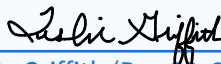



# El Dorado County



## Comprehensive Prevention Plan



Title IV-E Agency	
Submitting Authority	El Dorado County Health and Human Services
Contact Name	Leslie Griffith
Contact Email	leslie.griffith@edcgov.us
Signature of CWS Representative	 <a href="#">Leslie Griffith (Dec 22, 2023 12:34 PST)</a>
Signature of Authorized Probation Representative	 <a href="#">kaci smith (Dec 22, 2023 13:24 PST)</a>
Signature of Authorized Behavioral Health Representative	<b>Nicole Ebrahimi-Nuyken</b>

El Dorado County is excited to develop a Comprehensive Prevention Plan (CPP) that will help to reduce child abuse and minimize the need for Child Welfare Services to intervene in families and place children into foster care. Using the funds made available by the Family First Prevention Services Act (FFPSA) and the State FFPS Program Block Grant, El Dorado County Child Welfare Services (CWS) looks forward to supporting families and children in coordination with other county agencies, Tribes, community service providers, community representatives, and families with lived experience.

## VISION

El Dorado County is rich in resources, services and supports that promote strength and resiliency so children and families thrive.

## MISSION

El Dorado County will work collaboratively to create a culturally relevant, inclusive system that maximizes resources to increase the impact of programs and services to support safe and nurturing families where children thrive.



## GOVERNANCE STRUCTURE

Beginning in September of 2021, the Prevention Planning Leadership Team (PPLT), made up of representatives from El Dorado County Child Welfare Services, Child Abuse Prevention Council, and El Dorado County Office of Education with the assistance of Barbara DeGraaf, Technical Assistance Specialist from The Child Abuse Prevention Center, began to meet. Regular meetings with a cross-sector of community partners have been held to provide an opportunity for meaningful participation in the development of the CPP. Thus far, the decision making and planning has been collaborative with the larger Prevention Planning Team. Moving forward with implementation, the AB2083 Inter-agency Leadership Team (ILT) will take a more active role in the governance structure related to decision making concerning training, implementation, fidelity monitoring, and continuous quality improvement for the CPP. The ILT is made up of leaders of programs and departments that interact with children, including Child Welfare Services, Probation, Behavioral Health, El Dorado County Office of Education, Alta Regional Center, and the local tribe. The Child Abuse Prevention Council Coordinator has been added to the ILT to support the governance structure.

The PPLT will continue to strategize and suggest implementation strategies, with all final decisions being made by the ILT. The PPLT will also organize the PPT and Listening Sessions and report back to the ILT all information gathered.

Feedback loops between the PPLT, Child Abuse Prevention Council, those with lived experience and the ILT will be created to ensure ongoing sharing of information and decision making between all the partners.



## CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

The PPLT has hosted twelve Prevention Planning Team (PPT) meetings since September 2021. Sixty people representing Tribes, county agencies, state agencies, service providers, and family advocates attended at least one planning meeting, with around twenty attendees per meeting.

The chart below shows the number of people from each organization type that attended the PPT meetings, and the number of PPT meetings attended by at least one representative from each organization type out of a total of twelve meetings. These totals do not include the members of the PPLT, all of whom attended most meetings. While there are many agencies serving families, there is only one official Family Resource Center in

El Dorado County. The previous Executive Director (ED) was invited to the PPT meetings, but did not attend. The new ED has committed to participating in the future. In El Dorado County we have Community Hubs that fill much the same functions as FRCs. These hubs are supported by ED-COE and First 5, both of which have representation on the PPT.

Moving forward, these meetings will continue on at least a quarterly basis to engage partners in on-going monitoring of the CPP and the FFPS program. At these meetings, partners will review and consult on necessary guidance and implementation decisions, provide feedback, and receive notification regarding the reasons recommendations either were or were not incorporated.

The CPP and meeting minutes will document the co-created strategy to engage other organizational partners, impacted communities, and those with lived experience in discussions regarding ways in which services can be adapted to be culturally responsive to the needs of the population served. All of the meeting materials are available in the El Dorado County Prevention Planning Google Drive, and are accessible to members of the PPT and the public at large.

**WHO IS AT THE TABLE?**

Org Type	People	Meetings
Behavioral Health (BH)	6	10
BH Org Provider	7	12
Child Abuse Prevention Counsel	2	9
CASA	5	8
Child Care	1	1
Child Welfare Services	6	9
DV Org Provider	2	10
EDCOE	8	11
Family Advocate	1	6
First 5	1	9
Foster Education	1	7
Independent Living Program	1	3
OCAP	1	5
Parent Partner	1	9
Public Health	5	10
Probation	3	3
Self Sufficiency	2	6
Tribe	2	2
Victims Services	1	1

In order to gather information from families at the primary, secondary, and tertiary level of services in a method that empowered families to tell their stories, five listening sessions were held across El Dorado County, one in each Supervisorial District except El Dorado Hills. Participants were recruited from the population we would like to serve with the help of our Parent Partner, Community Hub Navigators, Foster Kinship Program, and CASA El Dorado. Invitations and all materials were provided in English and Spanish, and an interpreter was provided if registrants listed any preferred language other than English. Because we value their time and experience, participants were given a \$100 Safeway gift card to provide meaningful compensation for their participation. These meetings were moderated by the CAPC Coordinator as many participants have had experiences with CWS, with 41% being the subject of an abuse/neglect allegation and one nineteen-year-old former foster youth. The information was gathered anonymously through Menti during the meetings to reduce fears of answering honestly. A total of 54 people, one of whom identified as Tribal, participated throughout the county and their comments and suggestions have been incorporated into the CPP.

