

Shasta County Comprehensive Prevention Plan



SHASTA COUNTY PROBATION DEPARTMENT
JUVENILE DIVISION

COMPREHENSIVE PREVENTION PLAN OF SHASTA COUNTY

Title IV-E Agency Information	
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Introduction

The Family First Prevention Services Act (FFPSA) was established to direct change in the Child Welfare system, from a reactionary approach to a prevention-based approach. The California State Prevention plan was approved in 2023, which provides direction on oversight and prevention planning within California. Three Levels of prevention are defined within the plan. Primary prevention is defined as activities designed for the general population. Secondary prevention is defined as activities designed for those with risk factors associated with compromised well-being or child maltreatment. Tertiary prevention is activities designed to focus on families where child maltreatment has already occurred. Shasta County's Comprehensive Prevention Plan (CPP) is designed to address areas of primary and secondary concern, by allowing for services in a voluntary manner and not requiring court ordered open cases.

Shasta County's Goal for Preventative Services "Offer families at risk of child abuse and neglect, protective, intensive voluntary services to allow children to remain in their home without court oversight, alleviate risk factors and establish a safe sustainable environment" The Intensive Prevention Services Pilot will create pathways for families who need secondary level of prevention, with the intent to grow and expand into primary prevention services.

Shasta County is committed to establishing new practices to address barriers with our most vulnerable populations and our vision is in line with the FFPSA objectives to increase the number of children and youth who can stay safely at home with their families. The Shasta County FFPSA Workgroup has met monthly over the last year to identify barriers to care, identify targeted population groups and create a plan do study act, theory of change model as part of our CPP development. The CPP provides an ability to address problematic areas in the County that did not have support and resources previously and will work in combination of other already established services. We respectfully submit the following comprehensive prevention plan for your review and consideration.

Governance Structure and Cross-Sector Collaboration:

Shasta County Behavioral Health and Social Services (BHSS) Branch is structured to include, Child Welfare Programs, Mental Health Services as part of the Mental Health Plan (MHP), with co-located Probation, and Office of Education Staff. Leveraging current relationships, Shasta County will be able to work collaboratively within the County system to develop the CPP, evaluate, track, and share feedback and program outcomes. Existing practices will allow the partners to receive updates, inform changes and update the plan as needed based on input and feedback from both internal and external stakeholders.

In Spring of 2022, Shasta County implemented a FFPSA workgroup, that included the BHSS Branch Director, Chief Probation Officer, Probation Division Director, Child Welfare Program Managers, Mental Health Staff and Analysts to collaborate on the County's plan for implementation of

prevention services. The workgroup had regularly scheduled monthly meetings which focused on review of our service array, needs assessments, data, and stakeholder feedback to develop a program for prevention services.

In October of 2022 the Branch invited our AB 2083 MOU Partners, including, Probation, Far Northern Regional Center, Children's Legacy Center, the Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC), Office of Education, and other agency providers to an in-person meeting to discuss community needs and gaps for input of our initial CPP implementation (appendix 2). Additionally, information was sought from our stakeholders with lived experience. We developed questionnaires for our Resource Families, Biological Parents whose cases were closed, Peer Support Specialists with experience in Shasta County's Child Welfare System and disseminated that in fall and early winter of 2022.

Initial information gathered will help create baseline feedback that the workgroup can develop and grow upon as the prevention services are implemented and grown. Going forward, our CQI stakeholder meetings, workgroup meetings and information shared from stakeholders with lived experience will continue to ensure that we are monitoring effectiveness of selected EBPs, target demographic population is appropriate and that ongoing training and sustainability needs are met.

Method of documentation:

Documentation of efforts will be via in person meetings, email, stakeholder participation on a bi-annual cycle, data collection and tracking fidelity tools.

Tribal Collaboration:

Shasta County BHSS' has a dedicated ICWA unit that partners with our area Tribes, Redding Rancheria, and Pit River, as well as tribes outside of Shasta including Pyramid Lake and Choctaw Oklahoma. Part of this established collaboration includes a regular workgroup that meets quarterly to enhance open communication, consistency in services and partnership. The FFPSA workgroup is currently working to develop a survey for the tribes to collect information in the same way that was done for other stakeholder group so that the tribal voice is heard and recognized in the framework of our CPP as well as for any eligible youth that receive services via the CPP. Information and feedback are still in its development stage and will be reviewed, evaluated, and expanded as Shasta's CPP is implemented.

As of 10/26/2023, the FFPSA workgroup completed the finalized ICWA stakeholder feedback survey, which was evaluated by our ICWA supervisor and Program Manager. Our strategy for engagement and feedback will be to send out to the ICWA workgroup ahead of the next meeting either late December or early January and then discuss with the workgroup at the meeting to address any questions and concerns. The FFPSA workgroup feels that having both the in-person discussion and a survey will mitigate some of the early challenges found in the previous survey only approach with limited responses. As we move forward into implementation the Tribes will be invited to future stakeholder meetings to ensure continued input

Integrated Core Practice Model

Since 2018, Shasta County has worked to develop consistent practices with the ICPM framework in mind. Staff have been trained on the ICPM behaviors, and CPM tools have been reviewed at the leadership level including, Assessing, Implementation, Organizational Readiness and Strengthening Partnerships. BHSS' goal is that ICPM is the standard for the way families experience the Child Welfare system in Shasta County. FFPSA plans include the ICPM behaviors as detailed in the table below.

Shasta County ICPM Strategies:

ICPM Behavior	County Strategy
Foundational	<p>Agency Behaviors: Open honest communication, accountability, stakeholder participation and implementation meetings/check ins</p> <p>Behaviors with Families: Open, honest, clear communication with families receiving preventative EBP services. Equitable access to services, with cultural diversity in mind. Utilize Motivational Interviewing in the Intensive Family Preservation (IFP) Pilot</p>
Engagement	<p>Agency Behaviors: Utilize established partnerships, such as ILT, CQI stakeholders, Mental Health, and the Implementation Team, for feedback, collaboration and communication regarding the services provided and information on primary, secondary, and tertiary services throughout the County.</p> <p>Behaviors with Families: Use staff with lived experience trained in Motivational Interviewing (MI) to develop a relationship and rapport with families to work together to accomplish established goals. Consistent cultural considerations, and language will help drive BHSS engagement approach with families.</p>
Assessment	<p>Agency Behaviors: Use common, established, and agreed upon assessment tools, to minimize duplication of work. Data sharing provided across system and agency partners to develop consistent practice.</p> <p>Behaviors with Families: Gather information from families using MI skills that create individualized assessment for each family/client. Facilitate family usage of assessment tools to better understand the families current functioning in various areas of their life, such as parenting skills, educational needs, substance use disorders, socioeconomic needs etc.</p>
Teaming	<p>Agency Behaviors:</p>

