Santa Ana, Orange County. Phoenix House staff currently includes certified CBI-SA trainers and therapists.
2. ***Seeking Safety*** is a present-focused, coping skills therapy to help people attain safety from trauma and/or substance abuse. The goals of the program are to reduce trauma and/or substance abuse symptoms and to increase safe coping in relationships, thinking, behavior and emotions of participants. Phoenix House has used *Seeking Safety* for trauma in all its community-based substance abuse treatment programs since 2007, starting from women's programs and adding men's community-based programs in 2011. *Seeking Safety* is required by California in-custody treatment programs. Clients express a high level of satisfaction with services received and the majority consider *Seeking Safety* as the most effective treatment service they have received during treatment at Phoenix House.
3. **Phoenix House uses elements from the TCU Treatment System**, i.e., a set of assessments and manual-guided interventions developed by the Institute for Behavioral Research at the Texas Christian University to target specific needs and status of clients at different stages of treatment. The TCU Treatment Process Model involves induction into treatment, engagement in treatment, early recovery, adequate retention before treatment release, and preparation for community re-entry. *TCU Brief and Comprehensive Interventions* can be used in various combinations to supplement other treatment EBPs: *Straight Ahead: Transition Skills for Recovery*; *Getting Motivated to Change*, *Ideas for Better Communication* and many more.

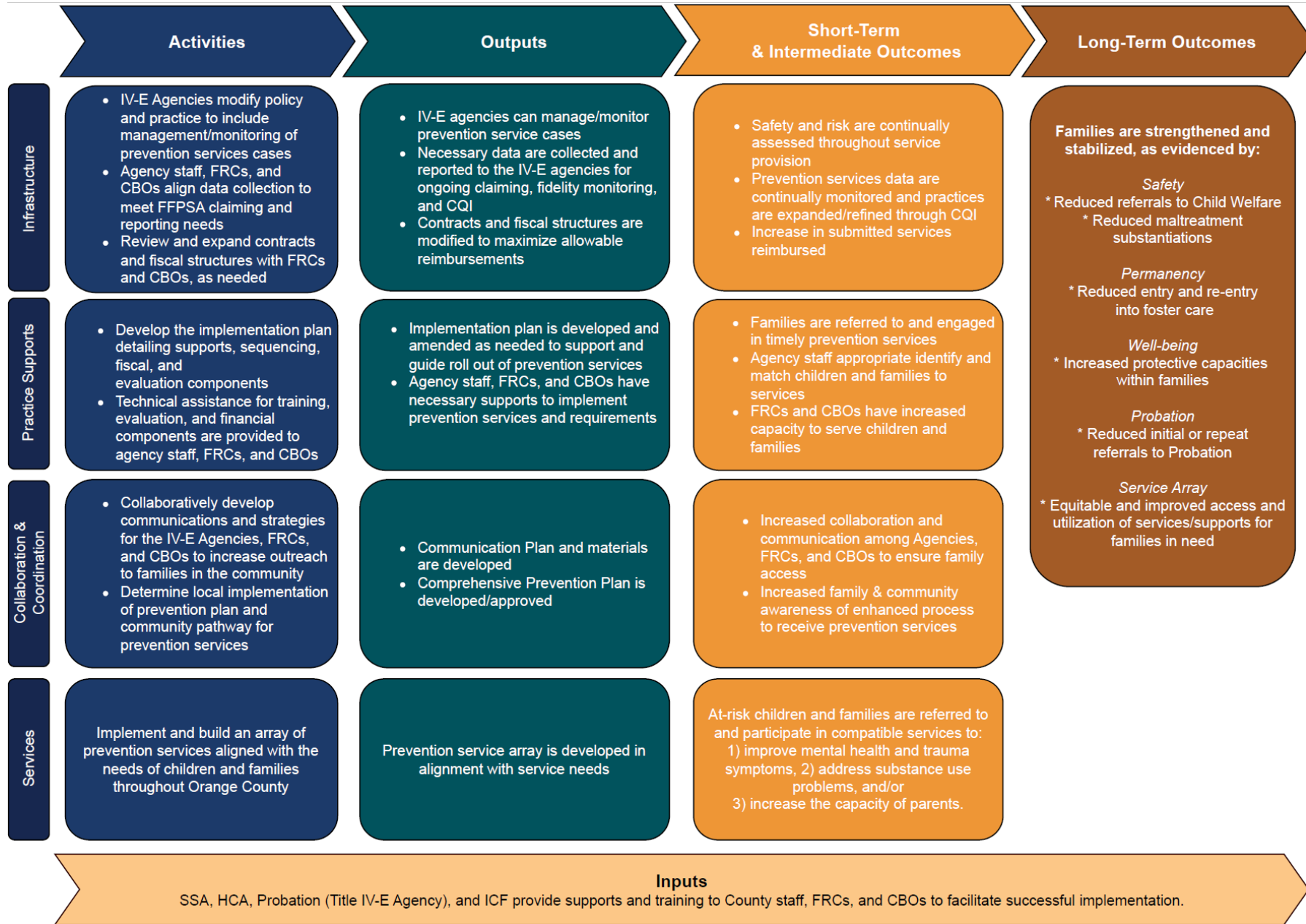
4. **The Strengthening Families Program** for children and families has been implemented as Behavioral Health Family Intervention by Phoenix House since 2013, as the highest tier for the most vulnerable youth and families in Orange County schools. The SFP is designed for parents and their children ages 0–17 who need skills to reduce family conflict and the risk of abuse or neglect. This 10- to 14-week parenting and family skills training program for high-risk and general population families is designed to significantly improve parenting skills and family relationships, reduce child maltreatment, children’s problem behaviors, delinquency and alcohol and drug abuse; and to improve social competencies and school performance.
5. **Too Good for Drugs** prevention curriculum has been used in Los Angeles County Prevention Services in Middle Schools since 2011. This school-based prevention program for youth ages 11 to 14, provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. Participation in the TGFD curriculum has shown to significantly reduce the proportion of students with intentions to drink alcohol or use marijuana, increase protective factors, improve social and peer resistance skills, improve goal setting and decision making, increase self-efficacy and reduce acceptance of substance use.
6. **Since 2013, the Positive Action EBP** has been used by Phoenix House in Orange County Behavioral Health Interventions and Support Services in up to 50 elementary, middle and high schools. Positive Action (PA) is a universal program created for students in school kindergarten eighth grade that provides an instructor’s kit at each grade level. The program aims to motivate students intrinsically to be their best selves by teaching them that they feel good about themselves when they do positive actions. The program teaches the positive actions for the whole self: physical, intellectual social and emotional through six units, which are the same at each grade. This enables the entire school to be learning the same concept around the same time, thus providing the setting for use of the school wide climate development kit(s) to reinforce positive behaviors school wide daily. This reinforcement enables students to experience good feelings about themselves when they do positive actions. For students needing more intense support, there is a counselor’s kit. All kits have a manual with scripted lessons, planned activities and colorful, engaging supplementary materials. Positive Action is a comprehensive youth development program with a very strong evidence base, assuring us of its effectiveness. This integrated and comprehensive program is designed to improve problem behaviors such as substance use, anger management, suspensions, disruptive behaviors, school dropout, and sexual behavior and improve academic achievement and school attendance. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with additional concepts (positive actions for the physical, intellectual, social and emotional areas) that elaborate on the overall theme.