Listening session participants stated that they would like to continue to meet to find out how their input was used and to provide ongoing input in the decisions being made for the CPP. We plan to continue to engage with these stakeholders on an ongoing basis and continue to build opportunities for participation. We hope to include more voices in the next feedback cycle by working with the local Tribe, El Dorado County Youth Commission, the El Dorado County Youth and Family Commission, The Wellness Centers based in local schools throughout the county, and CASA El Dorado. We intend to find creative incentives for youth input, such as gaming gift cards.



## TRIBAL CONSULTATION AND COLLABORATION

El Dorado County is home to the federally recognized Shingle Springs band of Miwok Indians, as well as the El Dorado Miwok and Nashville Band of Miwoks at the Consumes River. We have established a good working relationship with established protocols for serving Miwok families.

The county has written policies and procedures to ensure that all requirements for ICWA are fulfilled when an American Indian/Alaska Native child has been identified as a candidate for prevention services. It will be updated with the additional information included in All County Letter 23-46.

Tribal representatives are included in email communication for information about programs and practices available to children, youth, parents and families sent out by El Dorado County Health and Human Services, Office of Education (EDCOE), and other service providers.

During the development of the CPP we have had two Tribal representatives attend two separate PPT meetings, one from the Shingle Springs Tribal Health and Wellness and one from the Wilson Rancheria. We don't record individual contributions to our PPT meetings other than presentations, so we have not tracked how their input was incorporated into the CPP. Tribal representatives continue to be on our regular email and invitation lists, however have not consistently participated in the PPT.

In the past, CWS and the Miwok Tribe collaborated based on individual cases with Tribal children, but this has decreased as the number of Miwok children in care has decreased dramatically. In an effort to engage these representatives, the Health and Human Services Agency (HHS) Director and Assistant Director recently met with the Tribal Chairwoman and Tribal Attorney to ensure that Tribal voice is included in the decision-making process around the CPP, and all areas of HHS. We are looking forward to continuing to discuss barriers for participation and develop this partnership.

We plan to reach out to Tribal partners on Student Attendance Review Board and build on connections with the Tribal Wellness Center. We also will ask the Tribe to host a listening session in the next year to gather more input from Tribal families and work to build trust. We are working continuously to seek ongoing meaningful partnerships with the Tribe and will work with them to develop a feedback loop to share how their input is utilized and seek additional input as needed.



## CORE PRACTICE MODEL VALUES

We believe that families can grow and change.

We believe in prevention and early intervention by partnering with communities and Tribes to support families in keeping children and youth safe and promoting family well-being.

We believe the best way to support families is to honor their lived experiences and culture by listening to them and working together to build partnerships based on mutual respect and trust.

We believe that children, youth, and young adults should have lifelong, loving permanent families and sustained connections to family members, communities, and Tribes.

We believe that honestly sharing our assessment of strengths and concerns is essential in engaging with family members, communities, and Tribes.

We believe in Tribal sovereignty and that tribes have an inherent interest in promoting the health and well-being of their families and therefore must be a part of all decision-making



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

El Dorado County will ensure that the ICPM is incorporated into the CPP implementation. El Dorado County is committed to ensuring ICPM practice behaviors are embedded in each level of our prevention continuum. El Dorado County CWS has been actively implementing Safety Organized Practice (SOP) which aligns with the ICPM Core Values. System-wide implementation of SOP is a key strategy in the CWS System Improvement Plan.

El Dorado County will work with partner agencies and Tribes to establish and maintain a collaborative and consistent approach to engaging and working with families to support the safety, permanency and well-being of children through prevention efforts. SOP terms and tools will be utilized as a mechanism to achieve this goal through developing common language with all prevention partner agencies and communication strategies that support shared decision-making. Such tools may include but are not limited to: SOP Key Terms (Harm, Danger, Complication Factors, Risk, Safety and Supporting Strengths), Three Questions, Harm and Worry Statements, and Safety Goals.

El Dorado County will also work with community partners to ensure that their staff receive the training and support necessary to understand and effectively apply SOP key terms, tools and strategies as appropriate to their service delivery. This includes ensuring community partners engage with families and deliver services in a culturally responsive and trauma-informed manner.