	<p>Working with partners to impact change within the Shasta County Child Welfare System of Care. Implementation and sustainability meetings.</p> <p>Behaviors with Families: Establish a partnership with families to walk alongside them, assisting their access to available services. The agency will conduct warm-hand offs to service providers.</p>
<p>Service Planning & Delivery</p>	<p>Agency Behaviors: Data will be used to guide decisions and make changes to the CPP, EBP and expansion needs for the IFP Pilot. Data will inform decisions around funding and how to best support program and family needs.</p> <p>Behaviors with Families: Co-develop the prevention plan with families and modify as needed. MI will direct planning, along with case management, including integrated services via Community Based Organizations (CBOs) and other partners.</p>
<p>Transition</p>	<p>Agency Behaviors: Partners will keep each other informed of agency changes in services, funding, staffing, or other things impacting the CPP.</p> <p>Behaviors with Families: Upon successful completion of services, the agency will help the family celebrate and reflect on successes. Identify formal and informal ongoing supports to assist the family in sustaining their newly achieved goals.</p>

Target Population, Data and Needs Assessment

Shasta County reviewed overall population data as a starting point in identifying target population and candidacy requirements. Looking at CCWIP data, the 6-10 and 11-15 age range reflects the highest number of kids in the County, Figure 1. Additionally, evaluating figure1 and 3, the largest number of youth receiving allegations of child abuse and neglect also fall into this age range. Figure 2 reflects child maltreatment allegations in Shasta County over the last 10 years. Looking at data of children/youth who received allegations, the age group 6- 15 represents the highest numbers at almost two-thirds or 59.4% of all allegations in 2022. When reviewing the rate of allegations by age group for 20200, apart from the under 1 year old's who were at 100.5 incidence per 1000, the 6– 15-year ages also had the rates In 2022, the rate of incidences per 1000 was 98.1 for the 6-10 age range and the 11–15-year age group was 97.8 (Figure 1) The Shasta County workgroup chose to focus on this range rather than the under 1 to keep the initial target population sustainable, and based on access to community resources, and agreed there were inequitable supports provided for the older youth.

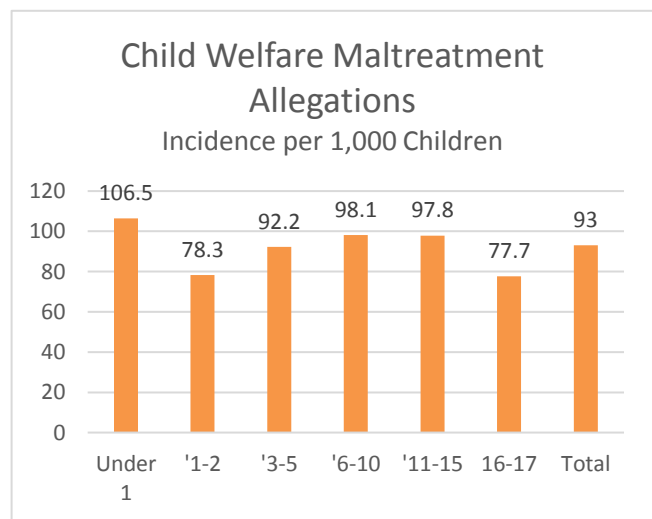


Figure 2: California Child Welfare Indicators Project (CCWIP)

Age Group	2016	2017	2018	2019	2020	2021	2022
Under 1	2,013	2,011	2,055	2,050	2,054	2,022	1,962
'1-2	4,205	4,093	4,012	4,029	4,074	4,048	4,036
'3-5	6,211	6,304	6,328	6,192	6,078	6,010	6,051
'6-10	10,382	10,409	10,415	10,477	10,656	10,660	10,649
'11-15	10,859	10,834	10,784	10,776	10,754	10,655	10,649
16-17	4,546	4,577	4,531	4,398	4,327	4,327	4,417
18-20	6,955	6,823	6,823	6,866	6,826	6,674	6,549
Total	45,171	45,051	44,948	44,788	44,769	44,396	44,313

Figure 1. Population Data California Child Welfare Indicators Project (CCWIP)

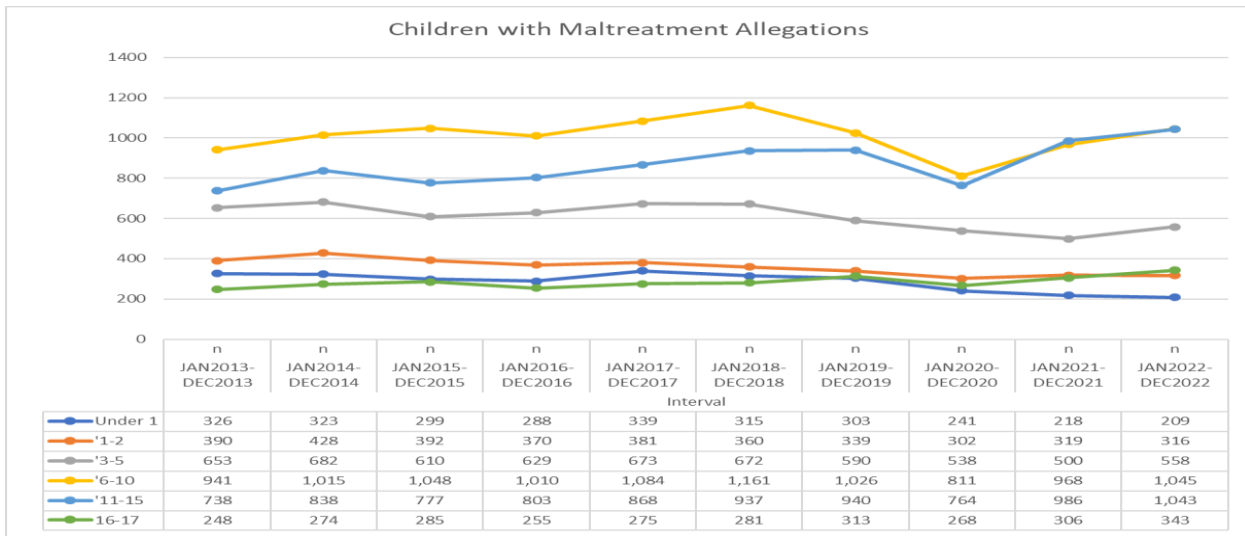


Figure 3: California Child Welfare Indicators Project (CCWIP) Measure PR1: Agency Child Welfare

Expanding to Probation data, the below figure represents children in foster care, who are under the purview of the Probation Division. The graph depicts a decrease in overall kids that fall into this category, largely in part to systematic practices put into place in most recent years. There were two primary reasons for this decrease. The first is an emphasis on maintaining youth in the lowest level of care possible as well as the changing of our placement processes to include staffing earlier and more in-depth family findings. The second was the creation of our River's Edge Academy (REA) as a placement alternative camp program that keeps the youth local while giving them the rehabilitative programming that they need. Additionally, figures 4 and 5 reflect data that mirrors Child Welfare data regarding the highest population of kids in care reflect the 11+ age group.

