

Tuolumne County  
Family First  
Comprehensive Prevention Plan



July 31, 2023

# TABLE OF CONTENTS

INTRODUCTION.....	2
CONTACT INFORMATION.....	3
GOVERNANCE STRUCTURE.....	4
CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT.....	6
TRIBAL CONSULTATION.....	7
INTEGRATED CORE PRACTICE MODEL (ICPM).....	7
SERVICE ASSET MAPPING.....	9
TARGET CANDIDACY POPULATION(S) AND NEEDS ASSESSMENT.....	14
LOGIC MODEL.....	21
SPENDING AND SUSTAINABILITY PLAN.....	25
ASSURANCES.....	26
APPENDICES.....	29

---

## **INTRODUCTION**

---

The federal Family First Prevention Services Act (FFPSA) was enacted under Public Law 115-123 in 2018. Among its many components, it created a prevention services program that allows states the option to access uncapped Title IV-E federal financial participation for the provision of specific evidence-based mental health, substance use, and in-home parent skill-based services to children at imminent risk of entry into foster care, their parents or kin caregivers, and pregnant or parenting youth in foster care. This includes kin caregivers of children who are not placed by a Title IV-E agency and are qualified for prevention services. The intent of FFPSA is to increase the availability and early access to quality prevention services for children, parents, and kin caregivers to help children remain at home while simultaneously reducing the use of foster care placements.

California's Family First Prevention Services (FFPS) program was established in the Welfare and Institutions Code 16585 through 16589 as an opt-in program for county and tribal Title IV-E agencies to develop and implement Title IV-E prevention services as part of comprehensive prevention, early intervention services to address child wellbeing and reduce out of home placement. These Title IV-E programs are a foundational component of the larger comprehensive prevention planning for the State FFPS program. All County Letter (ACL) 22-23 describes the process for county child welfare and probation departments to develop and submit their Comprehensive Prevention Plans (CPP) to address primary secondary, and tertiary prevention and intervention strategies and services that support the ability of parents and families to provide safe, stable, and nurturing environments for their children.

Tuolumne County opted into the State Block Grant on April 29, 2022, with the intent of submitting a CCP. This is a joint effort between Child Welfare and Probation, along with their System of Care partners, with Child Welfare designated as the lead agency. The California Department of Social Services (CDSS) acknowledged receipt that same day, and planning began in earnest in July 2022. This CPP is congruent with Tuolumne County's larger System of Care values, that the Children's System of Care (CSOC) in Tuolumne County will promote and facilitate interdepartmental and interagency cooperation and collaboration in the establishment and enhancement of a community-based, comprehensive System of Care, which seeks to ensure that all Tuolumne County residents will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school/employed, and economically stable, regardless of the agency door by which children and families enter.

Tuolumne County has been expanding prevention and early intervention efforts in recent years in collaboration with public and private partners, and the county's Health and Human Services Agency's Child Welfare services specifically shifted to a prevention model in 2019. Having built upon the System of Care, this process has supported engagement in additional partnerships within and throughout the county to address and improve the social determinants of health. Tuolumne's vision is to improve the health and overall functioning of the community by enhancing prevention services at every level and ensuring children and families have access to the supports and resources they need. These services are to be delivered in the least restrictive, least stigmatizing manner through community-based settings appropriate to meet the community's needs, thereby dramatically reducing child abuse and neglect, and entries into care.

---

**CONTACT INFORMATION**

---

*Rebecca Espino*

---

Rebecca Espino, Tuolumne County Director of Human Services Agency  
[respino@co.tuolumne.ca.us](mailto:respino@co.tuolumne.ca.us)

*Dan Hawks*

---

Dan Hawks, Tuolumne County Chief Probation Officer  
[dhawks@co.tuolumne.ca.us](mailto:dhawks@co.tuolumne.ca.us)

---

## **GOVERNANCE STRUCTURE**

---

The principles of Tuolumne County’s System of Care are aligned with the effort of this CPP: to develop and maintain service systems consistent with public/private, community-based, school-linked and family partnership, which can intervene early or prevent problems with at-risk children, youth and families; to promote and provide services, which are outcome-focused, client and/or family-centered, strength-based, culturally competent, comprehensive, which encourage families to access resources in the least restrictive, least stigmatizing community-based settings to meet their needs. The Tuolumne County Children’s System of Care (CSOC) Interagency Leadership Team (ILT) assumes responsibility for approval and ensuring implementation of the CPP.

<b>Tuolumne County System of Care Interagency Leadership Team</b>	
Rebecca Espino	<i>Health and Human Services Agency Director</i>
Tami Mariscal	<i>Behavioral Health Director</i>
Michelle Clark	<i>Social Services Director</i>
Dan Hawks	<i>Probation Chief</i>
Zack Abernathy	<i>County Superintendent of Schools</i>
Tony Anderson	<i>Valley Mountain Regional Center</i>

Comprised of the Health and Human Services Agency Director (Rebecca Espino), Behavioral Health Director (Tami Mariscal), Social Services Director (Michelle Clark), Probation Chief (Dan Hawks), County Superintendent of Schools (Zack Abernathy), Valley Mountain Regional Center Director (Tony Anderson), and a presiding bench officer, this group meets monthly and has been overseeing the work of the Planning Body.

The Planning Body for the CPP is the Tuolumne Resiliency Coalition (TRC), Tuolumne’s Child Abuse Prevention Council. The TRC is comprised of representatives from:

1. Tuolumne County Public Health
2. Tuolumne County Behavioral Health
3. Tuolumne County Sheriff’s Department
4. Tuolumne County Probation Department
5. Tuolumne Band of Me-Wuk Indians-Social Services Department
6. Tuolumne County Child Welfare Services (including line staff, supervisors, manager and the director)
7. Tuolumne County Social Services (including line staff, supervisor and the director from Self-Sufficiency, Employment/Job Training and Placement, and Homelessness Services)
8. Tuolumne County Road to Resiliency
9. Adventist Health Sonora
10. Infant Child Enrichment Services
11. Tuolumne County District Attorney/Victim Witness
12. Center for a Non-Violent Community
13. First 5
14. YES Partnership

15. Tuolumne County Recreation Department
16. Amador Tuolumne Community Action Agency
17. Head Start
18. Tuolumne County Superintendent of Schools
19. Community Parent
20. Resiliency Village

The TRC oversaw the development of working subgroups to evaluate Tuolumne’s resources, data, community needs, and program development and sustainability to create this CPP. The TRC provided monthly updates to the Tuolumne County ILT and incorporated their feedback into next steps, culminating with this CPP. Moving forward, the TRC will review data and discuss outcomes of the prevention efforts quarterly with the ILT and receive guidance accordingly.

Within the auspices of the TRC’s Planning Body, the Tuolumne County Assistant Chief Probation Officer reached out to multiple youth during stays at the Juvenile Detention Facility to solicit their feedback, as well as other youth who have successfully completed probation and their contributions have been included in this plan. Tuolumne County child welfare staff reached out to multiple non-minor dependents and former foster youth to solicit their feedback as well, but none provided feedback. Parents who’ve had a prior child welfare case were able to participate in a prevention services survey in July 2022.

Tuolumne does not have a foster family agency or FFA homes in the county, so this was not a partnership that could be included in the local planning process. While Tuolumne County’s System of Care (SOC) holds high value for both parent and youth partners, these programs have not been sustainable locally, and there has not been a consistent process for engaging those with lived expertise. Developing the CPP has created new energy to hold regular listening sessions with community members with direct system experiences. In conjunction with the California-Child and Family Services Review (C-CFSR) and Cal-Outcomes and Accountability Review (Cal-OAR) efforts, Tuolumne County is developing a process to include community members with lived expertise into stakeholder groups and the TRC moving forward to support implementation, sustainability, and effectiveness of the CPP. While TRC does not have a faith-based organization on the team, the hospital chaplain is a member of TRC. Additionally, YES has members who are also members of the TRC, and YES is another local community partnership that does include multiple faith partners.