## TARGET CANDIDACY POPULATIONS AND NEEDS ASSESSMENT

The prevention planning team reviewed the following data to determine the target populations:

Category	Estimated Number	Data Source
Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services	66 – Point in Time (PIT)	CWS-CMS
Probation Foster Youth	14 – PIT	CWS-CMS
Guardianship/Adoption at Risk of Disruption	34 - PIT	CWS-CMS
Children with Substantiated/Inconclusive Allegation and no case opened	Average 10/month for the last 3 years	CWS-CMS
Children with siblings in foster care	3 – PIT	CWS-CMS
Homeless/Runaway Youth	3% of public school children	KidsData
LGBTQ+ Youth	Rates in Grade 11: Male Bisexual – 2.4 Female Bisexual – 8.3 Male Gay – 1.7 Female Gay – 2.1	KidsData
Substance Exposed Infants	Rate of substance affected diagnoses for infants per 1000 births: 61.2  Rate of substance use diagnoses per 1000 hospitalizations during pregnancy: 56.4	Welldorado.org
Trafficked Children and Youth	2022: 8 victims 17 at risk	CWS-CMS
Children Exposed to Domestic Violence	236 referrals in 2022	CWS-CMS
Children with Caretaker Experiencing Substance Use Disorder	95 CWS cases	CWS-CMS



While completing the CWS County Self-Assessment (CSA) last year it was determined that although there is slight disproportionality for minority youth in El Dorado County, there were so few minority children served that the difference between being proportionate and disproportionate on all California Family Services Review (CFSR) measures is fewer than ten children. We will still be sure that services offered are culturally relevant, but to decrease child abuse and neglect in a meaningful way we will not be targeting specific ethnic populations. The CSA found that the population most at risk are the zero to five population and those living with a caretaker experiencing a substance use disorder.

As a result of reviewing this data and the concerns of families in our listening sessions, the PPT chose to focus on the following candidate populations:

- Children Exposed to Domestic Violence
- Children with Caretaker Experiencing Substance Use Disorder
- Substance Exposed Infants

During the listening sessions we found that only twelve of the thirty participants on the West Slope knew where to go for assistance with Domestic Violence, and of those that did, several reported that transportation is a barrier to services.

The largest barrier for treatment of substance use disorders identified by the listening session participants is the lack of services in the county, especially for in-patient services that can be paid by Medi-Cal. Listening session participants reported concerns when they have attempted to access services. They felt that the initial contact staff were not welcoming, which discouraged them from returning. Currently, all CWS clients who need in-patient treatment are sent out of county, which makes it harder for them to stay connected to their children and support networks. There are also waiting lists for almost all types of treatment, and many people relapse while waiting for services.



## ASSET MAPPING

The table below outlines the Evidence Based Practices approved for Title IV-E funding in the state plan and the providers currently offering them in El Dorado County. This information was gathered through surveys, interviews, and presentations from providers during PPT meetings.

Program or Service	Description	Intervention Level	Provider(s)
<b>Brief Strategic Family Therapy</b>	BSFT is designed for families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including: drug use and dependency, antisocial peer associations, bullying, or truancy.	Secondary	New Morning Youth and Family Services, Tahoe Youth and Family Services, Sierra Child and Family Services, Summitview Child and Family Services
<b>Family Check-Up</b>	The Family Check-Up® is designed for families with children ages 2 to 17. The intervention aims to improve parenting skills and family management practices, with the goals of improving a range of emotional, behavioral and academic child outcomes.	Primary and Secondary	None
<b>Functional Family Therapy</b>	FFT is intended for 11 to 18 year old youth who have been referred for behavioral or emotional problems by juvenile justice, mental health, school, or child welfare systems. Family discord is also a target factor for this program.	Secondary	None
<b>Healthy Families America</b>	Families are eligible to receive HFA services beginning prenatally or within three months of birth. This program is designed to serve the families of children who have increased risk for maltreatment or other adverse childhood experiences. Each HFA site is able to determine which family and parent characteristics it targets. For example, sites may choose to target low-income families, single parent households, or families who have experienced substance use, mental health issues, or domestic violence.	Secondary	None, but being discussed as an option for Public Health's home visiting program.
<b>Homebuilders - Intensive Family Preservation and Reunification Services</b>	Homebuilders serves families who have children (0-18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services.	Tertiary	None

<b>Program or Service</b>	<b>Description</b>	<b>Intervention Level</b>	<b>Provider(s)</b>
<b>Motivational Interviewing</b>	Motivational Interviewing is a method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. It can be used to promote behavior change with a range of target populations and for a variety of problem areas.	Secondary	Child Welfare Services, Infant Parent Center, New Morning Youth and Family Services, Tahoe Youth and Family Services, Live Violence Free, Cameron Park Counseling Services, Sierra Child and Family Services, Summitview Child and Family Services, Stanford Sierra Youth and Families, Tarzana Treatment Centers, AEGIS Treatment Centers Wellspace Heath INC, James Larsen, Jill Gustafson, Donelle Anderson, Center for Violence-Free Relationships, Granite Wellness Centers, RJ Counseling
<b>Multisystemic Therapy</b>	This program provides services to youth between the ages of 12 and 17 and their families. Target populations include youth who are at risk for or are engaging in delinquent activity or substance misuse, experience mental health issues, and are at-risk for out-of-home placement.	Secondary	None