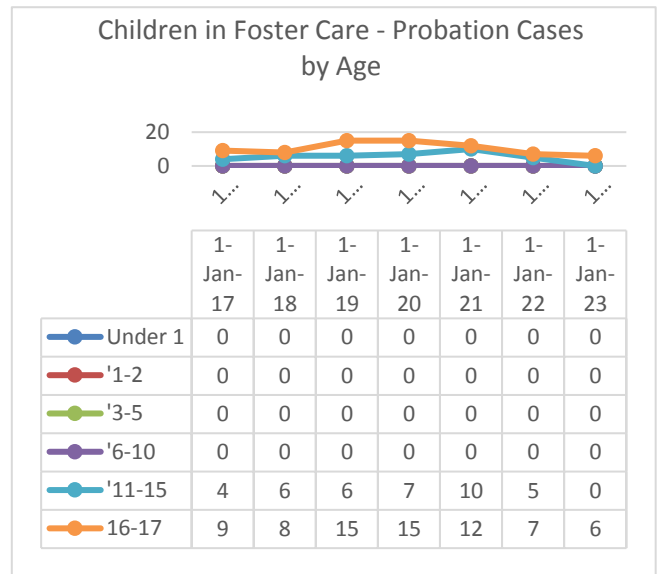
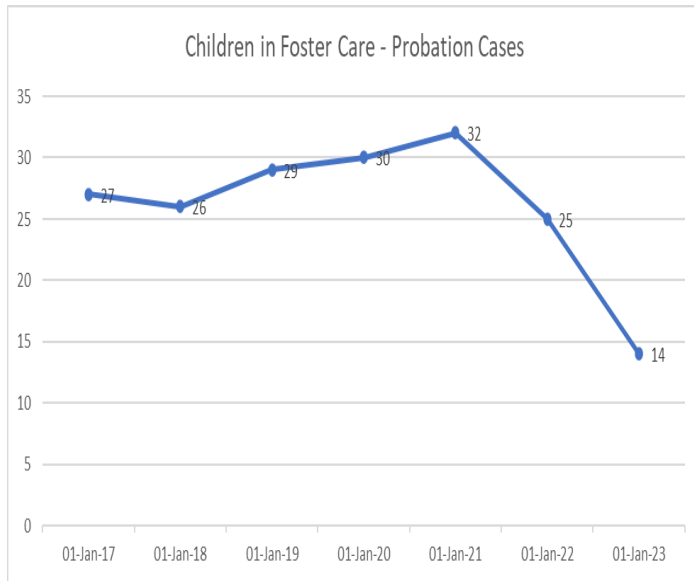


Figure 4 & 5: California Child Welfare Indicators Project (CCWIP) In care Rates: Agency: Probation

Shasta County took data from the California Child Welfare Indicator Project (CCWIP) website in combination with stakeholder survey feedback and research conducted by our System Improvement Plan (SIP) Group 2, which is designated to improve Reoccurrence of Maltreatment, to identify our target population, and program selection. Shasta County chose to make secondary prevention the goal for the initial phase of the CPP, with the intent to expand to primary after evaluation of the pilot program. The FFPSA workgroup has identified the target population to receive preventative services as part of the CPP to be Children/youth aged 11-15 who are at risk of coming into the Child Welfare system or involved in Juvenile Probation due to parental substance abuse.

In April of 2023, the FFPSA workgroup met with state partners for additional insight into a target population and were in agreeance with this approach as it will have a high probability of success in a pilot setting. As implementation begins program and community needs will be evaluated, and the goal is to expand outside of the initial target population to accept all eligible Title IV-E families, through a “no wrong door” approach that would include self-referring or requesting services.

Needs Assessment:

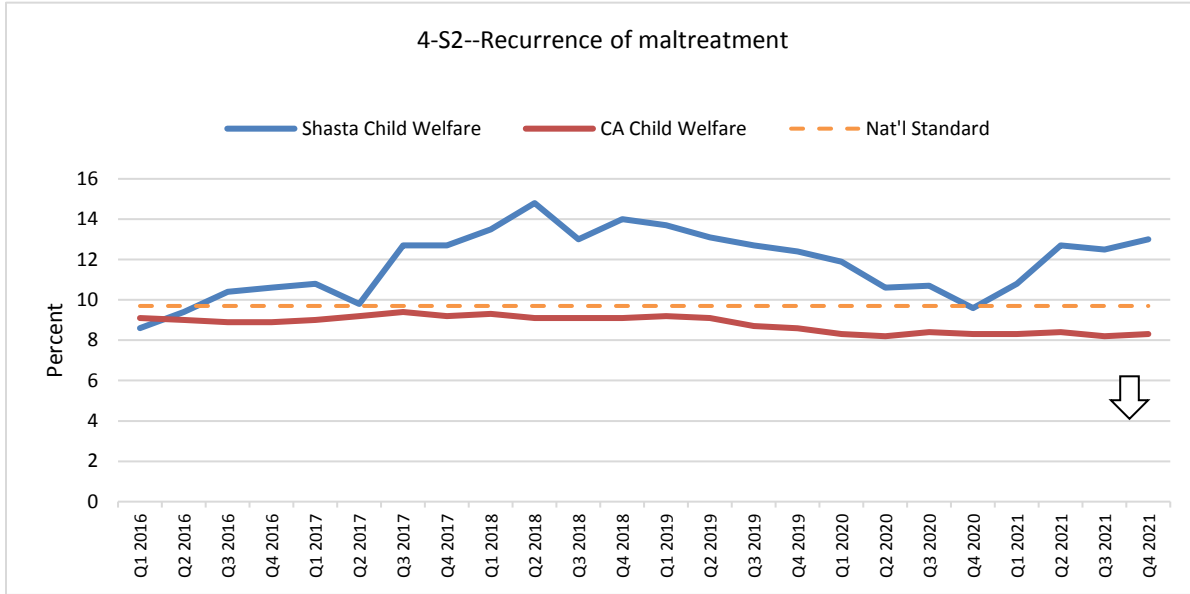


Figure 6: California Child Welfare Indicators Project (CCWIP) Measure 4-S2: Agency Child Welfare

During the first year of our SIP cycle (2020), Shasta County reoccurrence of maltreatment data reflected a reoccurrence of maltreatment rate of 12.8%, or 70.9% relative to the National Standard. Most recent data reflect a rate of 13% or 74.4% relative to the National Standard. During the last year the California Child and Family Services Review (C-CFSR), performed round 4 of reviews and increased the National Standard from 9.0 to 9.7, which is why we see an increase in performance standard although our numbers are performing lower at this time.