The Tuolumne County YES Partnership was established in 1986 in response to several teen suicides. This community-wide coalition is dedicated to supporting Tuolumne County youth and families with a mission to promote resilience and prevent suicide, substance use, and child abuse. The YES Partnership works collaboratively with local organizations, parents, and teens to increase protective factors in youth and create a drug-free and suicide-safe community by engaging youth in leadership opportunities, supporting and providing positive adult interaction with youth, and developing youth assets.

There are common members on both TRC and YES that serve to bring information back and forth between the groups and we will continue to expand participation as we move forward.

---

## ***CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT***

---

Cross-sector collaboration and planning began in March 2022, when the Children’s System of Care Advisory Team and the Interagency Leadership Team were invited to converse and inform how and whether or not the county should opt in. This led to rich conversation at all levels, with excitement and commitment to build a meaningful plan for the community. Early CPP planning began in April 2022, with Probation and Child Welfare/Social Services leads forming a mini-strategy team, along with a consultant. Those conversations allowed the county to develop a project management tool to support the necessary capacity assessments and implementation planning, with early consideration for target populations and service delivery. The County’s Interagency Leadership Team provided both structure and guidance for the process and empowered the cross-sector collaborative to develop this plan.

As noted above, the TRC is comprised of representatives from Tuolumne County Public Health, Tuolumne County Behavioral Health, Tuolumne County Sheriff’s Department, Tuolumne County Probation Department, Tuolumne Band of Me-Wuk Indians-Social Services Department, Tuolumne County Child Welfare Services (including line staff, supervisors, manager and the director), Tuolumne County Social Services (including line staff, supervisor and the director from Self-Sufficiency, Employment/job training and placement, and Homelessness Services), Tuolumne County Road to Resiliency, Adventist Health Sonora, Infant Child Enrichment Services, Tuolumne County District Attorney/Victim Witness, Center for a Non-Violent Community, First 5, YES Partnership, Tuolumne County Recreation Department, Amador Tuolumne Community Action Agency-Head Start, Tuolumne County Superintendent of Schools, and a parent in the community.

The TRC will continue to monitor the implementation and effectiveness of Tuolumne’s CPP. Data and outcomes related to the enhanced prevention efforts outlined in the CPP will be reviewed at the TRC on a quarterly basis and brought to the ILT the following month for their review. Both the ILT and TRC are committed to ensuring that the CPP is implemented fully, and that the prevention services array is yielding the desired changes.

There are potential challenges around workload capacity as there isn’t a dedicated coordinator for the TRC. As this responsibility will fall to individuals and agencies to absorb, this component will be monitored closely and modified if the added data management provides too cumbersome within the existing resources.

In conjunction with the C-CFSR and Cal-OAR efforts, Tuolumne County is developing a process to engage and include community members with lived expertise into stakeholder groups and the TRC moving forward to support implementation, sustainability, and effectiveness of the CPP. Feedback will be welcomed from all partners to ensure that the prevention efforts are of benefit to impacted communities. Tuolumne will solicit feedback around prevention in C-CFSR and Cal-OAR focus groups and ask for feedback when cases are closed in court. Tuolumne will also offer listening sessions for stakeholders twice yearly moving forward for consumers of Child Welfare, Probation, and Welfare to Work services to provide updates about prevention efforts in the community and receive feedback about the effectiveness of services and additional recommendations the community may have. Tuolumne

continues to try to develop a sustainable parent and youth partner program. To build Transitional Aged Youth and/or engagement of individuals with lived experience specifically, Tuolumne is exploring additional partnership with AmeriCorps. These collective voices will inform or help to refine the strategies moving forward, and additional members will be added as needed; this is the community's plan executed in partnership with government agencies.

---

## ***TRIBAL CONSULTATION AND COLLABORATION***

---

The name *Tuolumne* is of Native American origin, and we respectfully acknowledge the land of Tuolumne County is the ancestral land of the Me-Wuk and Washoe, who are the Indigenous People of this land, as well as potentially unrecognized people. We recognize this land was taken repeatedly with no compensation or regard for the lives and traditions of the original people. We honor our Me-Wuk and Washoe tribal neighbors for their contributions as stewards of the land and their sustained existence.

The Tuolumne Band of Me-Wuk Indians-Social Services Department has been an active participant in the TRC since its inception. The partnership between Tuolumne County and the Chicken Ranch Tribe of Me-Wuk Indians is strengthening through the development of the CPP as this creates more improved ways to partner in service to Tuolumne's Native American community. Tuolumne Band has historically acted on behalf of the Chicken Ranch Tribe as they have a small membership, but the Chicken Ranch Tribe is developing their own social services department and building deeper relationship with Tuolumne County. In 2008 the Chicken Ranch Rancheria Me-Wuk Indians opened Mathiesen Memorial Health Clinic which has sites throughout the county providing a vast array of services from primary care to behavioral health services to therapeutic yoga. LeeAnn Hatton is their community and social services administrator, and they are becoming more integrated into Tuolumne County community services as a whole. The importance of this clinic to the community cannot be overstated as it allows physicians and dentists to be reimbursed at a higher rate than Medi-Cal alone, making operations more feasible.

A significant challenge that has been identified by the tribes within Tuolumne County is while the tribe can determine youth who may be at risk of out of home placement, they don't have the resources to provide the services needed for the family system. Developing the CPP has created opportunities to talk more intentionally about a community pathway and resources that facilitates service delivery to these at-risk youth and families.

Both entities have been invited to be partners in Tuolumne County's Children's System of Care and Tuolumne County will partner with them in whatever level of participation they desire.

---

## ***INTEGRATED CORE PRACTICE MODEL (ICPM)***

---

The county's CPP development has been informed and supported by California's Integrated Core Practice Model (ICPM) in several ways. It may be important to note that Tuolumne County was among the first in the state to deliver in person ICPM training to cross agency teams, in 2019 and 2022.



Systemwide use of ICPM, as part of the AB 2083 work, has provided a common language and framework from which partners have codesigned this CPP, and from which the System of Care as a whole will approach its prevention services modeling and delivery.

As the plan has developed and evolved, partners have centered around ICPM's principles and behaviors, which are premised in the following realizations:

- Effectiveness of both the prevention planning/design and the eventual service array is integration (partnership) dependent and a unified practice model is the relational adhesive of that partnership.
- Prevention services are critical turf in the challenge of building family/community voice, striving to address disproportionality and over-representation, and build equitable and inclusive care for children and families.
- All System of Care partner agencies and leaders are responsible for planning and executing this CPP.
- The CPP process is *Collaboration* and *Teamwork* dependent principles which are paramount and obvious in the ICPM, and are anchors for performance competencies.
- A continuum of prevention is inherently trauma informed, and the aligned implementation of the ICPM is a centerpiece of a trauma-centered delivery system.

During the design phase, Tuolumne County CPP planners have attended to critical design functions, informed by ICPM leadership behaviors and the essential principles of ICPM. These functions have focused on ensuring that certain processes are in place, including communication, climate, staff engagement on ICPM practice behaviors, establishing clear, dedicated and resourced roles, and ensuring feedback loops with high communication and strength-based values.

### ***CPP Development and Oversight via ICPM***

Tuolumne County's interagency prevention work began many years ago, and prior to FFPSA and the AB 2083 opportunity, has been centered in the work of the Child Abuse Prevention Council, a group known as Tuolumne Resiliency Coalition (TRC). In late fall 2022, System of Care leadership teams, supported by the TRC and consultants, developed a cross-system matrix of initiatives, to inform the connections by and between the county's prevention and integration-related initiatives and the System of Care. This process is proving useful in reducing redundant planning meetings and leveraging prior prevention work.

