



MONTEREY COUNTY COMPREHENSIVE PREVENTION PLAN

*A Strategy to Leverage Federal Funding Through
the Family First Prevention Services Act*

PREPARED BY



COMPREHENSIVE PREVENTION PLAN OF MONTEREY COUNTY

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INTRODUCTION

Background on the Family First Prevention Services Act

Signed into law in early 2018, the Family First Prevention Services Act (FFPSA) represents one of the most consequential federal child welfare laws of the past several decades, making significant changes to the financing of child welfare programs. Because federal dollars represent about half of all funding available to child welfare systems, the law has led state and county systems to reexamine their service delivery models.

Passage of FFPSA established a new and optional opportunity for state and county child welfare agencies to access federal Title IV-E funds for foster care prevention services, albeit with numerous restrictions. FFPSA allows public agencies to receive federal reimbursement for a limited set of federally approved, evidence-based prevention programs delivered to children and families who are determined to be “candidates for foster care.”

The State of California chose to opt into the law for purposes of accessing federal prevention funding, and subsequently issued guidance outlining the opt-in process for counties.

TIMELINE

FEBRUARY 9, 2018	JULY 16, 2021	MARCH 10, 2022	APRIL 7, 2023
FFPSA signed into law as part of the Bipartisan Budget Act of 2018 (P.L. 115-123)	California's AB 153 signed into law, establishing the state framework for implementation of FFPSA	All County Letter 22-23 released, outlining county opt-in process	California's Title IV-E Prevention Plan approved by the federal government

To prepare for implementation of FFPSA, Monterey County in 2024 commissioned a Gap Analysis to assess the current capacities and challenges of the local child welfare system and to identify strategies for leveraging new federal resources to strengthen families and prevent the need for foster care. Following release of that Gap Analysis and positive response from community stakeholders, Monterey is now proceeding with opting into FFPSA through the development of this Comprehensive Prevention Plan.

Monterey County's Commitment to Prevention

The mission of Monterey County Family and Children's Services (FCS) is to "prevent child abuse and neglect" with a goal to "keep children and youth safe and within the protection of a permanent family." FCS offers a full array of foster care and kinship, adoption, and child protective services. Since 2007, Monterey County has also offered a differential response program called Pathways to Safety whose goal is to "provide early intervention and prevention services in partnership with community-based organizations, in order to effectively address stress factors that may lead to more escalated child welfare concerns and interventions."

In 2017, Monterey County collaboratively developed the Roadmap to Child Wellbeing with the California Department of Social Services (CDSS), a "holistic approach to the prevention of child abuse, neglect, and death." Through significant community and stakeholder engagement and cross-sector collaboration, a series of recommendations were produced and implemented. These included the establishment of a "Community Navigator" position to serve as a "trusted source of information, advocacy, services and referrals for families at-risk, in need of assistance navigating the complex systems of government, or simply in need of resources;" enhanced mandated reporter training; and expansion of the Nurse Family Partnership (NFP) home visiting program.

Monterey County is home to an active Child Abuse Prevention Council (CAPC), which was established by the Board of Supervisors in 1986. The mission of the CAPC is to "coordinate prevention, treatment, education and awareness efforts" around child abuse prevention. Monterey also maintains a County Children's Trust Fund (CCTF) which distributes funds to CAPC to "continue and further child abuse prevention, intervention, treatment and education efforts."

First 5 Monterey invests more than \$5 million annually into a range of services reaching more than 20,000 residents each year, including over 12,000 children. The services funded by First 5 are delivered through five Integrated Service Collaboratives across Monterey County, and include early childhood education, mental health, child developmental screenings, home visiting, counseling, and parenting support programs. Over 300 families are currently being served through the First 5-funded home visiting programs.

Finally, Monterey County maintains a robust network of Family Resource Centers (FRCs) operated by the Monterey County Office of Education (MCOE) and local school districts. These FRCs help families connect to concrete resources and support services to increase family well-being and "help ensure that children are happy, healthy, and prepared for school and life." These FRCs and other community-based organizations operating in Monterey County enhance protective factors for families across the county by supporting them in stabilizing and addressing their needs, thereby reducing the need for child welfare system involvement.

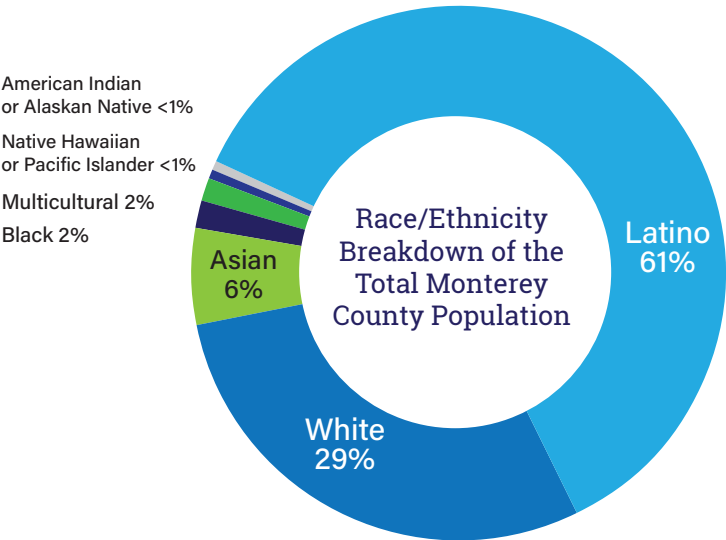
✓ In developing this report, Monterey County reaffirms its commitment to keeping children and families together and preventing the need for foster care whenever possible, while exploring opportunities to leverage Title IV-E funding to expand the continuum of prevention services available in the community.

Monterey County Data Profile

Population¹

Total Population	440,572
Children Ages 0-17	115,870

Note: Stable births, fewer deaths, and a rebound in foreign immigration slowed California's recent population decline in 2022. Forty-six of the state's 58 counties lost population. Monterey County was among the 10 largest percentage decreases at -08%



Child Welfare Rates (per 1,000)²

	Monterey	CA
Allegations	39.7	48.9
Substantiations	2.5	5.4
Entries to Foster Care	1.0	2.0

Unique Monterey County Indicators

- » In 2019-2023, 8.8% of households received SNAP (the Supplemental Nutrition Assistance Program). An estimated 60.9% of households that received SNAP had children under 18.³
- » 45% of renters spend 35% or more of their household income on rent plus utilities.
- » In 2023, there were 1,422 domestic violence-related calls for assistance.⁴
- » Of the adult residents surveyed through the Community Health Needs Assessment, 34.3% ranked their mental health as "fair" or "poor."⁵
- » Buprenorphine prescriptions are used to gauge the expansion of medications for opioid use disorder. The annual crude buprenorphine prescribing rate for 2023 was 37.32 per 1,000 residents compared to the state average of 21.41 per 1,000.⁶

1 State of California Department of Finance (2024). County and State Population Projections (2010-2060) by Age. Retrieved from <https://dof.ca.gov/Forecasting/Demographics/Projections>

2 Source: University of California at Berkeley California Child Welfare Indicators Project. CCWIP Reports JAN2024-DEC2024. Retrieved from <https://ccwip.berkeley.edu/childwelfare/reports/AllegationRates/MTSG/r/rts/s>

3 Source: United States Census Bureau (2025). Narrative Profiles - 2023 ACS 5-Year Estimates. Retrieved from <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2023/report.php?geotype=county&state=06&county=053>

4 Source: OpenJustice (n.d.). Domestic Violence-related calls for assistance. Retrieved from <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>

5 2022 Community Health Needs Assessment. Retrieved from <https://www.co.monterey.ca.us/home/showpublisheddocument/116036/638330566740070000>

6 Source: California Overdose Surveillance Dashboard (2025). Placer Opioid Overdose Snapshot: 2021-Q1 through 2024-Q1. Retrieved from <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>

GOVERNANCE STRUCTURE

In 2018, the State of California passed Assembly Bill 2083 (AB 2083) which required counties to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma.

In 2021, Monterey County finalized a MOU establishing an Interagency Leadership Team (ILT) that serves as the governing and coordinating body for the County's child and youth system of care. ILT core members include Monterey County Department of Social Services, Family & Children's Services Division; Monterey County Juvenile Probation Department; Monterey County Health Department, Behavioral Health Bureau; Monterey County Office of Education; and San Andreas Regional Center. In addition to these core members, the ILT also includes advisory members representing the courts, First 5 Monterey County, youth with lived experience in foster care, caregivers, and parents.

The MOU's vision is for a "collaborative System of Care that places children, youth and families at the center of our work to allow their needs to direct the course of provided services" and for partners to regularly work together to "address systemic barriers to providing interagency services."

As recommended by CDSS in ACL 22-23, Monterey County intends to use the ILT as the basis for the ongoing cross-sector collaboration envisioned in the CPP. To ensure broad community representation in the County's cross-sector collaboration work, Monterey County has also invited additional stakeholders to participate in the CPP development process, including individuals with lived experience and direct service providers and community-based organizations working with children and families.

The ILT partners and many other stakeholders have been regularly engaged in the CPP process, including the development of a prior Gap Analysis to determine the feasibility of opting into the Family First Prevention Services (FFPS) program. ILT members have also helped distribute the evidence-based program (EBP) survey across multiple systems to ensure a comprehensive assessment of EBP capacity was captured.

Going forward, ILT members and other community-based organizations will continue to play a critical role in implementation of this plan, including decision-making around investments, target populations for programming, facilitation of access to services through a Title IV-E Community Pathway, service delivery, and how to best ensure the ongoing effectiveness of prevention programs.