The SIP workgroup conducted research over several years to understand contributing factors for our 4-S2 measure not meeting the National Standard and highlight areas of concern for our Agency. Ten Counties who were meeting the goal for 4-S2 were surveyed and it was determined that these counties utilized voluntary units to help support families from a prevention-based framework, which Shasta County did not have. Participation Data was reviewed (Figures 7-9) indicating increased allegation, entry, and in-care rates, with substantiation rates being the only one remaining consistent or decreasing over the last 6 years. The 2020 timeframe is the only period in which we saw drops in measures which can be attributed the COVID-19 pandemic as kids were not being seen by primary reporting sources as often such as schools, daycare, and therapy sessions. In addition, Shasta County consistently remains above the California State average for participation data indicating a systematic problem that needs to be addressed.

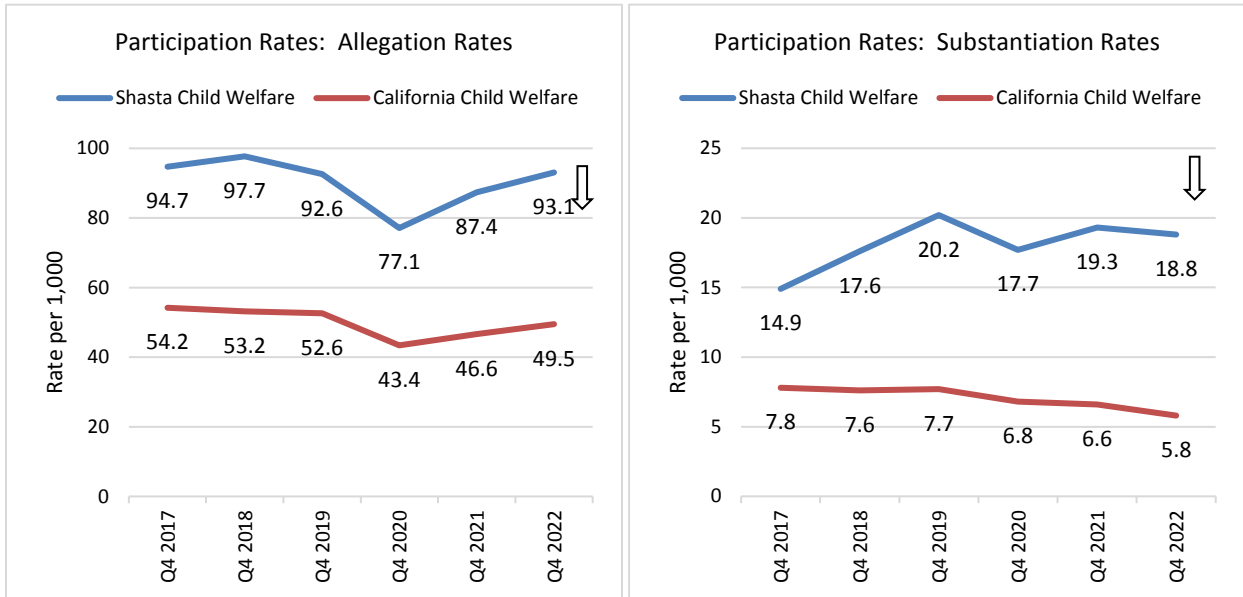


Figure 7 & 8: California Child Welfare Indicators Project (CCWIP) Measure PR1 PR3: Agency Child Welfare

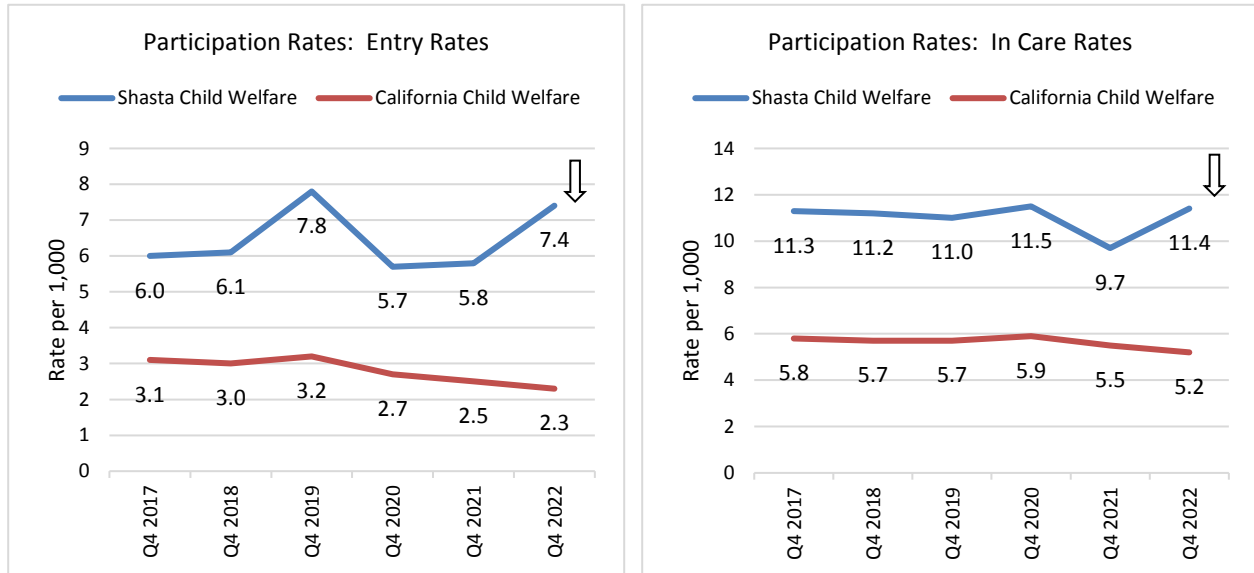


Figure 9 & 10: California Child Welfare Indicators Project (CCWIP) Measure PR4 PR5: Agency Child Welfare

The workgroup used this data to inform the decision that preventative services utilizing FFPSA funding, and a voluntary unit would greatly benefit the families in Shasta County. The State 5 Year Plan recommended 10 Evidence Based Programs (EBP) which were examined and 3 were investigated extensively to determine best fit and sustainability for Shasta County. Motivational Interviewing (MI) was eventually selected, as part of a proposed voluntary unit.