In August of 2022, the county's ILT received and acted on a recommendation to designate their Interagency Leadership Team as the CPP's oversight body. This group, comprised of Deputies, Senior Managers or Assistant Department leads, meets monthly, to address System of Care issues and as part of that process, has now created time and space within its regular agendas, for CPP and FFPS implementation processes.

Interagency teams were trained on ICPM in both 2019 and 2022, targeting both line staff and leadership within the System of Care. Moving forward, Tuolumne is developing a workgroup of internal champions who will function as Train-the Trainers to ensure that onboarding of new staff is grounded in ICPM and remains an intentional component leadership meetings and practice, communication processes to staff, and internal and external messaging, specifically related to the CPP. It's anticipated that in Fall 2023, this internal group of champions will take the following steps to further anchor the connections of the ICPM and the System of Care into the CPP work:

1. Cross Train to ICPM with public systems, tribes and prevention partners/CBOs.
2. Conduct outreach and engagement across the departments, to recognize and celebrate effective teaming; which will further move power from systems/professionals to families and caregivers (Equity/Inclusion).
3. Design an interagency triage and screening process that will link Screening and Assessment for CPP with the partner’s “No Wrong Door/ front door” approach.
  - a. Expand RED Teams or co-locate Prevention Services Partners “Access” services.
4. Add Prevention and CPP into the pending AB 2083 System of Care MOU revision and expand the data dashboard to include prevention outcomes measures.

### ***AB 2083 MOU and CPP Oversight***

The county’s AB 2083 compliant MOU articulates a clear and centered role for ICPM. Prior and planned training across partnerships include provisions to ensure that all staff from agencies and contractors who are directly involved in the delivery of services are aware of the components, principles, purpose and role of the ICPM.

It also contains commitments from ILT signatory agencies to mutually use the principles, values, and practice of the ICPM as guidance and direction in developing the county’s shared values, core components and standards of practice in delivery of timely, effective, collaborative and integrated services to children, youth and families.

The Tuolumne County ILT will receive quarterly updates about the primary, secondary, and tertiary prevention services outlined in the CPP from the TRC to evaluate the effectiveness of these efforts.

---

## ***SERVICE AND ASSET MAPPING***

---

In preparation for developing the CPP, Tuolumne County sent a survey to stakeholders (both professionals and those with lived expertise) in July 2022. The survey sought to assess provider capacity and capabilities, system capacity and capabilities, and existing policy supports. A few respondents expressed worries about stakeholder buy-in, but there was a global sense of emerging or established support for Continuous Quality Improvement and a collective commitment to change. Components to intentionally tend to in implementation of the CPP included ensuring meetings were regularly scheduled, ensuring information is shared broadly and communication is transparent and effective.

Through the work of the Tuolumne Resiliency Coalition, the county mapped all local resources addressing primary, secondary, and tertiary prevention services. In addition to celebrating the efforts that have created a strong foundation for FFPS in Tuolumne County, developing the CPP has prompted creation of a community resource guide to support the community pathway, and ensure all agencies are aware of resources throughout the community as well as referral processes.

Many of the primary services are school-based and include:

- Multi-Tiered Systems of Support
- Tobacco Prevention Program

- Girls' Circle
- Boys' Council
- EPIC Youth Coalition
- Shifting Boundaries/Rape Prevention Education

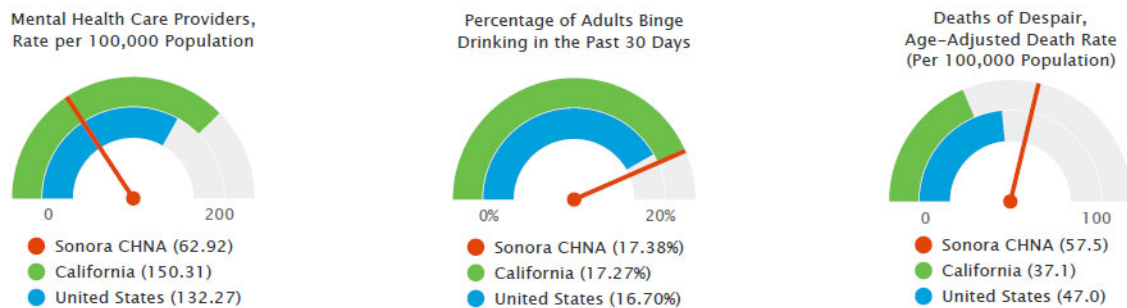
Additional community based primary prevention services include:

- Local Oral Health Program
- Childhood Lead Poisoning Prevention
- Keep Baby Safe (car seat usage and installation coaching)
- Tobacco Control Program
- Nurturing Parenting/Early Childhood Education
- Me-Wuk Indian Health Center Outreach and Engagement
- Suicide Prevention Task Force
- Keeping Kids Safe
- Blue Zones
- YES Partnership
- Friday Night Live

Secondary prevention services are provided by multiple agencies throughout the community. Adventist Health Sonora completes ACEs screening and referral, where a navigator follows up with individuals who scored four or higher and develops personalized plans to support children and their families. The Tuolumne County Superintendent of Schools supports the Accessing Wellness and Resilience in Education (AWARE) Program through an MHSSA grant, providing a mental health navigator, and individual and group therapy in the schools. They also support Girls' Circle, Boys' Council, and the SEED program (Supports Early Education and Development for children from birth to five years of age). The Public Health Department supports the WIC (Women, Infants, and Children) program to provide breastfeeding education and general nutrition supports for pregnant women and their children up to age five; California Children's Services; CalFresh Healthy Living; Maternal, Children and Adolescent Health Program; the Child Health and Disability Prevention Program; and the Immunization Program. Tuolumne County Behavioral Health supports both the Youth Substance Use Disorder Prevention, and Club Live. Resiliency Village supports housing and case management needs, and Infant Child Enrichment Services (ICES) delivers the Raising Healthy Families Program. Tuolumne County Social Services either provides or coordinates the Road to Resilience/Seeking Safety program, Differential Response, CalWORKs Home Visiting Program – MCAH ASQ-SE Screening, CalWORKs Home Visiting Program– Brigance Screening, CalWORKs Home Visiting Program – Early Childhood Services, CalWORKs Home Visiting Program– Growing Great Kids, the Housing Support Program, CalWORKs Family Stabilization, Voluntary Family Maintenance, Child and Family Teaming, Welfare to Work, CalFresh Employment & Training (CFET) provides CalFresh participants with the employment and training services to give them the opportunity to find and maintain gainful employment in order to build a stronger future for their families and, ultimately, bring themselves out of poverty. Independent Living Program for current and former foster youth, and delivers child welfare services grounded in Safety Organized Practice and the Integrated Core Practice Model.

Many of the above programs are also identified as being tertiary services, including probation and child welfare services, Child and Family Teaming facilitated by other systems and partners, Raising Healthy Families, and Resiliency Village. The Tuolumne County Behavioral Health Department supports mental health screening and youth mentoring, and the EPIC Youth Coalition. The Probation Department facilitates Girls' Circle, Boys' Council, Aggression Replacement Training, Interactive Journaling, ACEs screening, and Positive Behavioral Interventions and Support is the foundation for case management and programming in the Juvenile Detention Center. Additional tertiary services through child welfare include Foster Youth Education programs and the Health Care Program for Children in Foster Care, which includes psychotropic medication monitoring and oversight.

According to the Adventist Health Sonora Community Health Needs Assessment, there are insufficient mental health services available, which is reflected in other outcomes. Sonora has 62.92 mental health care providers per 100,000 population, while California has 150.31/100,000 and the US has 132.27/100,000. Adult binge drinking in Sonora (17.38%) exceeds the numbers for California (17.27%) and US as a whole (16.7%). Similarly, deaths of despair, described as intentional self-harm (suicide), alcohol-related disease, and drug overdoses, in Sonora are a staggering 57.5/100,000 people, while the number for California is 37.1/100,000 and in the US it is 47/100,000. This needs assessment found the three highest priority needs to be behavioral health, financial stability and housing for the Sonora community.