The mission is of the ILT is:

"Monterey County's System of Care for children, youth and families establishes an integrated, attachment- and trauma-focused collaborative structure that is information driven, innovative and incorporates the Integrated Core Practice Model (ICPM). Regardless of which agency door children, youth and families enter, we will provide services which are comprehensive, culturally responsive, and evidence based. The experiences of foster children and youth are an essential part of this System of Care's decision-making. Utilizing the ICPM is the first step to serving families with this System of Care."

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

REQUIRED PARTNERS	SUGGESTED PARTNERS
<ul style="list-style-type: none">» Child Abuse Prevention Council (CAPC)» Child Welfare Agency» Probation Department» Tribal Representation» Office of Education» Behavioral Health Department» Non-Profit/Community-Based Organizations» Family Resource Centers» Foster Family Agencies» Youth Leader (Lived Expertise)» Parent Leader (Lived Expertise)» Former Foster Youth» Foster Youth Currently (18+THP)	<ul style="list-style-type: none">» System of Care Partners» Private Organizations» Evidence-Based Program Provider/Purveyor» Program Evaluator» Faith-Based Institutions» First 5» Public Health Department» Public Assistance Department» District Attorney's Office» Early Childhood Programs» Housing Department/Authority» Homeless Programs» Local Regional Centers» Local Offices of Employment/Career Centers» Local Vocational Training Centers/Community Colleges» Others Identified by the Collaborative

The children and families who are the intended beneficiaries of services under Monterey County's Comprehensive Prevention Plan (CPP) interact with a range of child-serving systems, including child welfare, mental and behavioral health, public health, early care and education, K-12 education, postsecondary education, juvenile probation and criminal justice, and housing. These children and families can be involved with any combination of county agencies, tribal governments, direct service providers, and community-based nonprofit organizations.

For these reasons, Monterey County has engaged numerous partners across systems to conceive and develop this CPP. The Monterey County Interagency Leadership Team (ILT) has been involved in the development of both the 2024 Gap Analysis and

the CPP, with a particular focus on cross-system coordination and collaboration for the delivery of evidence-based programming and alignment with behavioral health system reforms including California Advancing and Innovating Medi-Cal (CalAIM). The Monterey County Child Abuse Prevention Council (CAPC) has also been identified as a key partner in prevention, and their membership has been engaged to identify alignment of CAPC's mission and vision with the development and implementation of this CPP. Additional perspectives on this CPP were also solicited from community stakeholders during the stakeholder engagement process related to the development of the most recent Monterey County Self-Assessment (CSA).

FCS leadership encourages collaboration, internally and externally, and believes it is through collaboration

that children are safe, families and individuals are thriving, and communities are engaged.

Looking ahead, as Monterey County advances from planning toward implementation of the CPP, cross-sector collaboration will remain a high priority. Monterey County intends to engage in ongoing collaboration with community stakeholders to

provide the County ongoing reporting, oversight, and guidance related to the CPP. This ongoing communication and coordination will enable cross-sector partners to collectively develop and incorporate strategies for continuous improvement of the prevention plan into their programs and services.

Monterey County Stakeholders Engaged in CPP Development	
▪ Monterey County Social Services	▪ First 5 Monterey County
▪ Monterey County Probation	▪ San Andreas Regional Center
▪ Monterey County Behavioral Health	▪ Central California Alliance for Health
▪ Monterey County Office of Education	▪ Children's Advocacy Center
▪ Monterey County Public Health	▪ Unity Care
▪ Monterey County Juvenile Court	▪ Community Human Services
▪ Monterey County Sherriff Office	▪ Road to Me Project
▪ Monterey County District Attorney's Office	▪ Door to Hope
▪ Monterey County Public Defender's Office	▪ Montage Health
▪ Monterey County Library	▪ Court Appointed Special Advocates

Other Collaborations

Beyond the cross-sector collaboration related to the development of this CPP, there are numerous additional existing cross-sector forums and collaboratives in which agencies and community-based organizations (CBOs) serving children and families in Monterey County work together to reduce child abuse and neglect effectively. This collaborative framework ensures that all entities, including prevention, early intervention, and treatment partners, work synergistically to keep children safe and support families at risk. More specifically, regular collaboration occurs through various System of Care partner agency meetings, such as the Interagency Leadership Team (ILT), Child Abuse Prevention Council (CAPC), Juvenile Justice Coordinating Council, Wraparound Leadership Committee, Commercially Sexually Exploited Children (CSEC) Partnership, and the Children's Council. These forums serve as vital platforms for coordination

among different sectors, ensuring that strategies and resources for prevention and early intervention are effectively aligned and implemented to reduce child abuse and neglect. Building on this foundational collaborative effort, Monterey County also boasts a robust array of services and initiatives aimed at preventing family crises and supporting at-risk families. These include a range of behavioral health interventions, educational initiatives, and support systems designed to enhance child and family well-being.

Monterey County Child Abuse Prevention Council: Established in 1986 by the Board of Supervisors, the Monterey County Child Abuse Prevention Council (CAPC) is comprised of appointed representatives from County departments, community members with life experiences, clergy, victim advocates, interested community members, and 501(c)3 family service

providers. Housed within the FCS department, CAPC acts as a central hub for coordinating child safety efforts across various levels of prevention (primary, secondary, and tertiary). The CAPC Director plays a key role in various collaborative forums or teams, such as the Child Advocacy Center, the Children's Council, the Child Death Review Team, and Monterey County Safe Schools.

Children and Youth System of Care (AB 2083): In 2021, Monterey County finalized an MOU establishing an Interagency Leadership Team (ILT) that serves as the governing and coordinating body for the County's child and youth system of care. ILT core members include Monterey County Department of Social Services, Family & Children's Services Division; Monterey County Juvenile Probation Department; Monterey County Health Department, Behavioral Health Bureau; Monterey County Office of Education; and San Andreas Regional Center. In addition to these core members, the ILT also includes advisory members representing the courts, First 5 Monterey County, youth with lived experience in foster care, caregivers, and parents. Monthly Interagency Leadership Team meetings provide a platform for information sharing and problem solving.

Children's Council: The Children's Council provides leadership and policy direction to encourage the development of a comprehensive and collaborative delivery system of services to children and youth in Monterey County. Its vision is that "All children in Monterey County live in safe, nurturing homes and communities; they are healthy, valued, succeed in school and realize their full potential." The Children's Council membership is comprised of the executive leaders from major public, private, and non-profit sectors of the county whose agencies and organizations serve children and youth in a variety of ways. Members meet monthly to coordinate cross-sector work focused on addressing systemic issues that affect the health, education, and wellbeing of Monterey County children and youth.

Economic Self-Sufficiency and Family

Stabilization: Collaboration with CalWORKs: FCS collaborates closely with CalWORKs staff

to ensure that eligible families with child welfare cases receive the necessary local, state, and federal benefits. The Family Stabilization Program supports clients and their families who are facing crises or destabilizing situations, aiming to enhance family stability and child safety by fostering self-sufficiency. The program provides short-term, intensive case management services, and assists with activities necessary for engagement in efforts to achieve self-sufficiency, ultimately strengthening families. The Family Stabilization Program's Multi-Disciplinary Team, which addresses barriers hindering family stabilization, involves the following key partners: FCS Social Workers and Supervisors, Family Stabilization Program Case Managers, CalWORKs Employment Services Supervisors, Domestic Violence Social Workers, Behavioral Health Team, and Housing Resource Center (HRC) representatives.

Collaboration with Public Health: FCS maintains a close partnership with the Children's Behavioral Health division of Public Health to facilitate the screening, assessment, and treatment of children, youth, and parents involved in the child welfare system. An MOU governs the responsibilities of FCS, Juvenile Probation, and Public Health to ensure compliance with state and federal regulations and appropriate expenditure of funds, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds.

First 5 Monterey County: First 5 Monterey County focuses on enhancing the early development of children from birth to age five. As a non-voting member of Monterey County's Interagency Leadership Team, First 5 participates in monthly discussions to influence community initiatives and policies affecting young children and their families. First 5 also administers the Parents as Teachers program, a primary prevention strategy open to all Monterey County families with children under five.

Family Resource Centers: Monterey County hosts eight Family Resource Centers (FRCs), which are often strategically co-located within schools to provide accessible services to families and children. The FRCs play a crucial role in supporting the

community by offering a variety of programs and services that cater to the diverse needs of families and enhance their well-being. Services include, but are not limited to, parenting skills workshops, English classes, clothing closets, referrals to community resources, assistance with general benefits applications and translation of documents, family support groups, assistance obtaining official documents, and more.

Other Collaborations with Community-Based Organizations include:

» **YWCA Monterey County**

In collaboration with FCS, YWCA Monterey County offers specialized services to address issues related to domestic abuse and sex trafficking. FCS actively refers survivors of domestic violence to the YWCA, where they can access counseling and various educational programs designed to support their recovery and empowerment. This partnership ensures that survivors receive comprehensive care tailored to their specific needs.

» **Community Human Services**

Community Human Services (CHS) serves as a crucial partner offering a wide range of services that support comprehensive case planning. These services include substance abuse treatment, mental health support for low-income families, assistance for runaway and homeless youth, parent education programs, domestic violence intervention, and outreach programs for commercially sexually exploited children (CSEC).