In addition to a variety of EBPs, Phoenix House incorporates into its treatment approach Medication-Assisted Treatment (MAT). According to SAMHSA, MAT “is the use of medications, in combination with counseling and behavioral therapies, to provide a ‘whole-patient’ approach to the treatment of substance use disorders.” Combining medication and therapy can be more successful in treating SUD disorders than therapy alone. MAT helps in recovery support and prevents/reduces opioid overdose, since it is primarily used to treat addiction to opioids such as heroin and prescription painkillers. MAT has been proven effective in reducing the need for in-patient detoxification and allows providers to better tailor treatment to individual needs and help patients lead a successful life in recovery.

# Appendix I: Phase One Prevention Process Workflow



## Appendix J: Orange County Logic Model



## Appendix K: Assurances Template

### **FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES**



**KIM JOHNSON**  
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**GAVIN NEWSOM**  
GOVERNOR

### **Assurances Template**

#### **FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES**

#### **County of Orange Social Services Agency and Probation Department**

##### **Title IV-E Prevention Program Reporting Assurance**

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

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

##### **Child Safety Monitoring Assurance**

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the County of Orange Social Services Agency and Probation Department assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. County Title IV-E agencies that contract with community-based organizations, assure how safety will be monitored and the oversight of periodic risk assessments conducted by the community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

##### **Workforce Development and Training Assurance**

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the County of Orange Social Services Agency and Probation Department assures it will adhere to the FFPS training plan as

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

#### **Trauma-Informed Service Delivery Assurance**

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

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

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

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

#### **Advancement of Fairness and Equity Strategies Assurance**

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

#### **Assurance of Coordination with Local Mental Health**

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

#### **Assurances Signatures**



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

6/15/23

(Date)

6/15/23

(Date)

*[Handwritten Signature]*

(Signature of Authorized CWS Representative)

*[Handwritten Signature]*

(Signature of Authorized Probation Representative)