Similarly, the First 5 Strategic Plan (2023-2027) also notes the primary issues facing the community to be poverty, substance abuse, intergenerational family trauma, adverse childhood experiences, behavioral health needs and school failure. Their four foundational investments for the next four years are (1) to ensure primary caregivers have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma, and dysfunction; (2) to ensure primary caregivers have the support and resources they need to be their child's first and best teacher; (3) to ensure that early childhood educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors; and (4) to ensure children have the supports and resources they need to develop in a healthy fashion and enter kindergarten ready to learn.

With the small population overall and rural nature of the county, there are limited comprehensive community-based services. There are few providers overall, and those operating in Tuolumne fill a very particular service niche. Access to funding has also often been sporadic, and when grants are awarded

services are developed, but when grants end there have been historical challenges to coordinate a fiscal structure that maintains the services.

Tuolumne Schools have begun to address some of the continued needs. School Wellness Centers have recently launched in eight elementary, one middle, and three high schools in Tuolumne County. From August 2022 through January 2023, they served 92 students and their families in a total of 493.15 service hours. These resources are highly promising and welcomed by the various districts, and there are plans to expand into the remaining Tuolumne County schools. Access is easy, and a parent, school personnel, or the youth themselves can submit a referral for services. In this first year almost 55% of those who accessed services were female, and 45% were male.

The Road to Resilience (R2R) program launched in 2019 with goals to reduce substance use and increase parenting capacities in pregnant and parenting women with current or formal struggles with substance abuse. The primary referral source for this service has been obstetricians (37%) and child welfare (27%) to connect families in need to services without formal system involvement. For Tuolumne, this was also a significant and successful effort to coordinate services amongst a robust network of services providers and organizations and is one aspect of the existing infrastructure available to build on for this CPP effort. The R2R program saw robust referrals and a participation rate of 40% in the first year (2019-2020). Those families did not come to the attention of child welfare, and overall child welfare opened fewer cases on youth under the age of three. The pandemic brought unprecedented challenges to individual families as well as efforts to build this new program, and overall referral rates and engagement were down. However, the 2021-2022 FY saw a significant increase in referrals but not in participation. Again, families who participated did not come to the attention of child welfare services but new cases for children under the age of three years increased, mirroring the lack of engagement in this R2R program. Overall, for those who participate R2R has been highly effective in addressing parents with substance use disorder needs outside of the child welfare arena. That program is slated to end in 2024 and Tuolumne County is hoping to connect families who'd benefit from this kind of program to other resources, including Parents as Teachers and/or other services through the Engagement and Empowerment team.

Tuolumne County had already begun to build more prevention services and enhanced case management into their services delivery to families participating in CalWORKs, and other at-risk families in the community. Tuolumne County Social Services has converted their Welfare to Work unit into an Engagement and Empowerment team with a focus on prevention and early intervention, which included changing the classification of all eligibility workers to integrated caseworkers with the goal of augmenting prevention efforts of Welfare to Work social work staff who were already providing services to these vulnerable families. Voluntary Family Maintenance, Differential Response, and the Road to Resilience program are all administered by the Engagement and Empowerment team. This team has begun evaluation of family needs by completing an ACEs screen and the Protective Factors Survey. They will be expanding ACEs and pre-and post- PFS for all families in August 2023.

Tuolumne County Public Health and the Amador Tuolumne Community Action Agency (ATCAA) currently contract with Tuolumne County Social Services to provide the CalWORKs Home Visiting Program (HVP). The purpose of the CalWORKs HVP is available for CalWORKs recipients with children under the age of three to support positive healthy, developmental and wellbeing outcomes for pregnant and parenting individuals, families, and infants born into poverty. By helping families achieve stability while

participating in the HVP, the program hopes to lay the foundation for other long-term goals such as future educational opportunities, economic progress, and greater financial opportunities. This two-generational, whole family approach to service delivery will improve family engagement practices, support healthy development of young children living in poverty, and prepare parents for robust engagement in Welfare-to-Work activities and employment. The model for the HVP is Growing Great Kids, which is listed as an Evidence Based Program on the Healthy Start EPIC Center, but not included in California's FFPS list. Tuolumne will consider shifting the model to one of the ten approved EBPs in California's FFPS plan to support sustainability.

The persistent concern in the community is substance abuse with limited treatment resources available locally. In addition to serving parents with a history of or current struggle with substance use disorders, it is imperative to ensure they can meet the needs of their children in a safe and healthy manner. Given the rural nature of the county and relatively small number of children, identifying an Evidence Based Practice that would be effective with the population and achievable for the county to implement posed some difficulties. With the adaptability of Motivational Interviewing (MI) across disciplines and effectiveness across population types, Tuolumne County decided to implement MI as the tertiary EBP for this CPP. MI is an approach designed to help people find their own motivation to make positive changes in their behavior. The spirit of MI is collaborative and honors client autonomy, congruent with the values of the ICPM, and has shown to be effective with multiple communities, including American Indian and Alaskan Natives, bi-racial or multi-racial individuals, as well as African American and Latinx families.

Tuolumne County has also begun to map where other primary and secondary interventions can be infused into CWS and Probation service delivery. For example, helping a parent to be best prepared to take their child to a medical appointment, including being empowered and equipped to share concerns they might have. Similarly, where services are supporting a parent in recovery, we can also provide education and support to their child about substance abuse and work to prevent addiction in the next generation.

Tuolumne County Public Health has applied for and been awarded a grant through the California Home Visiting Program (CHVP) and they have chosen to deliver Parent's As Teachers (PAT) as the EBP for the program. Since PAT is one of the approved EBP's included in California's FFPSA Program plan, this is being included as a tertiary EBP effort in Tuolumne's CPP as well, and the grant will support service delivery through 2026. The target population for this grant is prenatal and postpartum women, caregivers of children ages 0-6, and will also help with education for other family members not in those groups. This strategy has been shown to be effective in Black and Latinx as well as White communities. Populations will be prioritized based on income, with priority given to those in low-income populations. Families in underserved, more remote, areas will also be prioritized.

Tuolumne County has also begun to build referral and connection resources through Unite Us. Any community agency can make the referral on the Unite Us platform, and then Unite Us links the family to the needed service. This system has inherent tracking capabilities to help with reporting requirements and allows for organizations the ability to follow up on the outcomes of the referrals made as well. Of continued need is more support around concrete goods, which is an ongoing and fundamental struggle for many of Tuolumne County's families. Through this CPP Tuolumne County will continue to explore and/or develop ways to meet these needs, including developing and expanding partnerships with the

faith-based community, community-based organizations, and existing formal community partnerships, such as TRC and the YES Partnership.

## **TARGET CANDIDACY POPLATION AND NEEDS ASSESSMENT**

Tuolumne County is rural with only one incorporated area (Sonora) in its 2,274 square miles. Of the total land, 54 square miles are water and 1,030,812 acres (more than 1,600 square miles) include federal land including Yosemite National Park, Stanislaus National Forest, Bureau of Land Management lands, and Indian reservations. Tuolumne consists of 23,103 households totaling 55,243 people, with approximately 4,500 living in Sonora. Almost one quarter of the population (12,900) are children and youth in Tuolumne County, with 4,620 aged 18-25, and 8280 under the age of 18. There are 858 children living with one or more immigrant parent, and 29% of the child live at or below two times the Federal Poverty Level. There are approximately 177 students experiencing homelessness.