» **The Epicenter**

The Epicenter in Salinas is a youth-led and youth-driven facility dedicated to empowering and supporting young individuals through a comprehensive range of services. The center offers a drop-in space that provides a safe and welcoming environment. FCS collaborates closely with the Epicenter, coordinating quarterly meetings to plan upcoming events, manage staffing and finances, and ensure that the youth maximize the resources offered.

» **Silver Star Resource Agency**

Probation oversees this multi-agency collaborative of county and non-profit agencies that provide prevention and early intervention services for at-risk, probation, and gang-involved youth and their families.

» **Mentor Moms and Dads**

A collaboration between Monterey County Department of Social Services and Door to Hope, this initiative focuses on building trust and confidentiality between mentors and parents, which is crucial for effective support and guidance.

» **Hartnell College's Foster Kinship Care Education Program**

FCS coordinates closely with Hartnell College to ensure foster, adoptive, and kinship caregivers receive the training they need to enhance their skills and better support the children in their care.

» **Action Council of Monterey County**

Action Council of Monterey County provides kinship care services and supports to relative caregivers, ensuring they can maintain nurturing and stable environments for the children in their care.

» **Monterey County Rape Crisis Center**

As the primary agency addressing sexual assault in the county, the center offers extensive advocacy and support services to survivors, including commercially sexually exploited children (CSEC).

TRIBAL CONSULTATION AND COLLABORATION

The Southern Monterey Bay area is the aboriginal homeland of the Ohlone/Costanoan Esselen Nation. Ohlone/Costanoan Esselen natives primarily reside in what is now Coastal Monterey Bay, Salinas, and the southern region of San Benito County. The Salinan Nation natives reside primarily in what is now the southern region of Monterey County and the northern half of San Luis Obispo County. Even though there are no federally recognized Tribes within Monterey County and there are rarely any Native American children on the foster care caseload, Monterey County is committed to diligently complying with Indian Child Welfare Act (ICWA) requirements. The County actively collaborates with local and regional Tribes, regardless of federal recognition status, to identify and provide culturally appropriate services to ICWA-eligible children.

In cases involving children with American Indian heritage, FCS investigators are trained to inquire about ancestry at the time children are taken into protective custody, as specified by ICWA. Once a child is identified as having American Indian heritage, the Court Officer ensures compliance with ICWA requirements, including the necessary notices and documentation to the Bureau of Indian Affairs and/or specific Tribes. County staff immediately notify the respective Tribe(s), allowing them to determine their level of involvement and express their

placement preferences. Tribal representatives are also invited to participate in Child and Family Team (CFT) meetings, ensuring that their insights and preferences are considered in the decision-making process. Throughout the case, there is ongoing communication between the social worker and Tribal representatives, fostering continuous collaboration and support. FCS has developed an agency-wide ICWA policy to ensure compliance with ICWA requirements. To oversee ICWA compliance, FCS has designated a Court Officer with specialized training to notify Tribes or the Bureau of Indian Affairs and manage responses.

Monterey County is concerned that the rigid standards around evidence-based programs (EBPs) established by the federal government have resulted in just one Tribal practice being listed on the Title IV-E Prevention Services Clearinghouse to date. The County urges the federal government to facilitate a more inclusive process around the evaluation of EBPs that will establish more opportunities to leverage federal funding to support Tribal programming. Monterey County is also committed to exploring cultural adaptations to traditional EBPs that may make them more relevant to Tribal children and families.

A NOTE FROM MONTEREY FCS: We do not have any federally recognized tribes in Monterey County. We have made ongoing efforts to engage our non-federally recognized tribes to participate in our ILT and develop our ICWA policy; however, our local tribes are small and, so far, have not shown interest in participating in these activities. We have been successfully able to engage with our local tribes when we have previously had their Indian children in our care. Currently, Monterey County has no ICWA-eligible children in our care. During our work with the Office of Tribal Affairs (OTA), they suggested that we reach out to North Fork Rancheria, our Monterey County TANF tribe, for their input in our ICWA policy. Unfortunately, they let us know that they are not a local tribe and were not willing to participate. We have been participating in both the Bay Area Collaborative of Indian Resources (BACAIR) meetings and OTA Regional meetings where we have discussed our struggles to engage local tribes, and they have also offered their support."

INTEGRATED CORE PRACTICE MODEL

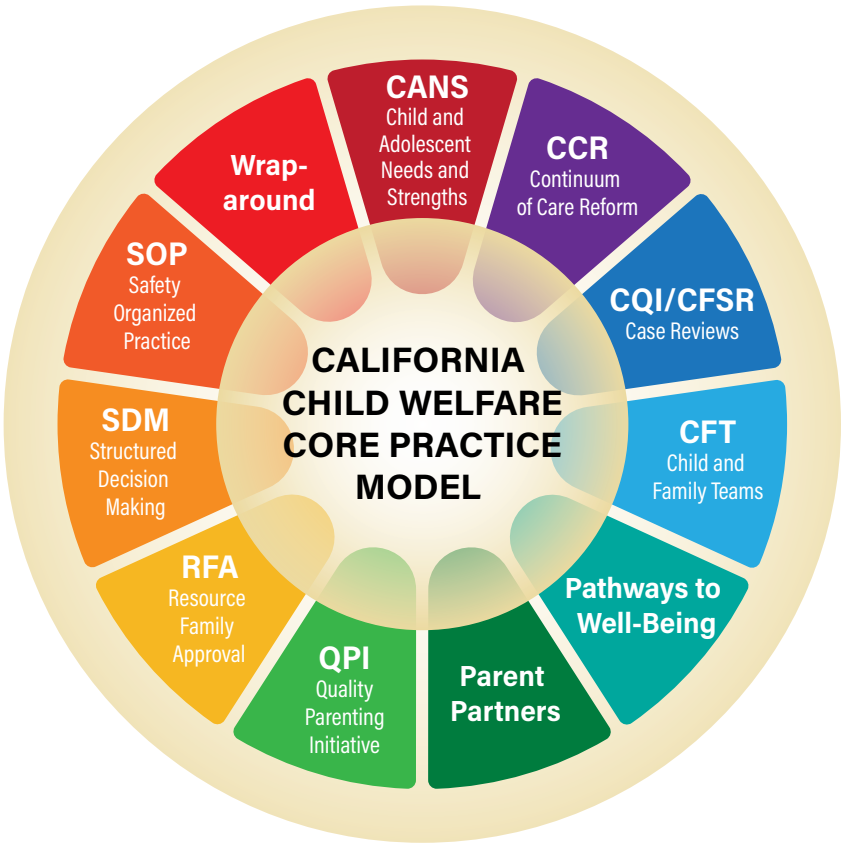
The Integrated Core Practice Model (ICPM) is a practice shift in California in which children, youth, and families are centered in the development of plans to meet their individualized needs. FCS and Probation staff are trained on the principles of ICPM and continually work to embed the vision, values, and principles of it into their work with children and families.

ICPM is also built into Monterey County's AB 2083 MOU and ILT structure, with the mission of the ILT being:

"Monterey County's System of Care for children, youth and families establishes an integrated, attachment- and trauma-focused collaborative structure that is information driven, innovative and incorporates the Integrated Core Practice Model (ICPM). Regardless of which agency door children, youth and families enter, we will provide services which are comprehensive, culturally responsive, and evidence based. The experiences of foster children and youth are an essential part of this System of Care's decision-making. Utilizing the ICPM is the first step to serving families with this System of Care."

The principles and strategies of ICPM were integrated into all aspects of CPP development, including stakeholder engagement efforts. The stakeholders engaged included representatives from a broad range of child- and family-serving public agencies and community based-organizations, as well as individuals with lived experience with the child welfare system.







Looking ahead, Monterey County remains committed to incorporating ICPM into ongoing oversight and implementation of this CPP, including within all the prevention programs and services envisioned in this CPP and future changes to prevention planning and service delivery.



TARGET CANDIDACY POPULATION(S) & NEEDS ASSESSMENT

Local Assets & Needs Assessment

To comprehensively understand the prevailing community needs resulting in family involvement with the child welfare system in Monterey County, several local data snapshots and community studies completed in recent years were reviewed in the process of developing this report, including:

-  Monterey County Child and Family Services Review (CFSR) 2019–2024 County Self-Assessment (CSA)
-  Monterey County Child and Family Services Review (CFSR) 2019–2024 System Improvement Plan (SIP)
-  Monterey County Mental Health Services Act (MHSA) FY 2020-21–FY 2022-23 Three-Year Program & Expenditure Plan
-  Monterey County 2022 Community Health Needs Assessment (CHNA)
-  First 5 Monterey County 2023–2029 Strategic Plan
-  Monterey County Roadmap to Strengthen Child Well-Being (2017)

The findings from these community studies were supplemented with perspectives collected through in-person and virtual focus groups and key informant interviews, along with data retrieved from the California Child Welfare Indicators Project, County Health Rankings, and the U.S. Census Bureau.



Summary of Community Needs

Monterey County is a geographically and racially diverse area in Central California encompassing about 100 miles of coastline along the Pacific Ocean as well as expansive agricultural areas inland, with a population of just under half a million residents. By race alone, the population is majority-minority. By ethnicity, according to the CHNA, about three-fifths (59%) of Monterey County residents are Hispanic or Latino—a rate much higher than the state (39.1%) and national (18.2%) average.

In terms of the risk factors for child welfare system involvement, the challenges facing Monterey County families are outlined below. Per the First 5 Strategic Plan, “43% of children have at least 1 adverse childhood experience, as reported by a parent,” while the CSA notes that about half of mothers in Monterey County have experienced “childhood adversities” in their lives.