Program or Service	Description	Intervention Level	Provider(s)
<b>Nurse-Family Partnership</b>	NFP is intended to serve young, first-time, low-income mothers from early pregnancy through their child’s first two years. Though the program primarily focuses on mothers and children, NFP also encourages the participation of fathers and other family members.	Secondary	None
<b>Parent-Child Interaction Therapy</b>	PCIT is a program for two to seven-year old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship.	Secondary	Infant Parent Center, New Morning Youth and Family Services, Tahoe Youth and Family Services
<b>Parents as Teachers</b>	PAT offers services to new and expectant parents, starting prenatally and continuing until their child reaches kindergarten. PAT is a home visiting model that is designed to be used in any community and with any family during early childhood. However, many PAT programs target families in possible high risk environments such as teen parents, low income, parental low educational attainment, history of substance abuse in the family, and chronic health conditions.	Primary and Secondary	EDCOE – Early Head Start

The providers of these services state that only Parents as Teachers (provided by Early Head Start) is currently meeting fidelity standards. The need for initial and ongoing training to maintain fidelity in the other EBP’s are not being met due to staff turnover and caseload size.

Providers also state that although there are waiting lists for most of these services, they are not able to meet the need due to a lack of funding and qualified service providers willing to work for the wages available in El Dorado County. As a result, most said that capacity issues preclude them from implementing a new EBP at this time.





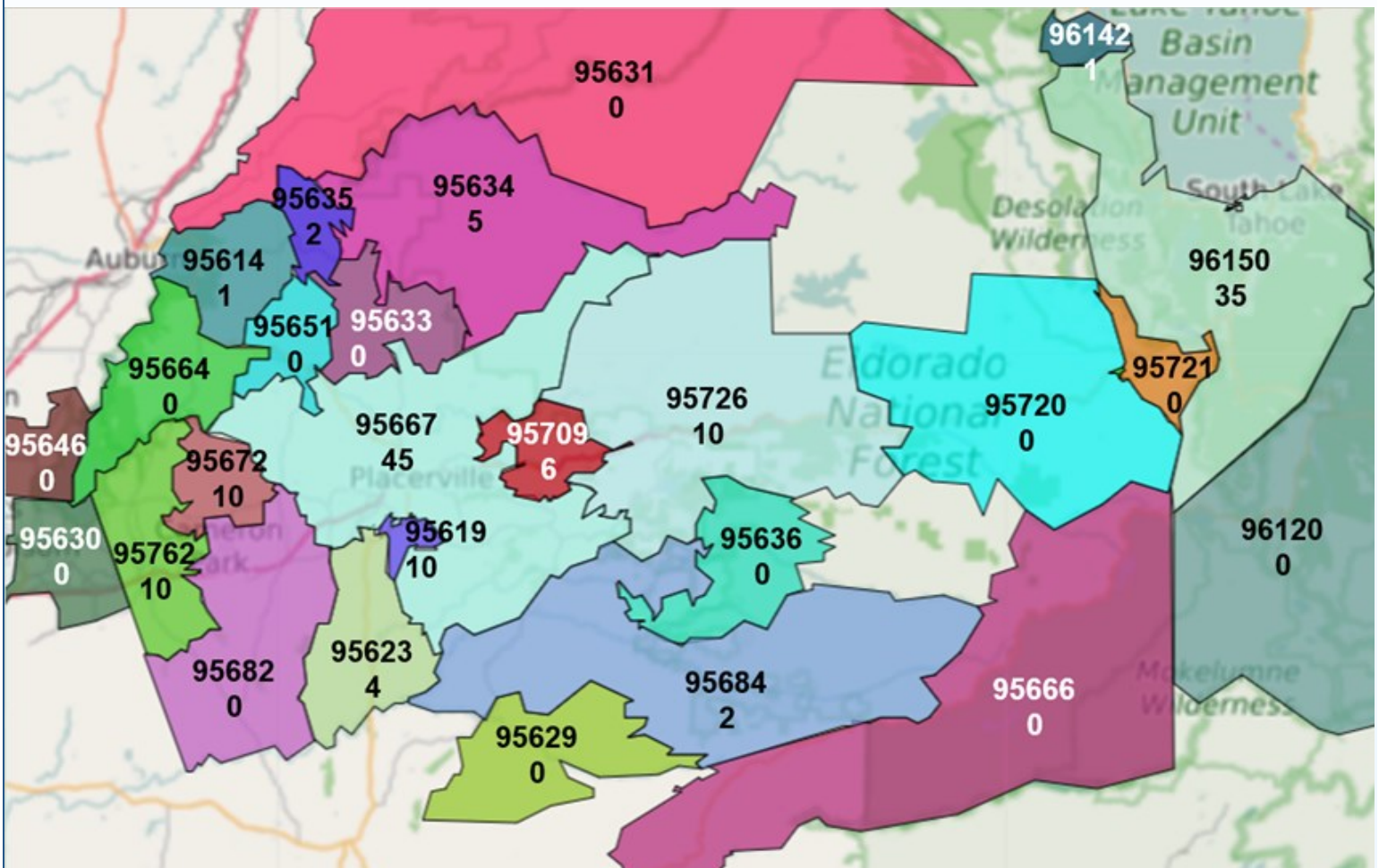
## Non- EBP Services for our focus population:

Program or Service	Description	Intervention Level	Provider(s)
<b>Free Farmer’s Market</b>	During the spring, summer and fall seasons, the Food Bank partners with CalFood Logistics and Foodlink to bring Mobile Pantry distributions of fresh fruits and vegetables in Placerville, El Dorado Hills, Somerset, Garden Valley and South Lake Tahoe.	Primary	Food Bank of El Dorado County
<b>Emergency Food Assistance Network</b>	Local Charities partner with local charities throughout the county to provide year-round food assistance to anyone who finds themselves in need.	Primary	Food Bank of El Dorado County,
<b>Community Hubs</b>	A network of local resource centers based in the county libraries with navigators who connect children, families and individuals to supports and services.	Primary and Secondary	EDCOE, First 5 El Dorado, El Dorado County Library
<b>Substance Use Disorder Treatment</b>	Treatment and recovery services are provided out of county, in Grass Valley. There can be waiting lists, so priority admission is given to people in the following order: <ol style="list-style-type: none"> <li>1. Pregnant injection drug users</li> <li>2. Pregnant substance users</li> <li>3. Injection drug users with a substance exposed infant or dependent children</li> </ol>	Secondary	Granite Wellness
<b>Community Support Meetings for SUD</b>	There are many different community support meetings throughout the county, including: <ul style="list-style-type: none"> <li>• Alcoholics Anonymous (AA)</li> <li>• Narcotics Anonymous (NA)</li> <li>• Al-Anon/Al-Ateen—support for family and friends concerned about a loved ones substance use</li> <li>• SMART Recovery— science based support group</li> <li>• Refuge Recovery— Buddhist based support group</li> <li>• Celebrate Recovery— Christian based support group</li> </ul>	Secondary	Various agencies throughout the county
<b>Domestic Violence Services</b>	Assisting victims of domestic violence and/or sexual assaults and their families with shelter, counseling, legal services, and children’s services. Men’s groups are available	Secondary	Center for Violence Free Relationships, Live Violence Free