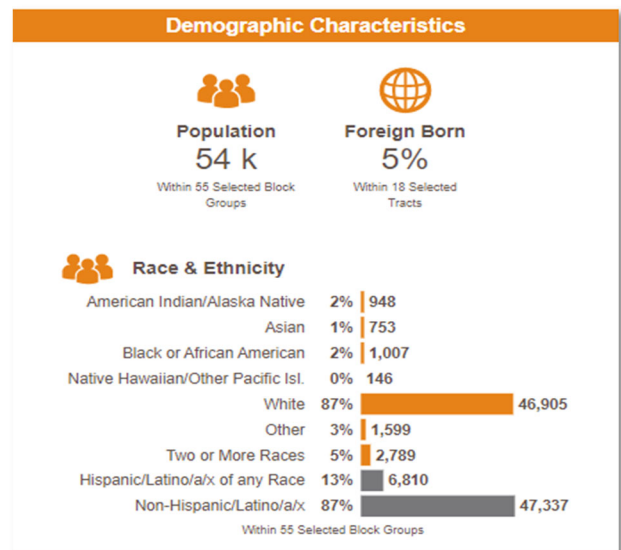
**Demographic Spotlight**

55,243 population/23,103 Households (Prosperity Now)

12,900 children live in Tuolumne County  
 8,290 are ages 0-17  
 4,620 are ages 18-25

858 children live with one or more immigrant parent  
 29% live at or below 2 times the Federal Poverty Level (46,060 for a family of 3)  
 177 students experiencing homelessness  
 11% identifying as LGBTQ

Tuolumne has limited ethnic diversity as 87% of the population identifies as White. Approximately 2% of the county residents are American Indian/Alaska Native, 1% are Asian, 2% are Black or African American, and less than 1% are Native Hawaiian/Other Pacific Islander. 13% of Tuolumne residents identify as having some Hispanic/Latino/a/x ancestry, 5% identify as having two or more races, and 5% identify as “other”.

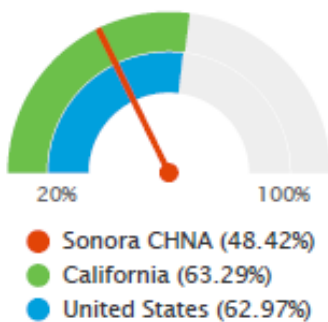


Tuolumne has many strengths within the state:

Where Tuolumne County is Strong (Ranks in the Top 10 for California Counties)

- ✓ Newborns were exclusively breastfed while in the hospital: 84%, Ranks #10
- ✓ Students who met at least 4 of 6 state fitness standards: 79%, Ranks #8
- ✓ Low Income children were reached by CalFresh food supports: 97%, Ranks #1
- ✓ Students who reported feeling connected to their school: 56%, Ranks #10
- ✓ Children in foster care had been in 1 or 2 placements after 24 months: 69%, Ranks #4

Labor Force Participation Rate

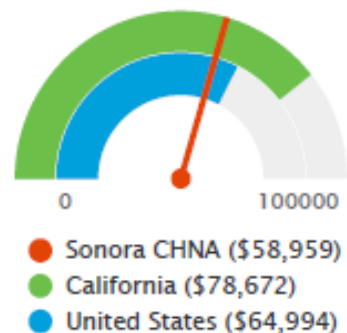


For many families, poverty is the primary challenge. Labor force participation rates in Sonora is 48.4%, which is much lower than that of California as a whole (63.3%) and the US (63%), and the unemployment rate is 6.54%. When race is considered in unemployment rates, 7.79% of Native American/Alaska Native and 11.03% of the Asian community of Sonora are unemployed, while less than 7% of Whites are unemployed. More than 20% of Sonora households report income under \$25,000, 22.62% report income levels between \$25,000 and \$49,999, and 29.3% report incomes between \$50,000 and \$99,000. 6.22% of households report income in excess of \$200,000.

The median household income for Sonora residents is \$58,959 of which 58.68% is spent on housing and transportation.

Comparatively, the median household income in California is \$78,672 and in the US is \$64,993. Almost one quarter of Sonora residents have a debt in collection. 15.2% of children live in poverty compared to the state average of 4.25% and the national average of 2.77%. 5.5% of students in Sonora are unhoused, compared to California (4.3%) and the US (2.8%). 37.46% of housed individuals live in substandard conditions. Latinx (31%) and Native American (42.7%) children are more likely to live in poverty, while White, Black, and API children are less likely to live in poverty. When poverty is considered, White children are actually overrepresented in the Child Welfare System, and there is a reduction in disparities based on ethnicity. Poverty itself is a multifaceted challenge and this is a consideration in this plan.

Median Household Income



Although the number of CWS reports has remained fairly stable over the past decade, the type of allegation has shifted and there are significant increases in allegations of sexual abuse, physical abuse, and emotional abuse, with a trending decrease in neglect allegations. However, 79.8% of the substantiated referrals (360 children) continue to be for general neglect, with 6.4% (29 children) of all allegations substantiated for severe neglect, 3.8% (17 children) substantiated for emotional abuse, 3.3% (15 children) substantiated for physical abuse, 2.7% (12 children) substantiated for caregiver



absence/incapacity, 2.4% (11 children) substantiated sexual abuse, and 1.6% (7 children) for at risk, sibling abused.

Allegation Type		
Tuolumne County Referrals 2019 to 2023		
Allegation	Freq	pct
General Neglect	360	79.8%
Severe Neglect	29	6.4%
Emotional Abuse	17	3.8%
Physical Abuse	15	3.3%
Caretaker Absence/Incapacity	12	2.7%
Sexual Abuse	11	2.4%
At Risk, Sibling Abused	7	1.6%

From 2019 to present, 68.3% of the victims were identified as having a primary ethnicity of White, 1.6% were American Indian, less than 1% were South American, Hispanic or declined to state, and 27.7% of the victims didn't have a primary ethnicity noted. 53.7% of the victims reported no Latino heritage, 12.2% noted some degree of Hispanic heritage, 1.3% were unknown, less than 1% did not provide the information, and 31.9% had an "unable to determine" notation. Over the past decade, domestic violence calls have almost doubled and Tuolumne is now 25% higher than the state's average in this area.

Primary Ethnicity		
Tuolumne County Referrals 2019 to 2023		
Primary Ethnicity	Freq	pct
White*	303	67.2%
No Data	125	27.7%
American Indian*	*	1.6%
White*	*	1.1%
Declines to State*	*	0.9%
South American	*	0.9%
Hispanic	*	0.7%

*\*Data masked where the number is fewer than 10*

The number of CWS cases opened has trended downward in recent years. There were 86 cases opened in 2019, 58 cases opened in 2020, 37 cases opened in 2021, and 39 cases opened in 2022. Of the total

cases opened during this time frame, 91.4% were identified as having a primary ethnicity of White, 3.2% were Black, 1.4% were American Indian, 0.5% was Hawaiian, 0.5% was Hispanic, and 3.2% were “unable to determine”. Children with any Latinx heritage were smaller in open cases; 74.1% (163) denied any Latino heritage while 16.4% identified as having some degree of Latinx heritage. Of note is the small percentage of children who are not White in Tuolumne, and with such small numbers it is difficult to identify trends from the Child Welfare data.