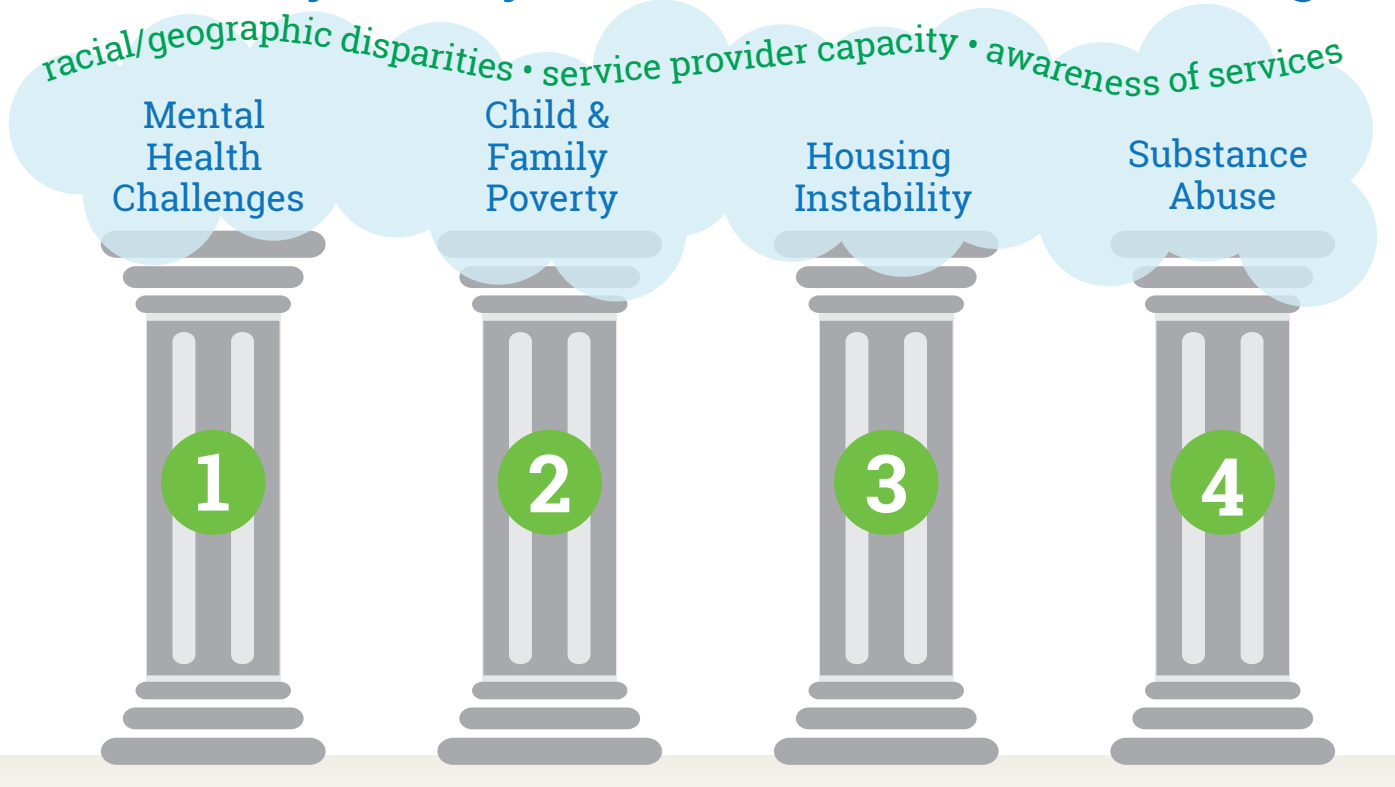
According to reports from the California Child Welfare Indicators Project, Latino families constitute the primary population served by Monterey County

Family and Children’s Services (FCS), accounting for 78% of children entering care in 2024. While Latino children represent the primary demographic of children entering care, Black children exhibit the highest rate of child welfare allegations. Specifically, Black children experience an allegation rate of 77.4 per 1,000, surpassing rates for Latino (38.4 per 1,000), White (31.4 per 1,000), Native American (28.2 per 1,000), and Asian or Pacific Islander (21.9 per 1,000) children.

Children under age 1 have a substantiated allegation rate of 8.2 per 1,000 children—a rate more than three times the average (2.5) for all children. This indicates that the youngest children in Monterey County are at the highest risk of experiencing maltreatment and child welfare system involvement.

Based on our review of the prior community assessments and the feedback we received from stakeholders, the four main pillars of community need driving child welfare system involvement in Monterey County are:

Monterey County’s Four Main Pillars of Challenge



1. MENTAL HEALTH CHALLENGES

Key informants surveyed during development of the Monterey County 2022 CHNA identified mental health issues as the top local concern. Of the adult residents surveyed through the CHNA, more than one in three (34.3%) ranked their mental health as “fair” or “poor”—much higher than the national average (13.4%). These concerns are particularly acute in North County, where almost half (46.6%) of adult residents report their mental health this way. Almost one in four adult residents (24.6%) in Monterey County have been diagnosed with some form of depression, and over half (51.2%) of those have exhibited symptoms of chronic depression. These rates are both considerably higher than the national average, and in North County the rate of residents exhibiting symptoms of chronic depression (61.5%) is more than twice the national average. Children too are experiencing high rates of mental health challenges, with the CHNA indicating that 22.4% of parents with children ages 5–17 report that their child needed mental health services in the past year. Meanwhile, just 50% of these same parents were aware of local mental health resources for children—much lower than the national average (70.2%).

Despite the prevalence of mental health challenges, accessing mental health services is often difficult. The CSA notes that services to address mental health concerns are “scarce in Monterey County,” while 57% of survey respondents in the First 5 Strategic Plan said that unmet mental health needs were a significant problem in their communities. Monterey County’s Three-Year MHSA Plan notes the “unmet need for mental health care across sub-populations and age groups,” and the CHNA reports that 18.8% of adult residents were unable to get needed mental health services in the past year—a rate more than twice the national average (7.8%). In North County, this issue was experienced by 27.6% of adult residents. Stakeholders participating in the development of the MHSA plan noted the need for stronger “collaboration and coordination of mental health services” including “no closed doors,” “warm hand offs,” “one stop shops,” and the removal of “red tape.”

2. CHILD & FAMILY POVERTY

The correlation between poverty and the risk for child welfare system involvement is well established. In Monterey County, about one in five children are living in poverty (22% according to the MHSA report). The First 5 Strategic Plan also notes significant racial disparities in the poverty rate, with just 6% of White children living in poverty compared to 25% of Latinx children. Monterey County also has a much higher rate of teen births (28.2 births per 1,000 adolescent women ages 15 to 19) than the state (17.4) or national (20.9) average. Many of these young families are at an even greater risk for poverty given the strong links between teen parents and lower levels of income and greater reliance on public assistance.

The stressors of poverty manifest in multiple ways. According to the CHNA, 40.8% of Monterey County residents are food insecure (including 51.5% of South County residents)—a rate that is considerably higher than the national average (34.1%). The CHNA also reports that almost one-third (31.2%) of residents would not be able to afford an unexpected \$400 expense without going into debt, demonstrating serious financial instability. Meanwhile, the First 5 Strategic Plan notes that 65% of Monterey County households with children under age six earn less than what is needed to cover basic needs.

3. HOUSING INSTABILITY

Access to affordable, safe, and stable housing is an ongoing challenge in Monterey County, and the CHNA identifies this as an area of priority. “For nearly half (45%) of the 49% of county residents who are renters, their rental costs account for greater than 35% of their household income; while 32% of homeowners’ mortgage costs” also exceed that threshold, according to the MHSA plan. A similar rate (44%) of adult residents have expressed worry or stress over their rent or mortgage in the past year, according to the CHNA. In South County, these concerns apply to 52.2% of adult residents—far higher than the national average (32.2%). At the same time, the CHNA notes that one in five (20.8%) residents reported living in unhealthy and/or unsafe housing conditions, which also far exceeds the national average (12.2%). The rate is 27% in Salinas.



Monterey County's CSA notes "families' inability to secure stable housing continues to be a primary concern" for the Child Welfare Department, and helping families navigate housing resources is one of the highest priorities of the Pathways to Safety differential response program. One of the priorities outlined in the SIP is to "maximize housing supports for families in family reunification and family maintenance programs" since "those parents who were able to obtain stable housing were more likely to reunify and maintain stability."

4. SUBSTANCE ABUSE

Substance use and abuse issues within families are primary factors resulting in child welfare system involvement. These issues were also ranked as one of the top concerns of key informants surveyed during development of the CHNA, with more than half (54%) of informants identifying substance use as a "major problem." The CHNA noted that 40.3% of residents reported being personally impacted by substance use—higher than the 35.8% national average. The rates were highest in Monterey Peninsula (49.6%) and Salinas (45.5%).

The key informants surveyed for the CHNA identified alcohol (53.6%), heroin or other opioids (25%), and methamphetamines or other amphetamines (10.7%) as the most problematic substances. According to the CHNA, one in four (25.6%) adult residents are considered to be excessive drinkers, which is slightly below the national average (27.2%) but far

higher than the state average (18%). At the same time, 6.1% of adult residents surveyed for the CHNA acknowledged participating in illicit drug use in the past month, a rate more than three times the 2% national average. In North County, the rate is 14.2%, more than seven times the national average.