IFP Pilot Implementation:

Although Shasta County has determined a specific candidacy population to account for funding and continuum of care for services, all cases meeting FFPSA criteria will be evaluated. If determined that there is benefit from voluntary case support, they will be accepted into the program even if they meet criteria that is not ready for full implementation until program expansion is determined feasible.

Referral	Demographic	Services
<ul style="list-style-type: none"> • Child Welfare: <ul style="list-style-type: none"> • Open Referral • Probation: <ul style="list-style-type: none"> • Pending referral or active supervision • SUD Assessment 	<ul style="list-style-type: none"> • Youth aged 10-15 • Identified SUD • Open to all racial backgrounds • Open to all socioeconomic classes 	<ul style="list-style-type: none"> • Motivational Interviewing • SUD Treatment • Mental Health Treatment Counseling • Transportation • Training for Parenting Skills

Initial Implementation: Children and Families known to CWS and Probation (1 year duration)

- ★ Children with a referral open for 30-60 days, substantiated or inconclusive disposition but no open case.
- ★ Probation youth with a pending law enforcement referral or an active supervision case.
- ★ SUD is a contributing factor to the referral.
- ★ Child/Youth is between ages 11-15 years.
- ★ Secondary Prevention Services
 - Provide resources to families that are normally only offered in FM and/or FR cases
 - Parent Education Classes
 - Respite Care
 - Increased SUD access
 - Linkages support for Medi-Cal, WIC, CalWORKs and CalFresh
 - Programs that reinforce protective factors in families
 - SafeCare
 - Child Care Bridge
 - Bringing Families Home

Program Expansion (Evaluation for readiness in year 2)

- ★ Referrals accepted from CBOs
- ★ CSEC Youth
- ★ Substance Exposed Infants
- ★ Domestic Violence
- ★ Potentially partner and contract with CBOs
- ★ Primary Prevention Services

- School collaboration to address readiness, safety, public awareness, and strategies to support school age needs for resources for mental health, disabilities, and other barriers to school success.

MI will be phased into the pilot IFP program as a substance use EBP serving candidates (youth and/or caregivers) to address SUD. BHSS will train Peer Support Specialists with lived experience in the Child Welfare system to use MI with clients who are enrolled into the IFP program. Peer supports range from those with experience as growing up in the foster care system, as well as those who have had their children removed from their care via the court process. Probation staff will also be trained in using MI for clients that fall under the purview of both agencies. Plans to grow and train clinicians working in our outpatient mental health clinic to address clients who are not under the purview of either the Child Welfare or Probation Agency are in the scope of our long-term prevention goals, once we are to a sustainable phase of the IFP. Over the next year, tools will be developed and reviewed to ensure coaching, training and fidelity will be well implemented as well as data collection to show evidence of program outcomes and successes or places for growth.

The FFPSA workgroup developed the below service array in review of the County Self-Assessment (CSA), to garner insight into current services. Programs were rated by their referral point, and demographic served, in each of the 3 prevention categories. For example, Peer Support Specialists can be utilized by community members regardless of their involvement in the Child Welfare System. The addition of MI is intended to blend with current services utilizing an EBP to address preventative care for those at risk of child abuse and maltreatment.

<i>Program</i>	Primary	Secondary	Tertiary	Child Welfare	Probation	Mental Health Programs
<i>CFT</i>			X	X	X	X
<i>STRTP</i>			X	X	X	X
<i>CANS</i>		X	X	X	X	X
<i>Level of Care Protocol</i>			X	X	X	
<i>Interagency Leadership Team</i>			X	X	X	
<i>Interagency Placement Committee</i>		X	X	X	X	X
<i>Intensive Services Foster Care</i>			X	X		
<i>Therapeutic Foster Care</i>			X	X		
<i>Integrated Core Practice Model</i>	X	X	X	X	X	X
<i>Fostering Connections after 18 Program (AB 12)</i>			X	X		
<i>Differential Response (RED Team)</i>			X	X	X	

Katie A. V Bonta (Pathways to Wellbeing)

CSEC
Safety Organized Practice
Peer Support Specialist
Visitation
Parent Engagement
Parent Court Orientation
SafeCare
Triple P
Juvenile Justice Coordinating Council
Parent Project
Courage to Change
Forward Thinking Journaling
Thinking for a Change
Moral Reconciliation Therapy
Anger Replacement Training
Sex Offender Program
Peer Court
Substance Abuse Counseling
Community Work Service
Integrated Family Wellness Program

		X	X		X
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EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration
Motivational Interviewing for Substance Use Treatment Well-supported	Substance Use Services	Designed to promote behavior change for all ages with a range of Target Populations and for a variety of problem areas.	Particularly effective for engagement models and shows effectiveness with adolescents. Can be administered in 1 to 3 sessions for clinical uses but can be used in practice as primary method to engage and manage family prevention plans can be used in any setting.

Asset Mapping and Readiness Assessment

The FFPSA workgroup completed the readiness assessment in April of 2022, during the first convened workgroup meeting. This helped provide insight and a focus for the beginning of our CPP. Shasta County has historically worked well, and collaboratively with our community partners as well as contracted providers. We have a long history of making collective decisions to drive change and make improvement to service delivery. This will be a crucial part of the successful implementation of voluntary and preventative services in Shasta County.

While we work to create a plan that serves and strengthens families, one area that the group identified as needing development is that of community outreach and planning. Though we sought feedback from stakeholder groups, the survey format wasn't as successful as anticipated. The only groups that we received measurable data from the CBOs and Peer Support Specialists (appendix 3). Obtaining feedback and information on the effectiveness of services will be crucial to the CQI process for the CPP.