Total Cases by Year	
Tuolumne County Cases 2019 to 2023	
Year	Cases
2019	86
2020	58
2021	37
2022	39

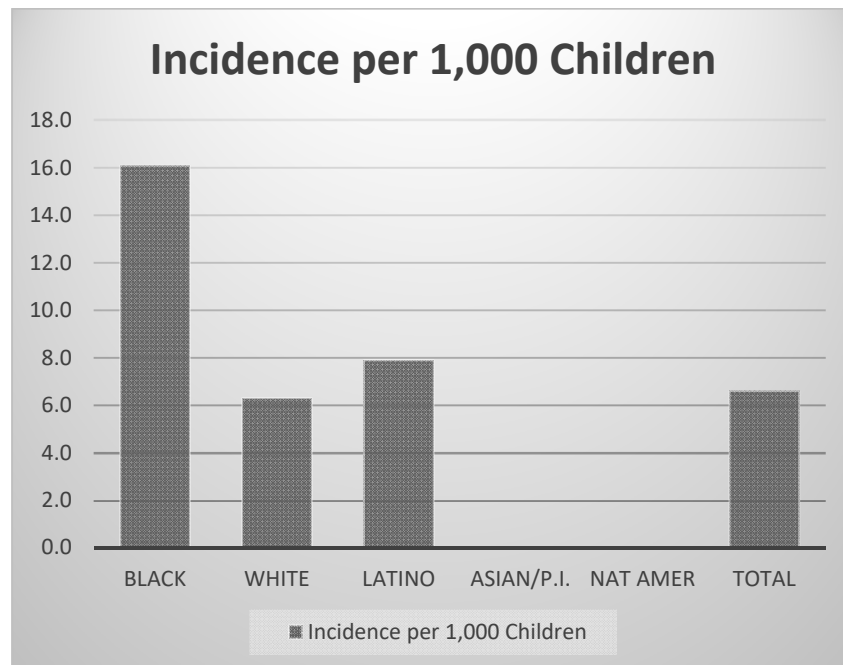
Primary Ethnicity		
Tuolumne County Cases 2019 to 2023		
Primary Ethnicity	Freq	pct
White*	201	91.4%
Black*	*	3.2%
Unable to Determine*	*	3.2%
American Indian*	*	1.4%
Hawaiian*	*	0.5%
Hispanic	*	0.5%

*\*Data masked where the number is fewer than 10*

Given the small number of Native American and Latinx children involved in the CWS system, it is difficult to identify trends; one family set can cause a spike or fall in the data lines. Still, it is imperative to ensure that all children have access to needed prevention services and supports. When considering all outcomes (allegations, investigations, substantiations, entries, and being in care) for Tuolumne’s children in 2022, disparities were worse for Black, Native American, and Latino children. Disparities were highest among In Care Rates for Black children, and Substantiation rates for Native American children. For Latinx children, disparity is consistent across all areas. In 2022, Native American children were most likely to be investigated in Tuolumne County (36.4 per 1000 children), even though they only comprise 2% of the population. Latinx children had the next highest rate of investigation at 28.6/1000 children but are only 13% of the population. The bulk of the population is White, but reflected 25.2/1000 of investigations, and Black children were investigated at a rate of 16.1/1000, even though they described only 2% of the population.

In 2022, one Black child entered care but reflected the highest rate at 16.1/1000, then Latinx at 7.9/1000, and White children at a rate of 6.4/1000. There were no Asian/Pacific Islander or Native American youth who entered care in 2022. In evaluating data to determine if these disparities in entries impacted permanency rates, there was significant variance among Native Americans, Whites, and Latinx youth in Tuolumne County. White youth have been achieving permanency at a progressively slower rate since 2014, and that trend has continued downward. Conversely, Latinx youth exits to permanency have varied between 80% and 20%, but generally seem to be exiting care at a higher rate than other populations. Native American Youth are either at 100% or close to 0%, depending on the year, again

making it difficult to discern trends because the “n” is so small. Black and Asian youth are also either overrepresented or completely absent, and there were no discernable impacts on permanency rates.



Of interest is the low number of referrals substantiated from mandated reporters in Tuolumne. While it is imperative to ensure children are safe and families receive the support they need, only 10% of 2022 referrals by mandated reporters were substantiated. Tuolumne has planned further inquiry in this area, including training on implicit bias. However, this also illustrates that there are things happening in children’s lives that are worrisome for Tuolumne County’s mandated reporters, and availing both a community pathway to access services as well as a coordinated list of local resources to enhance supports to family outside of the CWS system is imperative.

A random review of approximately one-third of referrals received in 2022 identified 69% of all allegations were grounded in substance abuse. As is common in child welfare investigations, substance abuse is often discovered during the course of the investigation even if not identified in the initial allegation. The bulk of the referrals that were substantiated or inconclusive, and a case was not opened, were for children under the age of five. This is attributed primarily to the work of the Engagement and Empowerment Team, where families are connected to CalWORKs resources, Differential Response, and the Road to Resilience program. In addition to linking families with supportive services to address financial needs, job training, and housing supports, the Engagement and Empowerment Team has employed various Child Welfare tools into their work, and will engage in safety mapping and planning, facilitate Child and Family Team meetings for their high-risk family systems, and can even bring families for collaborative review to the Interagency Resource Committee, less for the purpose of youth placement and more for the collective wisdom and creativity in the group to collaborate with the family system and develop robust plans to help meet their needs.

There was less robust Probation data available for review but showed that as youth age increased so did the frequency and severity of their offenses. There are more males connected with the Probation system

as females by 30-50% through age 14, then twice as many males at age 15, almost five times as many males at age 16, but the variation is minimal at age 17 and there are fewer offenses overall regardless of sex. Females tend to be more represented in the youth population that is habitually truant/runaway, and battery on people or property. White youth represent 75% of all juvenile probation cases, 13.6% are Latinx, 2.8% are Native American, and 2.1% are Black. The bulk (51.5%) of youth on probation live in Sonora, while 11.7% are in the Soulsbyville area, and 9.5% are in the Jamestown area. These zip codes are immediately to the east and south of Sonora, meaning almost 75% of probation youth are in and around Sonora. The Juvenile Detention Facility completes an Adverse Childhood Experiences screen on all youth as they enter the facility, and this information informs both general programming and youth-specific service delivery.

**PROBATION REFERRAL STATISTICS – 2019**

*AGE & GENDER*

<b>AGE</b>	Male	Female	Total
<b>11</b>	2	1	3
<b>12</b>	9	5	14
<b>13</b>	10	7	17
<b>14</b>	18	13	31
<b>15</b>	42	22	64
<b>16</b>	53	11	64
<b>17</b>	21	15	36
<b>18</b>	2	0	2
<b>TOTAL</b>	<b>157</b>	<b>74</b>	<b>231</b>

**PROBATION REFERRAL STATISTICS – 2019**

*ETHNICITY*

<b>ETHNICITY</b>	Male	Female	Total
<b>WHITE</b>	68	37	105
<b>HISPANIC</b>	14	5	19
<b>AMERICAN INDIAN</b>	3	1	4
<b>BLACK</b>	3	0	3
<b>PACIFIC ISLANDER</b>	1	1	2
<b>NO RACE</b>	0	2	2
<b>MIXED</b>	1	1	2
<b>UNKNOWN</b>	1	1	2
<b>ASIAN OR PACIFIC ISLANDER</b>	1	0	1
<b>TOTAL</b>	<b>92</b>	<b>48</b>	<b>140</b>

Questions the TRC considered when identifying the target populations included, what would it look like to live in a community that prevented children and families from needing system involvement? And given the ongoing staffing challenges throughout the State, how can this CPP help ensure that the children who do require formal system support have the resources they need? Even when system involvement is necessary it causes significant stress, and sometimes other traumas, to children and their families; how can this CPP create support and resources moving as far upstream as possible?

Concrete data and anecdotal evaluation by the members of the TRC finds the most worries are around poverty and substance abuse. Considering this with the information above, the existing services in the

community, and working to identify children who are at risk of or experiencing child abuse and neglect, Tuolumne County opted to move forward with the following target populations:

- Voluntary/Court Family Maintenance
- Probation Youth
- Indian Children identified by a tribe to be at imminent risk
- Children with a substantiated or inconclusive referral but no case opened
- Children whose caregivers experience Substance Use Disorder

Given Tuolumne's population, broad range of needs, and challenges in launching and sustaining an EBP in such a small jurisdiction, Tuolumne County chose to move forward with Motivational Interviewing as the tertiary Evidence Based Practice in the CPP and intends to accept support from the California Department of Social Services around model fidelity and continuous quality improvement. Tuolumne County will facilitate training and implementation efforts with county personnel as well as staff employed in community-based service providers, some of which Tuolumne hopes to identify as additional "right doors" to supports and services. By ensuring child-serving community agencies know what services are available, have a clear understanding of child safety threats, disproportionality, implicit bias, and the consequences of over surveillance, and enhanced skills to build engagement and motivation to change, the vision is to bolster connections for the families and build engagement into the existing resources in the community. This will also help to narrow the focus for families that truly require the support of Child Welfare Services.