The Prevalence of Co-Occurring Challenges & Challenges Accessing Supportive Services

The four areas of challenge outlined above are often co-occurring in the families most at risk for child welfare system involvement. "These families are impacted by compounding factors of trauma related to poverty and structural racism, which may lead to mental health challenges, use of violence and/or addiction that is often multi-generational," according to the First 5 Strategic Plan.

These issues are also exacerbated in Monterey County by racial and geographical disparities, a lack of direct service providers able to deliver supportive services, and a lack of awareness among residents about accessing available services. The First 5 Strategic Plan notes "families' difficulties in enrolling in programs or services despite being eligible" while the CSA notes recurring themes from stakeholders related to "availability of services for families" and related "service gaps that pose challenges for at-risk families and children."

CANDIDATE GROUPS & DATA ESTIMATES

California's approved Title IV-E Prevention Plan (Five-Year State Prevention Plan) lists 12 "candidate" groups that the State identifies as the target populations for federal Title IV-E prevention funding. To be eligible for federal reimbursement, these "candidates for foster care" must be determined to be at "imminent risk" for foster care entry.

Data extracted in 2020 from the Structured Decision-Making (SDM) system and provided to Monterey County by the California Department of Social Services indicates that 496 children received a risk assessment score of "high" or "very high" while 832 children had at least one identified safety threat. These numbers provide a reasonable range of

estimates of how many children in Monterey County could potentially meet the "imminent risk" standard for eligibility for federal reimbursement for prevention services.

To further assess the individual candidate groups potentially eligible for services in Monterey County, FCS collaborated with community-based partners and other county agencies to pull data from numerous systems and sources to provide estimates on the number of children within the county for each target population. This table also illustrates the recurring needs experienced by each candidate group as well as some of the targeted services that could respond to these needs.

Candidate Group/Target Population with Description and State Data	County Estimate
Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services: Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services who are also determined to be at imminent risk for foster care will be eligible to receive services under the Title IV-E Prevention Program. These services are the traditional pathway to prevent entry into foster care and may also be provided after reunification to prevent reentry. During SFY 2019-20, there were 12,064 Voluntary Family Maintenance (VFM) cases in California, of whom 991 (8%) were removed within 12 months and placed in foster care. In that same year, there were 37,769 court-ordered Family Maintenance (FM) cases in California, of whom 3,878 (10%) were removed within 12 months and placed in foster care. FFPSA provides an opportunity to expand service capacity to this population.	31 (Point in Time Count)
Probation Youth: Probation youth subject to a petition under section 602 of the Welfare and Institutions Code (WIC), and for whom the probation department determined to be at imminent risk for foster care per a state-approved assessment tool, will be eligible to receive services under the Title IV-E Prevention Program. Per CDSS data, in any given month, approximately 3,900 probation youth per month in California have been determined to be at "imminent risk" of foster care.	10 (Point in Time Count)
Guardianship/Adoption at Risk of Disruption: Children whose guardianship or adoption arrangement is at-risk of disruption and who are also determined to be at imminent risk of foster care will be able to receive Title IV-E prevention services. These are non-reunified children and youth who have exited foster care to some form of permanency and are at risk of re-entry due to disruption of that permanency arrangement according to an approved assessment tool. In SFY 19-20, 1,092 children, or four percent of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.	10 (CDSS—Data and Insights Branch)

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children with Substantiated/Inconclusive Allegation: Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for Title IV-E Prevention Services if the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (11.3%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the substantiated dispositions, 16,292 (11.3%) were closed after investigation, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.</p>	<p>732</p> <p>(Of the 4,415 total allegations in 2023, 198 were substantiated and 534 were inconclusive)</p>
<p>Children w/Siblings in Foster Care: Children who have siblings in foster care, and who are determined at imminent risk of foster care will be eligible to receive Title IV-E prevention services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents). In SFY 2019-2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.</p>	<p>31</p> <p>(Point in Time Count)</p>
<p>Homeless/Runaway Youth: Homeless or runaway youth who are determined to be at imminent risk of foster care can receive Title IV-E prevention services. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.</p>	<p>233 Unaccompanied youth and transitional-age youth</p> <p>(2022 Homeless PIT Count. Applied Survey Research)</p>
<p>LGBTQ Youth: The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.</p>	<p>No reliable estimate could be produced to accurately represent this group.</p>
<p>Substance-Exposed Infants: Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.</p>	<p>No reliable estimate could be produced to accurately represent this group.</p>
<p>Trafficked Children and Youth: Trafficked children and youth who are determined to be at imminent risk of entering foster care will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019-20, there was an average of 1,081 youth identified as victims of CSE by child welfare and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care due to being trafficked, based upon the use of an approved assessment tool for this specialized population.</p>	<p>24</p> <p>(Point in Time Count)</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children Exposed to Domestic Violence: Children exposed to domestic violence who are determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E services. Between February and September of 2020, a total of 34,433 “Emotional Abuse” referrals were screened in for investigation. Of those, 23,409 (67.98%) had the “Exposure to Domestic Violence” indicator selected. Title IV-E funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child’s entry into foster care.</p>	<p>While the number of children exposed to domestic violence cannot be easily estimated, there were 1,484 domestic violence-related calls for assistance in 2022</p>
<p>Children w/Caretaker Experiencing Substance Use Disorder: Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E prevention services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare involvement compared to other children. The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, or chaotic environments. Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.</p>	<p>National data indicates that one in eight American children live with a caretaker experiencing an SUD. Extrapolating from that data would mean 14,056 children in Monterey County are living with a caretaker experiencing an SUD.</p>
<p>Other Serious Risk Factors: Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV- E prevention program when services identified in the state’s prevention plan may provide interventions that mitigate risk of entry into foster care. Examples include: Current or recent (within 6 months) family involvement with social services agency.</p> <ul style="list-style-type: none"> ▪ A change in family relationships characterized by frequent conflict or violence; ▪ Recent increase in substance use that impacts daily functioning and ability to care for the child or youth; ▪ Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth; ▪ Incarceration of the caregiver; ▪ Child or youth participated in criminal activity; and ▪ Other recent or current circumstance that may cause family instability or a threat to the child/youth’s safety or well-being. 	<p>No reliable estimate could be produced to accurately represent this group.</p>

In addition to the 12 candidate groups listed above, youth in foster care who are expectant/pregnant and/or parenting are also eligible for Title IV-E prevention funding. Importantly, these youth are categorically eligible for services and do not require an “imminent risk” finding.

Candidate Group/Target Population with Description and State Data	Targeted Services	County Estimate
<p>Expectant and/or parenting youth in foster care</p>	<p>Youth in foster care who are expectant, pregnant, and/or parenting</p>	<p>2 (Point in Time Count)</p>

COMMUNITY PATHWAY MODEL

The State of California's Title IV-E Prevention Plan outlines an approach to service delivery known as the Community Pathway that envisions contracted community-based organizations primarily engaging with families, and the public agency relegated to a "peripheral" role.

CALIFORNIA'S PLAN NOTES:

"Struggling families, especially those residing in impoverished neighborhoods, often voluntarily seek support from public and private community agencies, such as faith-based organizations, schools, local athletic organizations, after school programs, scouting organizations, etc. Engaging and strengthening connections between these organizations and local service providers that understand the needs of the community and provide direct services, such as community-based organizations (CBOs), Family Resource Centers (FRC), or behavioral health agency, is key to realizing the ultimate vision for upstream prevention."

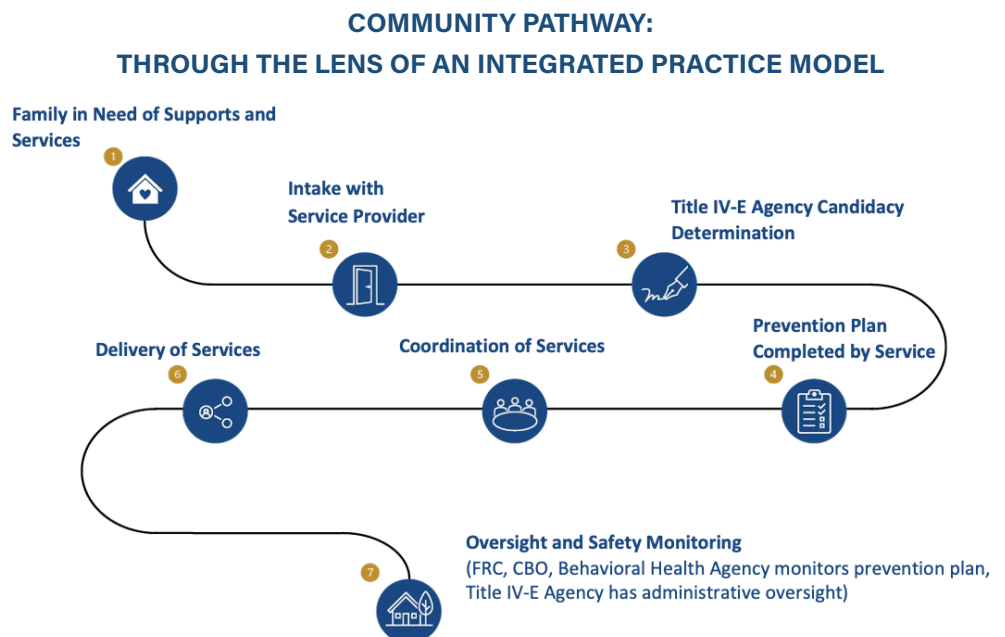
Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges, while improving child and family outcomes and advancing equity.