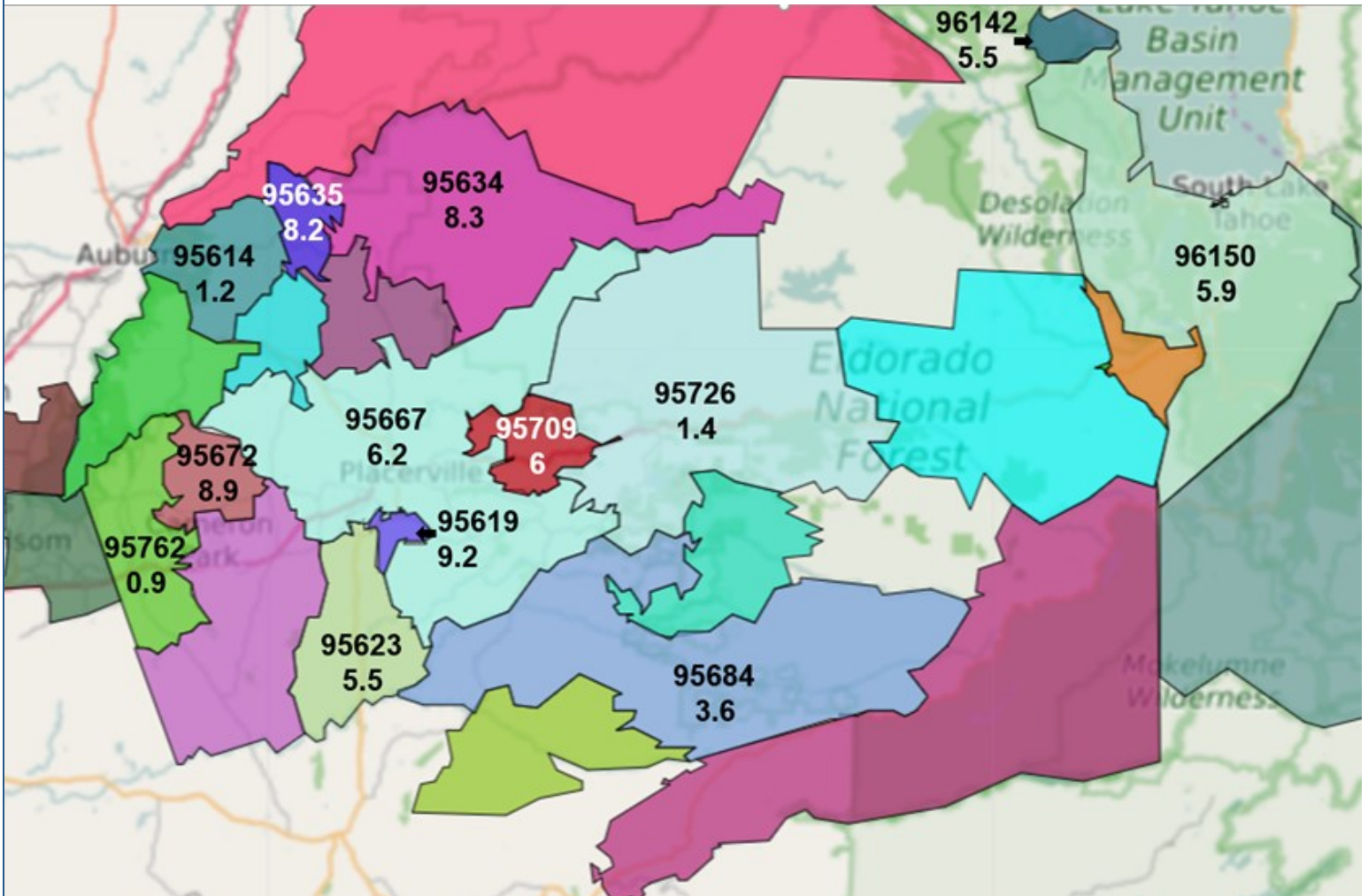
## GAP ANALYSIS

The biggest gap for all types of services is the lack of providers. There is a 1:260 ratio of Behavioral Health providers to the population in the county. There are no contracted in-patient Substance Use Disorders care providers in El Dorado County. The Rehab homes that are available don't allow children to stay with the caregiver, which discourages many from accessing services. There is only one Domestic Violence service provider on each Slope, and there is a lack of fiscal support for those leaving an abusive situation.

The map below shows the number of substantiated child abuse referrals by zip code.



The map below shows the rate of substantiated abuse/neglect allegations per 1000 children by zip code. If the rate is zero, the area is blank.



Next is a table showing the gap in service providers in El Dorado County by zip code as compared to the population, organized by the highest rate of abuse/neglect per 1000 child residents in the zip code. While most providers will serve residents of any zip code, lack of transportation makes it more difficult for families to access services outside of their local communities. For example, in South Lake Tahoe (96150), with a population of 30,000 people, there is one SUD program. Due to its location on the Eastern Slope of the Sierra Nevada Mountain range, travel can be difficult in the winter, exacerbating access issues for families.

<b>Zip Code</b>	<b>Abuse/Neglect Substantiation Rate Per 1000 Kids</b>	<b>Ratio Children : Adults</b>	<b>Population</b>	<b>SUD Treatment Programs</b>	<b>Rank of # of Behavioral Health Professionals</b>
95619	9.2	4:9	5526	2	4
95682	8.9	6:17	6106	0	3
95634	8.3	3:13	3655	0	12
95635	8.2	**	1219	0	0
95667	6.2	7:27	36000	3	5
95709	6.0	9:47	3546	1	6
96150	5.9	1:5	30,000	1	2
95623	5.5	11:100	4360	0	9
96142	5.5	1:3	1088	0	0
95684	3.6	12:41	2992	0	11
95726	1.4	7:24	11,000	0	13
95614	1.2	7:27	3886	1	8
95762	0.9	4:00	41,000	0	1
95633	0.0	6:30	4722	0	7
95664	0.0	10:47	1134	0	10
95651	0.0	2:7	1,293	0	14
95656	0.0	-	-	0	15
95629	0.0	3:15	1,705	0	16
95720	0.0	4:25	86	0	None



We have been in conversation with the providers in the county to discover what they need in order to be successful and what they see as the biggest needs in El Dorado. Providers reported that the most needed services are as follows (not in priority order):

1. Mobile Response Team
2. More accessible navigators and social workers
3. Residential programs that allow children
4. SUD services that are free and easy to access
5. Residential programs for clients inside El Dorado County
6. Mental health services for all
7. Prompt navigation to mental health services by a knowledgeable, trauma sensitive confidential professional
8. Network of families supporting other families

The participants of the listening sessions reported the following as the most helpful strategies:

1. Develop a CWS Diversion Program that tracks outcomes. (Secondary)
2. Embrace a no wrong door for services by supporting a countywide navigation network, that Builds on Wellness Centers in schools, Community HUBS, and other organizations providing navigational services. (Primary)
3. Utilize a peer-to-peer approach to mentor youth and provide concrete support to families. (Secondary)
4. Ensure prevention and early intervention focus by linking with our community partners to identify needs as early as possible, and address risks by partnering with hospitals, pre-schools, health providers including obstetricians. (Secondary)
5. Improve access to a range of creative Behavioral Health services. (Primary)
6. Increase expertise of Behavioral Health providers, especially in serving sub-populations such as individuals experiencing Intimate Partner Violence and those with developmental disabilities. (Secondary)
7. Engage the community in service development to eliminate barriers and stigma associated with asking for help. (Secondary)
8. Make environments for service delivery warm and welcoming, recognizing and addressing Adverse Childhood Experiences (ACEs) and trauma. (Secondary)

The PPT group decided our long term goal is to adopt the listening session strategies as our non-EBP interventions. We will begin with a “No Wrong Door” Community Pathway. We plan on developing Community Pathways starting in the areas of the county with developing resources in place and create an emphasis on culturally responsive, trauma informed, warm and welcoming services. We will be using the CPP to work together and further develop the Wellness Centers and Community Schools by enhancing and supporting referral pathways and developing feedback loops in order to continuously improve services and the referral process.