Tuolumne County Public Health has independently applied for and been awarded a grant through the California Home Visiting Program (CHVP) grant and they have chosen to deliver Parent's As Teachers (PAT) as the EBP for the program. Since PAT is one of the approved EBPs included in California's FFPS Program plan, this is being included in Tuolumne's CPP and Public Health is another component of the community pathway. Tuolumne County and neighboring counties are also exploring a regional contract with a high-fidelity wraparound provider to meet both the requirements of FFPSA Part IV as well as including this as a tertiary prevention strategy.

As noted above, the low number of substantiations by mandated reporters and the overall needs of the community suggests the need for a community pathway. This is aligned with the shift from mandated reporting to community supporting, and Tuolumne's value that resources and supports must match the needs and assets of the community, be accessible and culturally responsive, and be available from community partners that families know and trust. The second phase of CPP implementation will be further developing the community pathway. Early engagement with multiple partners is promising, and several agencies have asked to be included in this effort.

In October of last year, Social Services merged its Welfare to Work (CalWORKs) team with the Road to Resilience and Differential Response team. The Welfare to Work (CalWORKs) team engages with many at risk families, already has many prevention services built in (Family Stabilization, Home Visiting Initiative, Housing Support Program, Substance Abuse and Mental Health) and often the risk factors that present as barriers to employment and self-sufficiency include substance addiction, domestic violence, unmet mental health needs, and homelessness. This unit has been rebranded as the Engagement and Empowerment Unit and has begun training to implement ACEs Screenings as well as the Protective Factors Survey. The goal will be to implement home visiting for those families that meet the definition of candidacy for foster care and staff members will be trained in Motivational Interviewing. The Road to

Resilience Program sunsets June 30, 2024, as the grant ends and the goal would be to continue with secondary prevention that also includes Differential Response and Voluntary Family Maintenance cases to continue to serve families presenting with this type of need.

Adventist Health is a member of the TRC and would like to play a greater role in prevention activities. Adventist Health currently screens all child patients for ACEs using the PEARLS assessment at the Rural Health Center, which are then sent to their Chaplain for follow-up with permission from the caregiver. They would like to expand this screening to include all parenting patients as most people see a health care provider, even if they don't have children who are school-aged or enrolled in public school. This plan also sees that healthcare settings are becoming hubs for services and managed care plans are increasingly important partners with a focus on care coordination.

Tuolumne County First 5 and the Infant Child Enrichment Services (ICES)/Raising Healthy Families already work with vulnerable families and have also been identified as key entry points for prevention services in general, as well as tertiary services for the Target Populations. Referrals to general community services can occur through the Unite Us platform, which will facilitate both linkages to resources and assist with tracking participants and outcomes. If an agency serves a family with a youth they believe falls into one of the five Target Populations, they can coordinate with Child Welfare Services for additional screening and candidacy confirmation.

---

## ***LOGIC MODEL***

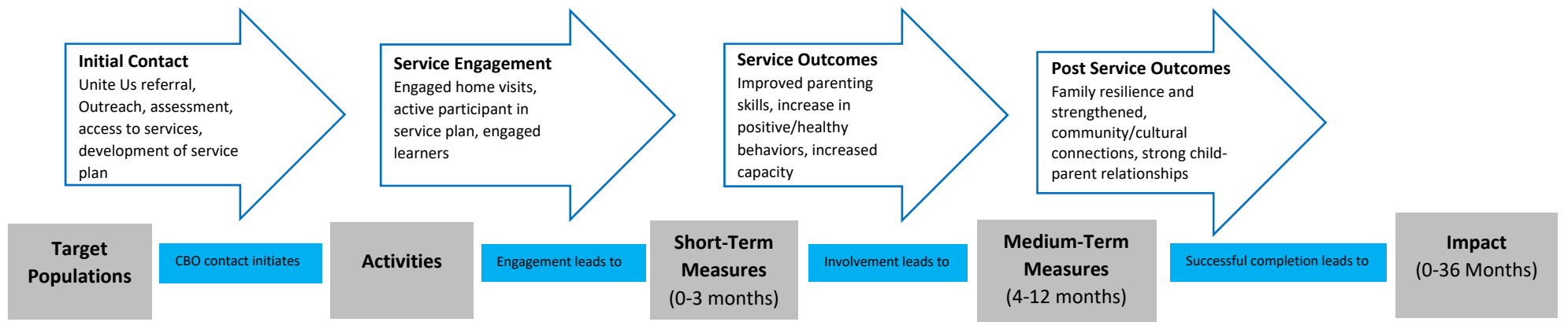
---

The need to expand primary and secondary prevention efforts, as well as access to services and tertiary efforts, has never been more pressing. Residents in Tuolumne County suffer disparately when compared to the state as a whole. Substance abuse, and the impacts thereof, perpetuates this generational trauma. The goal of this plan is to expand prevention services overall and improve the health and wellbeing of the community.

Formal system interventions in Tuolumne already acknowledge that families are the experts of their own lives and want to develop a community pathway. Tuolumne sees this as the best way to create a community-wide system to improve the social determinants of health and reduce child abuse and neglect. By training county and community providers in Motivational Interviewing, developing a Parents as Teachers program, developing high fidelity wraparound, and availing community-based paths to accessing services in a culturally responsive manner that reduces barriers and stigma, Tuolumne County residents will have greater access to secondary and tertiary interventions to prevent the need for these families to have formal system involvement. This is relevant for all five Target Population groups (children and families in voluntary or court ordered Family Maintenance cases, Probation Youth, Indian Children identified by a tribe to be at imminent risk, children with a substantiated or inconclusive referral but no case opened, and children whose caregivers experience substance use disorder). By providing opportunities to connect children and families to services through a community provider, individuals will be more likely to engage in a service. If families' concrete and unique needs are met, fewer children will enter care and the social determinants of health for the community as a whole will improve.

The network of providers is already integrated and committed to achieving this vision of fewer youth in care, addressing existing substance abuse and preventing addition in the current generation of youth, and helping families develop additional skills to improve parent-child relationships and increase positive child behaviors. If youth must enter care, this service array is geared to facilitate reunification and prevent re-entry. In addition to participation outcomes, Tuolumne will continue to use the Protective Factors Survey to assess individual, family and community-wide progress. By sharing common language, interventions, and goals, the community pathway can also help to expand Child and Family Teaming to set families up for success and support long term needs. Engaging natural supports and helping families be better able to handle crises that will inevitably arise is imperative, and achievable with this plan.

The initial contact and coordination of services, primarily through the Unite Us platform, will support outreach, assessment, access to services, and plans specific to the needs of the family. As families are engaged in services, they will learn new skills for both coping and parenting, and improve their own positive behaviors and healthy choices. As families transition out of prevention services, Tuolumne County will see families strengthen, expand their resilience, and build positive cultural and community connections and increase self-reliance as well as strong and positive parent-child relationships.