Monterey County is very interested in further exploration of the Community Pathway model during the implementation phase of this CPP and believes the concept holds great promise. The Community Pathway approach is consistent with objectives of the

County's Pathways to Safety Differential Response (DR) program. However, to operationalize the model, Monterey County needs further detail and assurances from the State on a range of questions, including but not limited to:

- » Safety assessment, training, and monitoring protocols for CBO staff
- » Licensing and accreditation requirements for CBOs
- » State and federal funding available to support Community Pathway administrative functions across CBOs and public agencies
- » Eligibility determination processes
- » Ongoing communication and reporting between CBOs and public agencies
- » Legal liability across CBOs and public agencies

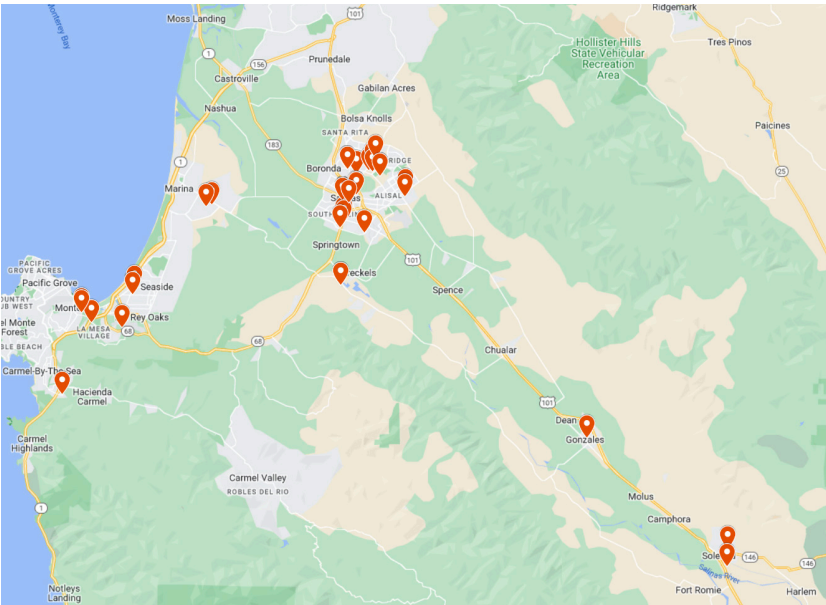
To support counties in implementing the Community Pathway, particularly counties with existing DR programs, CDSS should develop a learning community where counties can work collaboratively with the State on transitioning and alignment of DR programs with the Community Pathway model.



SERVICES/ASSET MAPPING

Despite the challenges noted above, Monterey County has significant assets that can be coordinated and leveraged in support of its CPP.

Asset Map ([live version](#)): An asset map was created using the results of the EBP survey to develop an inventory of child maltreatment and foster care prevention programs currently being delivered in Monterey County. Identifying a current inventory will help determine any program deserts, gaps in services, provider capacity, and how services are meeting the needs of all children and families at risk of foster care entry. The mapped results will help develop appropriate strategies to leverage federal resources and determine how the County will expand programming over the next several years.



Below is a list of the current programs with descriptions and links to their websites. All agencies and organizations are plotted on the asset map:

Agency	Description
Monterey County Health Department, Behavioral Health	Behavioral Health helps people of all ages, and addresses issues throughout the lifespan, starting at pregnancy and going through senior years. They work with children, youth, adults, and families.
Monterey County Health Department, Public Health Bureau	Includes Children's Medical Services; Communicable Disease Prevention and Control; Public Health Laboratory; Women's, Infants', and Children's Program; Nutrition Services; and Regional Health Teams which conduct Case Management and Home Visits related to health needs. Programs in the Bureau cover several essential public health services, including surveillance, disaster preparedness, diagnosing and addressing health problems, outreach and education, and mobilizing community partnerships to identify and solve health problems.
Monterey County Office of Education	The Monterey County Office of Education provides leadership, support, and service to the county's districts, charter schools, and community colleges. It also operates direct student programs that are more cost effective and efficient to offer on a countywide basis.
Monterey County Department of Social Services	The Monterey County Department of Social Services administers over 70 programs that daily serve an estimated 100,000 residents of Monterey County. Department services include a variety of public assistance programs, employment services, and social services for children and their families, adults with disabilities, seniors, and military veterans. The Department is the designated agency responsible for the investigation of child, dependent adult, and elder abuse in Monterey County.

Agency	Description
<u>Monterey County Probation Department</u>	The Monterey County Probation Department serves all of the criminal courts of Monterey County. Probation Officers supervise approximately 5,500 adult and 900 juvenile offenders granted probation by the courts.
<u>First 5 Monterey County</u>	First 5 is an organization whose primary mission is to enrich the lives of children ages 0-5. Primary goals of this agency align strongly with the goals of Child Welfare, with a specific focus on young children. First 5 provides outreach and educational materials to families county wide via health, resource, and community fairs, and also supports agencies involved with parenting education and early childhood development education. First 5 partners closely with the County on community-based initiatives such as the Governance Council and the Roadmap to Child Wellbeing.

Organization	Description
<u>Alisal USD Family Resource Centers</u>	The Alisal USD Family Resource Centers—Alisal FRC, Martin Luther King Jr. FRC, and Frank Paul FRC—are dedicated to fostering healthy, self-sufficient families in Salinas. Offering essential free services, these centers assist with applications for Medi-Cal, unemployment, job applications, disability, family leave, DMV, Passport, and more. Additionally, they provide Family Support Groups, Adult Education (including free childcare for English as a Second Language classes), Basic Need Support by Referral (with restrictions), and Special Events.
<u>Aspiranet</u>	Provides foster care and adoption support, residential group home care, support for youth making the transition from foster care to adulthood, mental and behavioral health services, intensive home-based care, and community-based family resources.
<u>Boys and Girls Club of Monterey County</u>	The mission of the Boys and Girls Club is to inspire and empower the youth of Monterey County to realize their full potential to become responsible, healthy, productive and successful citizens.
<u>Community Homeless Solutions</u>	Community Homeless Solutions is one of Monterey County's largest providers of homeless transitional housing and emergency shelter beds, including shelter for women and children fleeing domestic violence.
<u>Community Human Services</u>	Community Human Services offers a wide variety of supportive services to families countywide, including: <ul style="list-style-type: none"> • Substance abuse treatment • Mental health programs for low-income families • Runaway and homeless youth services • Parent education • Domestic violence classes for offenders, and • CSEC outreach and advocacy services.
<u>Court Appointed Special Advocates of Monterey County (CASA)</u>	Trains and supports community volunteers who advocate for abused or neglected children placed in foster care, upholding the children's rights while pursuing a safe and permanent home.

Organization	Description
<u>Door to Hope</u>	Provides comprehensive behavioral health and intervention programs to infants, children, teens, and families. Door to Hope offers services to people of any age who struggle with addiction, mental health issues, trauma, or an unstable home life.
<u>Harmony at Home</u>	Provides counseling that promotes alternatives to violence and healthy ways to communicate in relationships. The mission is to end the cycles of violence and abuse by empowering children and young adults with the knowledge, skills, and confidence to lead healthy and productive lives.
<u>Monterey County Rape Crisis Center</u>	The primary sexual assault response agency in Monterey County. Provides advocacy services.
<u>Mexican American Opportunity Foundation</u>	The mission of the Mexican American Opportunity Foundation (MAOF) is to provide for the socio-economic betterment of the greater Latino community of California, while preserving the pride, values and heritage of Mexican-American culture. This is accomplished through programs in early childhood education and family services, job training, and senior lifestyle development throughout the multicultural communities served by MAOF.
<u>Peacock Acres</u>	Provides transitional housing services to young adults in Monterey County. Their programs include the County's THPP (Transitional Housing Placement Provider), THP PLUS (Transitional Housing Program Plus, or PATH), and THP+FC (Transitional Housing Program Plus Foster Care) Programs.
<u>Salinas City Elementary School District Family Resource Centers</u>	<p>The Salinas City Elementary School District has two Family Resource Centers, located at Kammann School and Sherwood School. Both of the Family Resource Centers have been set up to provide assistance with food and school uniforms for all qualified families.</p> <p>The primary focus of the Family Resource Center at Kammann School is to provide support services for all families in the district. Services include social-emotional classes, technology, learning a second language, navigation through the school system, and more.</p> <p>The primary focus of the Family Resource Center at Sherwood School is to provide services to both homeless and foster families. An annual average of 3,000 + homeless students have been identified, which translates to over 40% of the district's student enrollment.</p>
<u>Salinas Community School Family Resource Center</u>	The Salinas Community School Family Resource Center offers a comprehensive range of services, including workshops on parenting, literacy, and career development, educational resources, counseling, support for parents and students, computer and internet access, and information on community resources and referrals. The center is dedicated to assisting children and youth experiencing homelessness, serving all school districts, charter schools, alternative education programs, and preschool programs within the community.
<u>Seneca Family of Agencies</u>	<p>Seneca Family of Agencies provides a myriad of supports for foster and resource families in Monterey County, including:</p> <ul style="list-style-type: none"> • In Home Wraparound Services • Therapeutic Mental Health Services • Family Finding for Foster Children • Child and Family Team (CFT) Meeting Facilitation for Foster Children

Organization	Description
<u>Silver Star Resource Center</u>	The Monterey County Probation Department oversees the Silver Star Resource Center (SSRC), a collaborative of agencies that provide prevention and intervention services for at-risk, probation, and gang involved youth and their families. SSRC provides a “one-stop” source for juvenile services at a centralized location.
<u>Soledad Family Resource Center</u>	The Soledad Unified School District Family Resource Center enhances the well-being of our school families through accessible resources, advocacy, and educational opportunities.
<u>Sun Street Centers</u>	Sun Street Centers provides crucial services to tackle alcohol and drug addiction. Their programs encompass education, prevention, treatment, and recovery. These resources are dedicated to addressing alcohol addiction and drug abuse. Sun Street Centers extends accessible services to individuals and families, fostering hope, healing, and supporting a drug-free, alcohol-free lifestyle.
<u>The Village Project</u>	This African-American family resource center provides counseling for adults, couples, children, and families; cultural competency trainings; after-school tutoring for students in first through twelfth grade; teen empowerment groups; anger management classes. Focus on African-Americans, but open to serve anyone.
<u>United Way Monterey County</u>	United Way in Monterey County is responsible for the provision of 211 services, as well as the oversight of the online platform for 211. United Way tracks incoming calls and trending needs for families in Monterey County, and partners closely with the County on community-based initiatives such as the Roadmap to Child Wellbeing and Impact Monterey County, which helps families who struggle with the rising costs of affordable housing and child care in Monterey County.
<u>YMCA of the Monterey Peninsula</u>	The Y offers high-quality, structured, and nurturing youth programs to kids throughout the Monterey Peninsula. Youth sports, after school programs, and school break camps run year-round to provide a safe place to belong for area youth.