<i>Domain</i>	<i>Strengths</i>	<i>Areas to Develop and Challenges</i>
<i>Motivation for Change</i>	Shasta County is excited and ready to take on the challenge of implementing new practices and shifting business norms to address prevention needs.	Additional and more regularly scheduled stakeholder meetings/feedback
<i>Provider Capacity</i>	Leaders have open communication practices, support growth and new opportunities, successful history of implementing new practices.	Need to focus more time and attention on development and implementation of a prevention plan. Initial plan has been determined but the details of how this will roll out need additional development and consideration
<i>System Capacity and Capability</i>	History of successful practices, contracted partnerships, collaboration with cross-sector partners.	Need better community outreach and planning, influence feedback and buy in from the community to help in decision making.
<i>Policy Supports</i>	Leaders and community partners have positive working relationships, the current plan supports existing County practices	Most agencies have experienced high staff vacancies over the last several years. New leadership staff and changing board of supervisors where relationships are still being built.

Theory of Change – Logic Model

The CPP logic model details steps to achieve desired outcomes for families in Shasta County and maintain the intent of prevention services. Shasta County would like to see a reduction in open court ordered dependency cases, decreasing trauma to children/youth which will impact our community by increasing self-resiliency in families and less dependency on formal supports and community resources.

The logic model (appendix 1) details the broad efforts Shasta County intends to take to increase resiliency, and protective factors to decrease the likelihood of child maltreatment. The theory is that expanded prevention services through newly implemented practices, additional fiscal support and a collaborative effort will create a better more sustainable path for children and families. Inputs include, social workers, mental health clinicians, probation officers, among other qualified staff, the to be piloted IFP program, and FFPSA guidelines. Outputs are expected to result in immediate and long-term impacts to our Child Welfare system.

Motivational Interview trained social workers, peer supports, mental health clinicians and Probation staff, will engage families that encounter our agency via referral, (what tools does Probation use), with the option to expand referral sources as resources and funding allow. Additional positions, to reduce case load and provide structure support to families who do not meet criteria to follow the typical case structure.

★ Plan:

- Implement a voluntary services unit to assist and mitigate client needs while keeping children in the home and building natural supports reducing levels of trauma.
- Staff will use evidence-based program Motivational Interviewing and target parents of youth in the age range 11-15.
- Develop coordinated referral process with Probation
- Develop training plan
 - Train the trainer model with internal staff
- Develop fidelity tracking tools, and outcome measures

★ Do:

- Onboard Peer Support Specialists, additional social workers, and mental health clinicians.
- Train all participating staff in Motivational Interviewing
- Implement the use of fidelity tracking documents and practices

★ Study

- Evaluate fidelity tools to understand client feedback and outcomes
- Review data:
 - In care rates
 - Participation data
 - Reoccurrence of maltreatment

★ Act

- Continue to obtain stakeholder data and feedback, to inform needed process changes
- Review outcome measures, for any needed adjustments
- Expand the program should additional resources and funding become available.

Sustainability and Funding Plan

Shasta County anticipates utilizing the state block grant to implement new preventative services in our community. Working closely with Probation and through the recommendation received from state collaborators it was determined the best way to predict success in this program is to start with a small subset population for candidacy due to the limited funding available. This will include investing in:

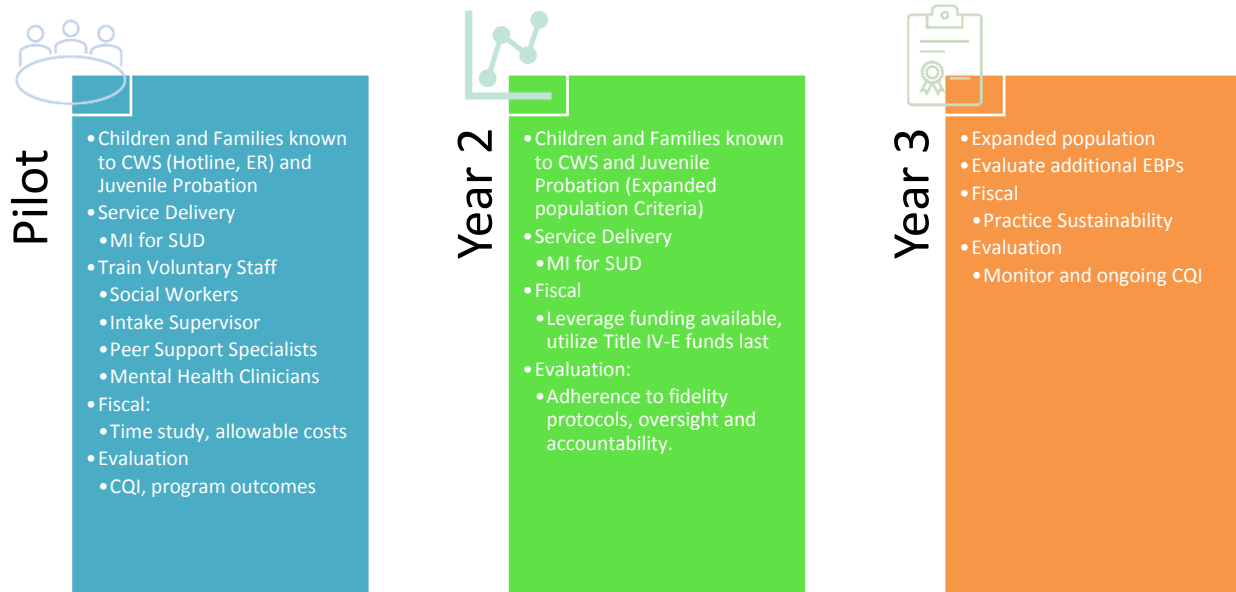
- ★ Well-supported evidenced based practices to integrate primary, and secondary prevention services while leveraging existing tertiary services in the County.
- ★ Implementation of the Voluntary Intensive Family Preservation Unit
- ★ Training, coaching and fidelity of Motivational Interviewing as an engagement tool for children/families and youth struggling with SUD.

The expected outcome of these services is to decrease youth in care, and therefore create less strain on existing resources. Should funding be exhausted, services will be able to continue due to diversion of children in out of home care, creating significant savings on the cost of foster care for the County.

Funding:

Shasta County’s plan for providing comprehensive prevention is being executed in a way that does not put long term strain on current resources and intends to be structured as such long-term funding would not be required to maintain the program supports and outcomes. The anticipated initial startup costs related to that of training, and development of fidelity tools for success within the program would be funded via the FFPS block grant, which would include staff time to develop a training plan for motivational interviewing, paid training for motivational interviewing and subsequent sustainability of the training plan. Post-training and implementation the program would be staffed with existing positions. Shasta County recently expanded its intake unit via the ER enhancement funding, which enabled us to leverage other systems and funding to develop our pilot voluntary services team. Once the FFPS block grant funds are exhausted and our training plan fully established, future trainings would roll over into our other training funding streams and would have little impact with a train the trainer approach.