<p>Native Children w/ Imminent Risk</p>	<ul style="list-style-type: none"> <li>• Risk assessment</li> <li>• ACES screening</li> <li>• Protective Factors Survey</li> <li>• Referrals to Tribal Social Services</li> <li>• Referrals to In-Home Skill-Based Parenting Services</li> <li>• Parenting Education Services</li> <li>• Referrals to substance abuse services</li> <li>• Home visiting MI case management/PAT (0-5)</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention service plan participation</li> <li>• Service delivery - # of parents/caregivers enrolled in programs,</li> <li>• Engagement - # of parents/caregivers who attended 3 or more sessions</li> <li>• Program pre-tests (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• Increased parent/caregiver capacity</li> <li>• Improved parenting skills-Protective Factors Survey</li> <li>• Reduction in caregiver substance abuse</li> <li>• Increased network of support for Caregiver</li> <li>• Increased cultural involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in allegations/re-referrals</li> <li>• Decrease in child maltreatment</li> <li>• Decrease in foster care entries</li> <li>• Decrease in re-entries</li> <li>• caregiver behavior change</li> </ul>
---	---	--	--	--

<p>FM, VFM, or inconclusive/substantiated referral but no case opened</p>	<ul style="list-style-type: none"> <li>• Referrals to Home Visiting MI Case management/PAT</li> <li>• ACEs Screening</li> <li>• Protective Factors Survey</li> <li>• Referrals and access to community services (e.g. family resource center)</li> <li>• Referrals to Parenting Classes and Education</li> <li>• Referrals to substance abuse services</li> <li>• Referrals for housing resources</li> <li>• Child and Family Teaming</li> <li>• Service Plan development</li> </ul>	<ul style="list-style-type: none"> <li>• # of parents/caregivers open</li> <li>• # of parents/caregivers open for 3 months</li> <li>• Service participation/family engagement</li> <li>• Families understand how to access/navigate system resources</li> <li>• Case coordination?</li> <li>• Prevention service plan progress</li> </ul>	<ul style="list-style-type: none"> <li>• Increased network of support</li> <li>• # of parents/caregivers open, open 4-12 months, 12+ months</li> <li>• # of families successfully transitioned and closed</li> <li>• Decreased # of families referred to CWS</li> <li>• Increased enrollment to other services (CalFresh, etc.)</li> <li>• Increase in positive child emotional well-being/behaviors</li> <li>• Improved/increased Protective Factors</li> </ul>	<ul style="list-style-type: none"> <li>• Improved family well being</li> <li>• Strengthened family relationships</li> <li>• Families have strong support systems</li> <li>• Decrease in homelessness</li> <li>• Decrease in allegations/re-referrals</li> <li>• Decrease in foster care entries</li> </ul>
---	--	---	--	--

<p>Probation Youth</p>	<ul style="list-style-type: none"> <li>• Referrals to trauma focused individual therapies</li> <li>• Child and Family Team meetings</li> <li>• Referrals to substance abuse services</li> <li>• Referrals to youth mentoring</li> <li>• Referrals to AATCA</li> </ul>	<ul style="list-style-type: none"> <li>• Participation in Services</li> <li>• Participation in community events</li> <li>• Prevention case plan participation (if age appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in negative child behaviors</li> <li>• Improved relationships with parents</li> <li>• Improved relationships with peers</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased entries in foster care</li> <li>• Improved mental health for children</li> <li>• Decrease in use of psychotropic medications</li> <li>• Improved school performance</li> </ul>
------------------------	---	---	---	---



Children with parents experiencing SUD

- Referrals to Interagency Resource Committee (IRC)
- Referrals to substance abuse services
- Referrals to Public Health Home Visiting Program (PAT)/Engagement and Empowerment Unit home visiting MI-case management or other CBO Home visiting program
- ACEs screening
- Protective Factors Survey
- Service Plan Development

- Participation in service plan/family engagement
- Increased involvement in support programs
- Service delivery - # of parents/caregivers enrolled in program
- # of parents/caregivers open for 3 months
- # of parents/caregivers terminated from program for lack of engagement

- Increased Protective Factors
- Improved parent/child bond
- Increased network of support for Expectant/new parents
- Reduction in caregiver substance abuse (time sober)
- # of families open
- # of families open for 4-12 months or longer?
- # of families successfully transitioned and close
- # of families terminated for lack of engagement
- # of families referred to CWS

- Decrease in child maltreatment reports to CWS
- Decreased entries to foster care
- Decrease in delinquency entries
- Increased school attendance
- Strong parent/child relationships
- Improved mental health for teen/NMD parents
- Increase in sober parents/caregivers
- Parent/caregiver behavior change
- Increased Protective Factors

Community focused efforts

- Unite Us is a shared technology platform that coordinates health and social care providers to support the complex needs of families.
- Increase access to Interagency Resource Committee
- Increase public awareness of prevention through education/training
- Increase resilience and well-being of children/youth in county schools.
- Referrals to Parent mentor programs?? (I know of none)
- Collaboration with tribal leadership
- Use of culturally appropriate resources
- Increased access to family resource center/CBOs
- Increase ACEs screening and early referrals to resources/services

- # of Unite Us referrals to services/resources
- # of referrals to Interagency Resource Committee
- Participation in services
- Access to public transportation (how do you measure this? Unite Us?)
- Linkages with culturally appropriate services
- Linkages to mental health services in school
- # of ACEs screenings

- Increase in natural supports
- Families feel connected to their community/culture
- Knowledge of how to access community health care resources
- # of Unite Us referrals to services/resources
- # of referrals to Interagency Resource Committee
- # of ACEs screenings

- Increase in equitable services
- Increase in community involvement/supporting
- Reduced disproportionality in care
- Decrease in CWS intervention
- Reduced child maltreatment
- Improved parent/child/family well-being and resilience
- Improved health
- Decrease in child probation involvement

Assumptions: Children and families have strengths and can be resilient when given sufficient support and resources; services are strength-based, trauma-informed and culturally-relevant and available through community resources to decrease stigma.

---

## ***SPENDING AND SUSTAINABILITY PLAN***

---

Tuolumne County held meetings with internal fiscal partners in late 2022 and early 2023 to evaluate how resources are currently allocated and consider the impact of additional federal dollars on budgets, especially Medi-Cal service delivery. Given the small allocations of Child Abuse Prevention dollars that are currently spread across multiple providers, Tuolumne County will be completing a Request for Proposal during the first year of this CPP to ensure these funds are aligned with the vision of the CPP moving forward. Public Health has been awarded a home visiting grant to implement Parents as Teachers. The TRC will use the first two years of programming to evaluate participation rates and the myriad ways Tuolumne's child outcomes are expected to improve to determine feasibility for expanding services supported by Title IV-E funds.

The State Block Grant and other prevention funds will be used to support implementation for Parents as Teachers and implementation and training for Motivational Interviewing as well as AmeriCorps, and ongoing efforts to integrate lived experience. These funds will also be used to expand the use of the Protective Factors Survey and the ACEs screening community wide. The Unite Us platform through ICES – Raising Healthy Families is funded by First 5, and will be the foundation for the community pathway to create additional points of access for services and help track and coordinate referrals between providers.

Further analysis of existing home visiting programs, such as the CalWORKs Home Visiting Initiative, will continue with the potential of further leveraging various funding sources, including CalWORKs, MHSA, MHSSA, Medi-Cal, and others in alignment with Tuolumne County's CPP. Given the unknown timeframe for federal participation, budgeting the impact, especially to community-based providers implementing Motivational Interviewing, has also presented challenges. Tuolumne is focused on supporting sustainability by braiding multiple funding sources to maximize impact. Please see the attached Local Spending Plan for more details.



**KIM JOHNSON**  
DIRECTOR

**GAVIN NEWSOM**  
GOVERNOR

## **ATTACHMENT B- ASSURANCES TEMPLATE**

### **Family First Prevention Services (FFPS) Program Assurances**

**County of** Tuolumne

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

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

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

#### **Child Safety Monitoring**

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

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

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

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

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

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

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

### **Equitable and Culturally Responsive Services and Supports**

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

## **Coordination with Local Mental Health**

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

## **Signatures**

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

Rebecca Espino Digitally signed by Rebecca Espino  
Date: 2023.07.19 11:06:23 -0700

Signature of Authorized CWS Representative

7/19/2023

Date

Dan Hawks Digitally signed by Dan Hawks  
DN: cn=Dan Hawks, ou=California State Probation Department, email=Dan.Hawks@csdps.org, o=State of California

Signature of Authorized Probation Representative

7/26/2023

Date

## APPENDICES

Tuolumne Spending Plan

Data Sources:

Adventist Health Sonora Community report

2022 First Five Strategic Plan 2023-2027

CCWIP

KidsData