EVIDENCE-BASED PROGRAMMING

To comprehensively capture the current continuum of prevention programming in Monterey County and assess the current and prospective local capacity for the delivery of Evidence-Based Programming (EBP), an EBP survey was circulated on two separate occasions to a broad range of service providers across the public child welfare, behavioral health, public health, and education systems, including community partners.

This survey process provided Monterey County with rich data and a comprehensive understanding of local provider prevention service capacity and informed the selection and categorization of the EBPs within this CPP.

Monterey County also recognizes the challenges public agencies and community-based direct service providers will face in developing and delivering EBP service lines, including the costs associated with training staff to deliver these programs, retaining these staff, and ongoing monitoring to ensure model fidelity and continuous quality improvement.

TIER 1 SERVICES

The following EBPs are listed in California's Title IV-E Prevention Plan, and Monterey County possesses existing capacity to deliver them. Monterey County intends to explore leveraging Title IV-E funds for these programs as soon as possible.

Program	Service Category	Target Population	Outcome Objectives
Brief Strategic Family Therapy	Mental Health, Substance Abuse, In-Home Parent Skill-Based	Families with children or adolescents ages 6 to 17 who display or are at risk for developing problem behaviors including: drug use and dependency, antisocial peer associations, bullying, or truancy	<ul style="list-style-type: none"> ✓ Increased Child Well-Being: Behavioral and emotional functioning ✓ Increased Child Well-Being: Delinquent behavior ✓ Increased Adult Well-Being: Parent/caregiver substance use ✓ Increased Adult Well-Being: Family functioning
Family Check-Up	Mental Health, In-Home Parent Skill-Based	Families with children ages 2 to 17	<ul style="list-style-type: none"> ✓ Increased Adult Well-Being: Positive parenting practices
Functional Family Therapy	Mental Health	Youth ages 11 to 18 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	<ul style="list-style-type: none"> ✓ Increased Child Well-Being: Behavioral and emotional functioning ✓ Increased Child Well-Being: Substance use ✓ Increased Child Well-Being: Delinquent behavior ✓ Increased Adult Well-Being: Family functioning

Program	Service Category	Target Population	Outcome Objectives
Homebuilders—Intensive Family Preservation and Reunification Services	In-Home Parent Skill-Based	Families who have children ages 0 to 18 at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services	<ul style="list-style-type: none"> ✓ Increased Child Permanency: Out-of-home placement ✓ Increased Child Permanency: Planned permanent exits ✓ Increased Adult Well-Being: Economic and housing stability
Motivational Interviewing	Substance Abuse/ Cross-Cutting	Adolescents and their parents/ caregivers	<ul style="list-style-type: none"> ✓ Increased Adult Well-Being: Parent/ caregiver substance use
Nurse-Family Partnership	In-Home Parent Skill-Based	Young, first-time, low-income mothers beginning early in their pregnancy until the child turns 2	<ul style="list-style-type: none"> ✓ Increased Child Safety: Child welfare administrative reports ✓ Increased Child Well-Being: Cognitive functions and abilities ✓ Increased Child Well-Being: Physical development and health ✓ Increased Adult Well-Being: Economic and housing stability
Parent-Child Interaction Therapy	Mental Health	Children ages 2 to 7 and their parents/caregivers	<ul style="list-style-type: none"> ✓ Increased Child Well-Being: Behavioral and emotional functioning ✓ Increased Adult Well-Being: Positive parenting practices ✓ Increased Adult Well-Being: Parent/ caregiver mental or emotional well-being
Parents as Teachers	In-Home Parent Skill-Based	Parents/caregivers with children ages zero to kindergarten	<ul style="list-style-type: none"> ✓ Increased Child Safety: Child welfare administrative reports ✓ Increased Child Well-Being: Social functioning ✓ Increased Child Well-Being: Cognitive functions and abilities

Tier 2 Services

The following EBPs are listed on the Title IV-E Prevention Services Clearinghouse, and Monterey County has existing capacity to deliver them. These programs are not yet listed in California's Title IV-E Prevention Plan, but if/when they are added to that plan Monterey County would have the ability to leverage Title IV-E funds for them should it opt in to FFPSA.

Program	Service Category	Target Population	Outcome Objectives
30 Days to Family	Kinship Navigator	Families with children ages 0 to 17 who are involved in the child welfare system and are being placed out-of-home	✓ Increased Child Permanency: Least restrictive placement
Aggression Replacement Training	Mental Health	Youth ages 13 to 18 who exhibit violent or aggressive behavior	✓ Increased Child Well-Being: Behavioral and emotional functioning
Attachment-Based Family Therapy	Mental Health	Adolescents and young adults experiencing depression	✓ Increased Child Well-Being: Behavioral and emotional functioning
Child-Centered Play Therapy	Mental Health	Children ages 3 to 10 who are experiencing social, emotional, behavioral, and relational disorders	✓ Increased Child Well-Being: Behavioral and emotional functioning ✓ Increased Child Well-Being: Social functioning ✓ Increased Child Well-Being: Educational achievement and attainment
Child-Parent Psychotherapy	Mental Health	Children ages 0 to 5 and their parents/caregivers	✓ Increased Child Well-Being: Behavioral and emotional functioning ✓ Increased Adult Well-Being: Parent/caregiver mental or emotional health
Cognitive Behavioral Intervention for Trauma in Schools	Mental Health	Students in 4th through 12th grade who have witnessed or experienced traumatic life events and have significant symptoms of PTSD or depression	✓ Increased Child Well-Being: Behavioral and emotional functioning
Dialectical Behavior Therapy	Mental Health, Substance Abuse	Adults and teens with difficulty regulating their emotions, including people with borderline personality disorder, suicidality, depression, posttraumatic stress disorder, bipolar disorder, and substance use disorders.	✓ Increased Adult Well-Being: Parent/caregiver mental or emotional health ✓ Increased Adult Well-Being: Parent/caregiver physical health
Eye Movement Desensitization and Reprocessing (EMDR)	Mental Health	Individuals experiencing distress associated with traumatic memories and/or a variety of other mental health problems	✓ Increased Child Well-Being: Behavioral and emotional functioning ✓ Increased Adult Well-Being: Parent/caregiver mental or emotional health ✓ Increased Adult Well-Being: Parent/caregiver physical health

Program	Service Category	Target Population	Outcome Objectives
Family Centered Treatment	In-Home Parent Skill-Based	Families with youth who are at risk for out-of-home placements, have trauma exposure, have histories of delinquent behavior, or are working toward reunification. It is also designed to support youth who move between the child welfare, behavioral health, and juvenile justice systems.	<ul style="list-style-type: none"> ✓ Increased Permanency: Out-of-home placement
Family Foundations	Mental Health, In-Home Parent Skill-Based	Couples expecting their first child. In Family Foundations, couples are defined as any two individuals who plan to care for the child together and can include the parent and another individual such as a grandparent or new romantic partner.	<ul style="list-style-type: none"> ✓ Increased Child Well-Being: Behavioral and emotional functioning ✓ Increased Child Well-Being: Cognitive functions and abilities ✓ Increased Adult Well-Being: Positive parenting practices ✓ Increased Adult Well-Being: Parent/caregiver mental or emotional health ✓ Increased Adult Well-Being: Parent/caregiver criminal behavior ✓ Increased Adult Well-Being: Family functioning
Intensive Care Coordination Using High Fidelity Wraparound	Mental Health	Children and youth ages 0 to 21 with complex emotional, behavioral, or mental health needs, and their families.	<ul style="list-style-type: none"> ✓ Increased Child Permanency: Least restrictive placement ✓ Increased Child Well-Being: Behavioral and emotional functioning
Methadone Maintenance Therapy (MMT)	Substance Abuse	Individuals who have an opioid use disorder. Typically, individuals must be at least 18 years old to receive MMT. However, individuals under 18 may be eligible to receive MMT if they have already had two unsuccessful treatment attempts and they have parent/guardian consent.	<ul style="list-style-type: none"> ✓ Increased Adult Well-Being: Parent/caregiver substance abuse
Mindfulness-Based Cognitive Therapy (MBCT)	Mental Health	Adults with depression symptoms. MBCT can also be used to treat adults with other mental disorders, such as anxiety.	<ul style="list-style-type: none"> ✓ Increased Adult Well-Being: Parent/caregiver mental or emotional health ✓ Increased Adult Well-Being: Parent/caregiver physical health
Screening, Brief Intervention and Referral to Treatment	Substance Abuse	Youth and adults at risk for harmful substance use, regardless of an identified disorder or whether the individual is actively seeking services	<ul style="list-style-type: none"> ✓ Increased Adult Well-Being: Parent/caregiver substance use