It is hoped that this approach will address strategies 2, 4, 5, 7, and 8 listed above. This can be carefully expanded throughout the county, and eventually folded into a diversion program for CWS referrals that don't rise to the level of investigation. This approach can also help us shift from a "mandated reported" to "community supported" paradigm.

Next, we will be discussing substance use prevention strategies at our PPT meetings using the Center for Substance Abuse Prevention (CSAP) prevention strategies of Information Dissemination, Education, Alternatives, Problem ID and Referral, Community-Based Processes, and Environmental to focus our discussion. There has been a Request for Proposals for a provider of residential SUD treatment for several years, but we have not had any success in recruitment.

Taking community provider feedback into account, the group decided to prioritize EBPs that are already being used and/or use people with lived experience as providers. We will be expanding Motivational Interviewing to be used to fidelity for cross-cutting case management and substance use treatment across the county. The FFPSA and State Block funds will be used for needed training and fidelity monitoring for users from many different organizations and practice focus.

Because the home visiting EBPs require participation of Public Health to offer with fidelity, more discussion is needed before a decision is made. The two EBPs we will continue to explore using Title IV-E funds in the first phase of the CPP:

- Parents As Teachers — currently provided by Early Head Start to families below the federal poverty level. We plan on expanding this service to families at or above the federal poverty level
- Healthy Families America (Public Health may be implementing as part of their home visiting program)
  - We will braid PH and FFPSA and State Block funds to provide this new service.

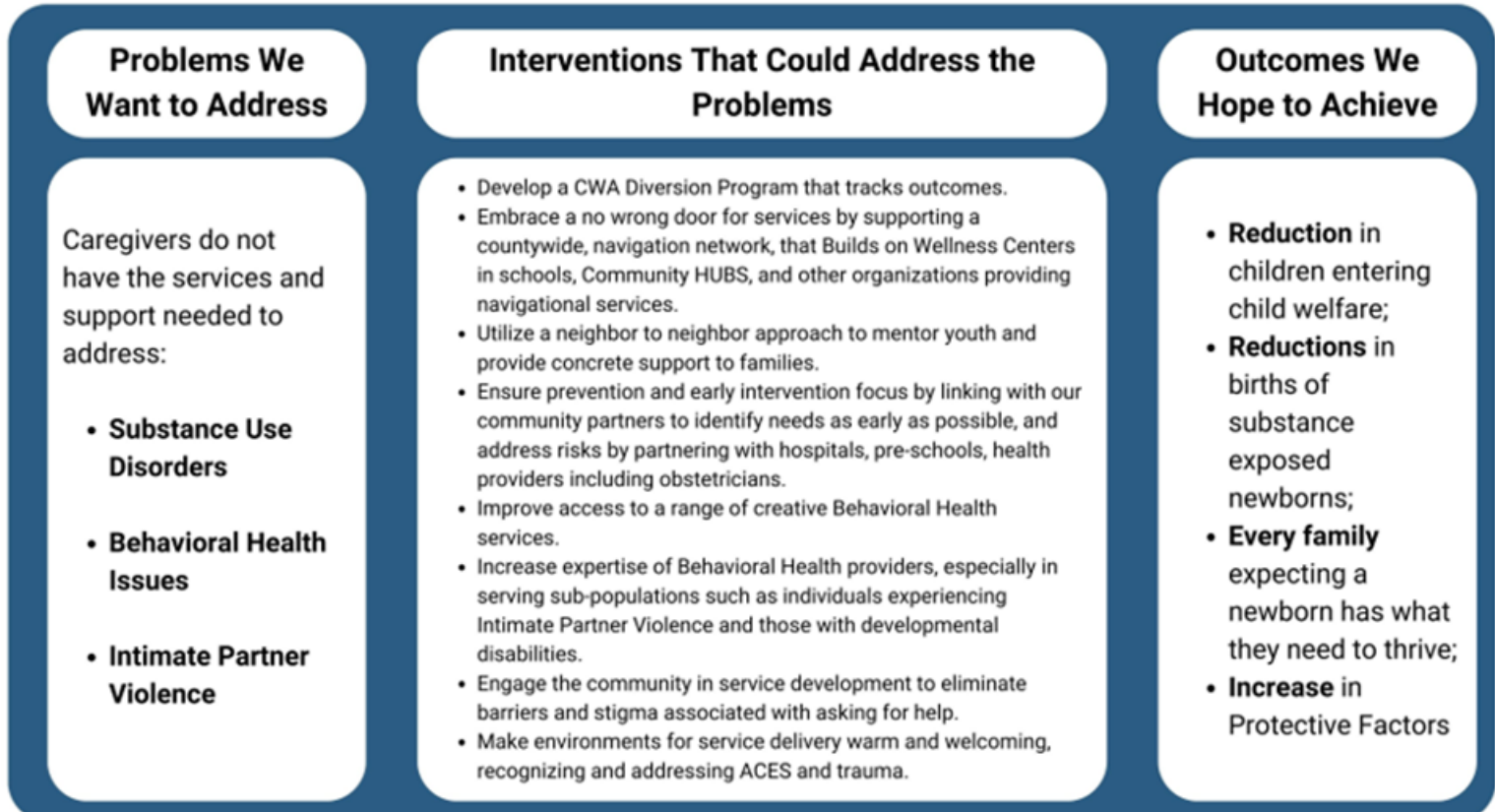
The PPT also recommended that the CDSS consider including the EBP's listed below in Phase II of the FFPS program. These EBPs are currently utilized by county agencies, and it would be beneficial to allow for their expansion by drawing down federal Title IV-E dollars:

- High Fidelity Wraparound expanded beyond the population included in FFPSA Part IV.
- Moral Reconciliation Therapy (Currently used by Probation)
- Change Companies (Currently used by Probation)
- Family Spirit (Tribal EBP)



# THEORY OF CHANGE

The El Dorado County Theory of Change was developed over the course of three meetings from September to December 2022 with the participation of stakeholders from a wide variety of backgrounds and specialties.



## SPENDING AND SUSTAINABILITY PLAN

El Dorado County currently has a variety of prevention services operating in the County that we intend to build upon with this CPP. Locally, the Community Hubs have become one of the primary sources of primary prevention activities. Community Hubs are a network of local resource centers with navigators who connect children, families, and individuals to supports and services. In El Dorado County, each library is a “Hub” with navigators who can assist all community members across the lifespan, from expectant parents to older adults. Hub services are free to clients and are currently funded through a partnership with First Five El Dorado, El Dorado County Library and the El Dorado County Office of Education. Hubs are located in each supervisorial district within the County.

Additionally, El Dorado County Child Welfare Services funds prevention services using a variety of existing funds including, but not limited to, Promoting Safe and Stable Families (PSSF), Child Abuse Prevention Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Title IV-B Block Grant. Currently funded prevention activities include, but are not limited to, respite services, therapeutic interventions, and guardianship navigation.

The state block grant, federal and Title IV-E prevention funds will be used to enhance the current infrastructure that exists within El Dorado County and build community pathways with the goal of “no wrong door”. The prevention funds will allow us to partner with existing providers to enhance existing services, increase access to Evidenced Based Practices, and provide services and resources to families in their communities with as little formal system involvement as possible. We intend to build upon those trusted community providers, allowing them to provide the necessary supports where possible.

To get started with the community pathway, we will rely heavily on the FFPSA allocations. However, our goal is to leverage other funding sources for sustainability, including but not limited to Mental Health Services Act (MHSA), CAPIT, PSSF, CBCAP, Title IV-E, and Public Health’s California Home Visiting Program. These conversations will continue with the governing partners as we work to further align our prevention efforts and funding streams.

CWS and Probation will combine their FFPSA allocations in order to maximize results. With the goal of prioritizing delivering services, it is anticipated that twenty-five percent of funds will go towards Planning and Development (each), and half to Service Delivery.

<b>FFPSA State Block Grant</b>	
Planning	\$ 179,348
Development	\$ 179,348
Developing a Community Pathway	\$ 119,565
Increasing Access to EBPs	\$ 119,565
Delivering Services/Resources to Families	\$ 119,567
<b>Total Allocation</b>	<b>\$ 717,393</b>



# 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), El Dorado County Child Welfare Services 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**

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the El Dorado County Child Welfare Services 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. 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 El Dorado County Child Welfare Services 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 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.

# ASSURANCES

## **Trauma-Informed Service Delivery**

The El Dorado County Child Welfare Services and Probation Department 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 El Dorado County Child Welfare Services 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, 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 El Dorado County Child Welfare Services 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.

## **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 El Dorado County Child Welfare Services and Probation Department 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.

# ASSURANCES

## Signatures

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

*Leslie Griffith*

[Leslie Griffith \(Dec 22, 2023 12:34 PST\)](#)

Signature of Authorized CWS Representative

Dec 22, 2023

Date

*kaci smith*

[kaci smith \(Dec 22, 2023 13:24 PST\)](#)

Signature of Authorized Probation Representative

Dec 22, 2023

Date

Signature:

*N. Ebrahimi-Nuyken*

[Nicole Ebrahimi-Nuyken \(Dec 22, 2023 12:32 PST\)](#)

Email: [nicole.ebrahimi-nuyken@edcgov.us](mailto:nicole.ebrahimi-nuyken@edcgov.us)












# El Dorado County CPP v3

Final Audit Report

2023-12-22

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