Phases of sustainability for Shasta County



Summary:

Shasta County has a well thought out plan to address barriers in accessing preventative services. Consideration was given to sustainable practice as well as community and stakeholder feedback in adapting our plan to address the highest needs in the County. Though the FFPSA workgroup has opted to limit its initial target population, the full intent of the plan is to grow to accept all families and individuals that would be supported by this model. Shasta County will continue to explore additional EBPs, other providers that can offer prevention services and develop practices that reach all people seeking services. The FFPSA workgroup will continue to meet to evaluate changes, explore the use of other funding sources, while utilizing other established collaboration practices to evaluate and inform change enabling adaptation to growing needs in the community.



Appendixes

Shasta County Logic Model

Appendix 1:

Theory of Change: Providing preventative, voluntary services will increase resiliency, agency capacity, and reduce trauma and maltreatment in the County

Problem Statement: Youth coming into care, due to lack of preventative/primary/voluntary services.



1
Resources
Input

- Social Workers
- Mental Health Clinicians
- Services
- Juvenile Probation Officer
- School Resource Officer
- Social Services Aide



2
Activities

- Modify current business practices:
 - Include concrete supports for families without having an court ordered dependency case.
- Develop implementation plan
 - Training, fidelity tools, outcomes.
- Work with cross-sector partnerships and inform on prevention.
- Integrate peer support specialist staff
- Deliver fidelity based EBPs to address needs of families



3
Outputs

- CWS can monitor concrete supports, prevention services and traditional CWS cases
- Service Array is aligned with community needs



4
Outcomes

- Less kids come into care, less strain on community resources, cost savings to agencies and Increased awareness of service needs
- Increased capacity for the CWS agency



5
Impact

- Lowered entry rates
- Lowered recurrence of maltreatment rates
- Reduction in trauma and generational impacts on families.
- Plan Sustainability
 - Increased services
 - Open candidacy to all populations
- Reduced number of youth in probation
- Reduction in residential needs



SHASTA COUNTY PROBATION DEPARTMENT
JUVENILE DIVISION

Appendix 2: Cross-Sector Collaboration and Partnership Child Welfare Services

Miguel Rodriguez, BHSS Branch Director
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Juvenile Probation Department

Tracie Neal, Chief Probation Officer
Chelsey Chapelle, Assistant Chief Probation Officer
Jeremy Kenyon, Division Director – Juvenile Probation

Behavioral Health Services

Miguel Rodriguez, BHSS Branch Director
Laura Stapp, Deputy Branch Director

Community-Based Organization

Kimberly Johnson, Children’s Legacy Center
Eric Friend, Pathways to Hope (SCCAPCC)
Austin Preller, Shasta County Office of Education
Christy Wright – Wright Education Services
Melissa Gruhler – Far Northern Regional Center

Lived Expertise

Deanna Beck, Peer Support Specialist Supervisor – BHSS

Comprehensive Prevention Plan
Shasta County: Stakeholder Feedback



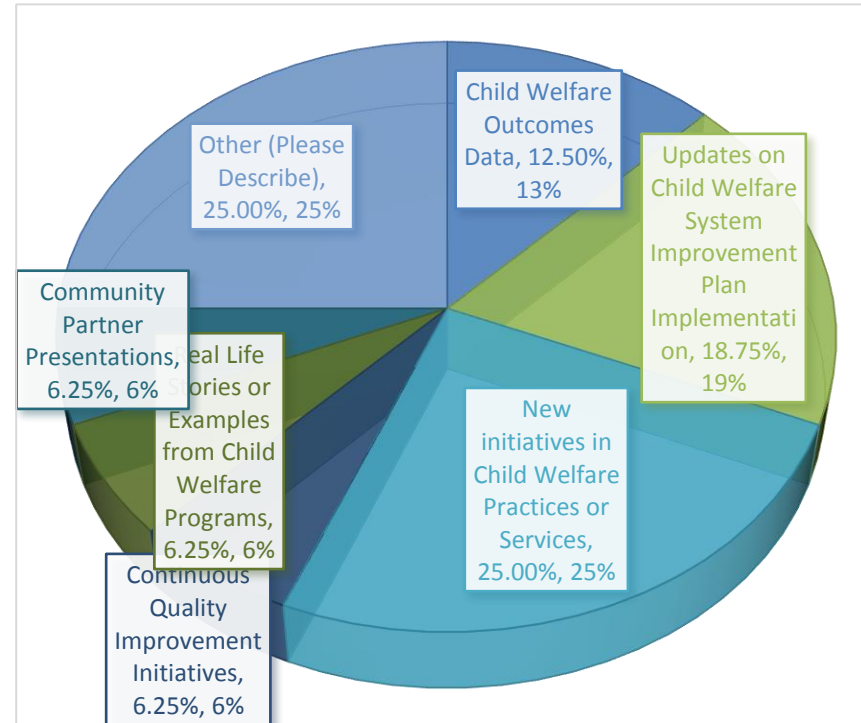
SHASTA COUNTY PROBATION DEPARTMENT
JUVENILE DIVISION

Appendix 3 Stakeholder Survey Feedback

Q. What info would you like to learn about at future meetings:

Participating CBOs

- EA Family Services
- One Safe Place
- Children's Legacy Center
- Wright Education Services
- VCSS Redding
- Better Choices, Inc/Ready for Life Foster Family Agency
- Shasta County Office of Education
- Pathway to Hope for Children
- Dunamis Wellness



Other Responses:

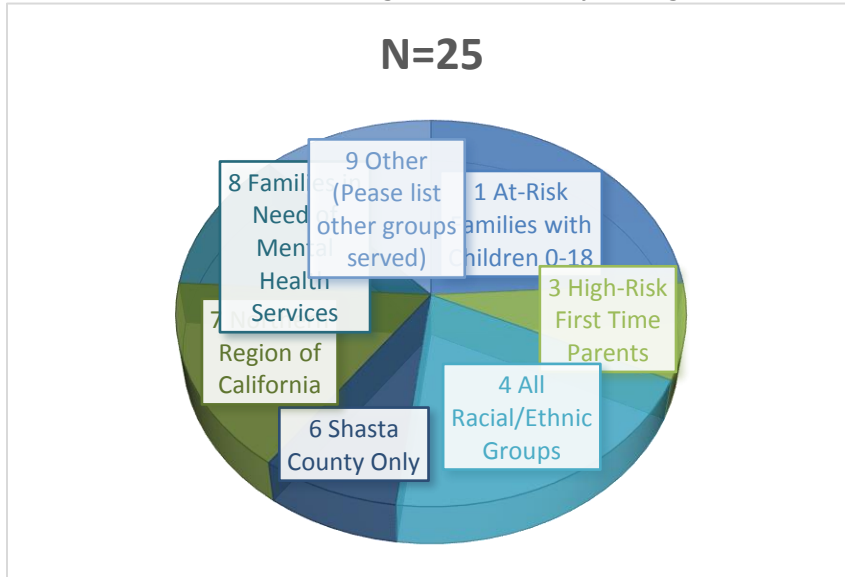
- ★ Implementing the science of hope
- ★ Programs that would serve students and their families

Comprehensive Prevention Plan Shasta County: Stakeholder Feedback



SHASTA COUNTY PROBATION DEPARTMENT
JUVENILE DIVISION

Q. What characteristic fits the target audience that your organization serves?



Q. What Evidence Based Programs are being used in your agency?

Triple P,
Strengthening
Families

CBT,
NMT
TBRI

SafeCare, Hope
Theory, 5
Protective Factors

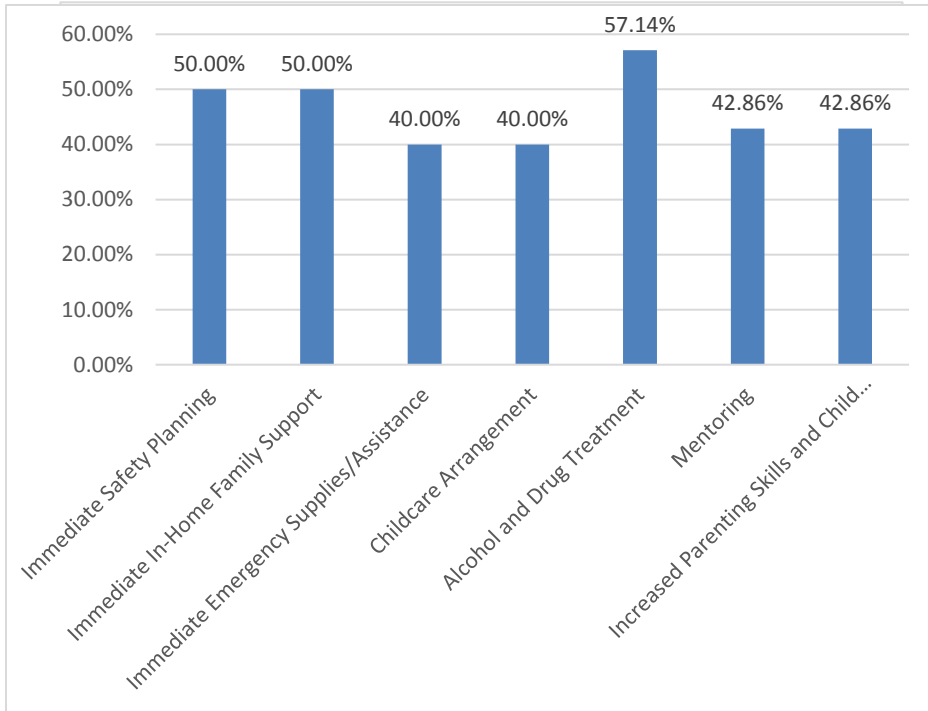
Comprehensive Prevention Plan Shasta County: Stakeholder Feedback



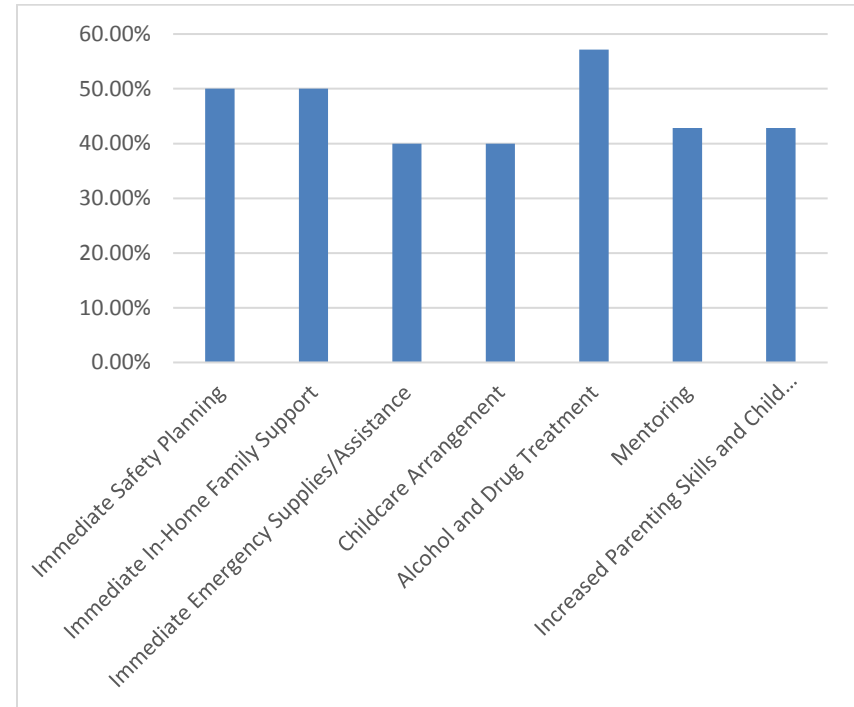
SHASTA COUNTY PROBATION DEPARTMENT
JUVENILE DIVISION

Appendix 3: Peer Support Feedback:

Q. What types of services or supports for families our community help decrease child maltreatment?



Q. What interventions could be used to keep children safely at home?





KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
 744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES

County of Shasta County

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 Assurance

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

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

Workforce Development and Training Assurance

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the Behavioral Health and Social Services and Juvenile Probation (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 pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community based and Title IV-E pathways.

Trauma-Informed Service Delivery Assurance

The Behavioral Health and Social Services and Juvenile Probation (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 is provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

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

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), the Behavioral Health and Social Services and Juvenile Probation (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, evaluation and coordination to determine the effectiveness of a service provided under the FFPS program.

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the Behavioral Health and Social Services and Juvenile Probation (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.

Assurance of Coordination with Local Mental Health

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

Assurances Signatures

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

07/31/2023 | 9:23 AM PDT
(Date) DocuSigned by:
Miguel Rodriguez
42367C50B45D437...
(Signature of Authorized CWS Representative)

07/31/2023 | 2:53 PM PDT
(Date) DocuSigned by:
Tracie Neal
716328EA7477401
(Signature of Authorized Probation Representative)