Program	Service Category	Target Population	Outcome Objectives
Strengthening Families Program: For Parents and Youth ages 10 to 14	Mental Health, Substance Abuse	Families with youth ages 10–14	✓ Increased Child Well-Being: Substance use
Trauma-Focused Cognitive Behavioral Therapy	Mental Health	Children and adolescents who have experienced trauma including children/adolescents who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems	<div>✓ Increased Child Well-Being:</div> <div>✓ Behavioral and emotional functioning</div> <div>✓ Increased Child Well-Being:</div> <div>✓ Social functioning</div> <div>✓ Increased Adult Well-Being:</div> <div>✓ Positive parenting practices</div> <div>✓ Increased Adult Well-Being:</div> <div>✓ Parent/caregiver mental or emotional health</div>



OTHER PREVENTION PROGRAMMING IN MONTEREY COUNTY

In addition to the evidence-based programs identified above, Monterey County Family and Children's Services maintains a robust continuum of programs and services designed to prevent entry or reentry into foster care. These programs, which are outlined below, should be factored into the decision-making in Monterey County about whether to opt into FFPSA and, if so, how the EBPs above can be integrated into this existing continuum.

PREVENTION AND COMMUNITY-BASED FAMILY SUPPORTS

Monterey County offers a strong network of services to prevent family crises and support those at risk. These essential resources promote child and family well-being through a variety of approaches, including:

- » **Behavioral Health Interventions:** Addressing mental health and substance use issues that can impact families.
- » **Educational Initiatives:** Providing parenting classes, early childhood education, and support for children with special needs.
- » **Support for Survivors of Abuse:** Offering crisis hotlines, safe shelters, and counseling services.
- » **Additional Resources:** Examples could include financial assistance programs, food banks, and legal aid.

ACTION Council (Pathways to Safety)

ACTION is the Contract Monitor for Pathways to Safety (P2S) which is a program centered on the values and practices modeled after Differential Response, locally known as Pathways to Safety (P2S). Action Council and its subcontractors will work in close collaboration with FCS to improve family and child well-being, while improving the local community's ability to keep children safe. It is the largest primary and secondary program supported within DSS FCS. Services within P2S include:

- » Intake assessment
- » Creation of a 90-day Service Plan
- » Exit evaluation

- » Access to family need funds
- » Community referrals

Door to Hope (D2H)

Founded in 1973, D2H offers 10 programs for children, youth, and families, including:

- » Women's Residential Program—The Door
 - A 14-bed residential treatment program located in Salinas
 - Motivational Enhancement Therapy—Evidence-Based Practice
 - 12 Step Facilitated Therapy—Evidence-Based Practice
 - Seeking Safety® for Trauma-Exposed Clients—Evidence-Based Practice
 - Matrix Model—Evidence-Based Practice
 - Medication Assisted Treatment—Evidence-Based Practice
- » Short Term Residential Treatment Program—Santa Lucia
 - Small STRTP for girls under the age of 18
 - Motivational Enhancement Therapy—Evidence-Based Practice
 - Seeking Safety® for Trauma-Exposed Clients—Evidence-Based Practice
 - Seven Challenges—Evidence-Based Practice
 - Customized Academic Program
 - Cognitive Behavioral Therapy—Evidence-Based Practice

- Family and Group Counseling
- Medication Assisted Treatment – Evidence-Based Practice
- » Monterey County Screening Team for Assessment, Referral and Treatment (MCSTART)
 - D2H is the lead agency in this collaboration with Monterey County.
 - Children between the ages of 0 and 11 with some of the following: little or no prenatal care, biological mothers with a history of substance use disorder, positive toxicology screen of mother or newborn at delivery, amongst others.
 - Developmental Screening
 - Specialty-Focused Medical Assessment and Care
 - Psychological Assessment
 - Dyadic Therapy—Evidence-Based Practice
 - Theraplay®—Evidence-Based Practice
 - Circle of Security
 - Occupational Therapy
 - Sensory Integration Therapy
 - Parent Child Interactive Therapy (PCIT) – Evidence-Based Practice
 - Parents as Teachers – Evidence-Based Practice
 - Family Support Services
 - Education
 - Case Management Services
- » Integrated Co-Occurring Treatment for Youth—ICT—Evidence-Informed Practice
 - Open to referrals from any community provider or agency, including the juvenile probation department, other treatment organizations, schools, various health professionals, and/or parents or guardians.
 - Accepts insurance, Medi-Cal, and private pay
 - Cognitive Behavioral Therapy – Evidence-Based Practice
 - Motivational Enhancement Therapy – Evidence-Based Practice
- » Outpatient Treatment Programs
 - Low-cost outpatient recovery program for adults—men and women
 - Accepts insurance, Medi-Cal, or private pay
 - Motivational Enhancement Therapy—Evidence-Based Practice
 - 12 Step Facilitated Therapy—Evidence-Based Practice
 - Seeking Safety® for Trauma-Exposed Clients—Evidence-Based Practice
 - Matrix Model—Evidence-Based Practice
 - Medication Assisted Treatment—Evidence-Based Practice
 - Life Skills
 - Family Therapy
 - Relapse Prevention
 - Medical Treatment
 - Behavioral Therapy
 - Psychological Treatment
- » Medication Assisted Treatment
- » Mentor Moms and Dads
 - Mentor Moms and Dads offers an important service for parents who have lost custody of their children but have been offered services that might help them regain them. This program provides caring emotional support, advice, and guidance as the legal process unfolds.
- » Parents as Teachers
 - Funded with Promoting Safe and Stable Families (PSSF) dollars, Parents as Teachers is a family support, education, and counseling

program. The program was founded on the belief that parents serve as a child's first and most influential teachers, and that effective parenting during a child's early years builds a lasting foundation for success in school and life.

- Founded on 25 years' worth of research and reinforced by many studies since, Parents as Teachers educates parents in their own homes and communities about child development, parenting practices, and community resources.
- Using a home visitation model and evidence-based practice, parents receive the skills and education they need to help them become better parents.
- » Pathways to Safety 2.0: As part of Monterey County's Family and Children's Services, Action Council of Monterey County and its partners Community Human Services and Door to Hope are collaborating to transform the system by implementing a different way to respond to children's safety needs. This early intervention and prevention program strives to keep children safe in their homes.
- Family Resource Specialists can help with parenting education, support groups, counseling, activities for children, teen services, childcare, tutoring, ESL classes, substance abuse treatment, public benefits, food, and housing assistance.

D2H services are limited to the city of Salinas and offered in English and Spanish. D2H works in partnership with Centro Binacional para el Desarrollo Indígena Oaxaqueño to ensure that services provided are culturally relevant. All of the programs offered by D2H can be customized to serve individual needs.

Seneca Family of Agencies

Seneca Family of Agencies offers a range of support services for foster and resource families in Monterey County. These services include In-Home Wraparound Services, Therapeutic Mental Health Services, and facilitation of Child and Family Team (CFT) meetings for foster children. Seneca Family of Agencies is located in the greater Salinas area, and its primary

location is difficult to access without a car. The programs that Seneca offers as a part of a contract with Monterey County are utilized consistently. The facilitation of CFTs is a huge part of Seneca's collaboration, with more than 800 CFTs held in 2023. Seneca is currently having to choose between programs to continue given limits on their capacity. Their programs are offered at no cost to child welfare children, youth, and families to prevent cost being an additional burden to families.

- » Resource Families Training
- » Child and Family Team Meetings (funded with PSSF funds for the next SIP cycle)
- » Family Ties (discontinued May 2024)
- » Children's Mental Health
- » Mobile Crisis Team (FURS)
- » Wraparound
- » Enhanced Care Management
- » Training for Social Workers, Caregivers, and Service Providers (subcontracted from Hartnell College using Title IV-E funds, discontinued July 2024)

Aspiranet

Aspiranet provides various supportive services to families, particularly those involved with the child welfare system. Among its offerings is the CHERISH program, a 72-hour facility to care for children removed from parental care. Additionally, Aspiranet operates CHERISH Too, a visiting center designed to facilitate family interactions for those involved in the Child Welfare System. Aspiranet's services are in Salinas only. The receiving center and the visitation center have bilingual staff to serve monolingual Spanish children and youth.

- » Foster Care and Adoption
- » Transitional Aged Youth
- » Residential
- » Intensive Home-Based Services
- » Behavioral Health
- » Family and Community

Community Human Services

Community Human Services (CHS) delivers a wide range of supportive services to families throughout the county. These include substance abuse treatment programs, mental health services tailored to low-income families, support for runaway and homeless youth, parent education initiatives, domestic violence offender classes, and outreach and advocacy services for commercially sexually exploited children (CSEC). CHS services are located in Monterey, Seaside, and Salinas. All of CHS substance abuse and mental health treatment programs can be tailored to the individual needs of children, youth, and families.

- » Pathways to Safety 2.0: As part of Monterey County's Family and Children's Services, Action Council of Monterey County and its partners Community Human Services and Door to Hope are collaborating to transform the system by implementing a different way to respond to children's safety needs. This early intervention and prevention program strives to keep children safe in their homes.
 - Family Resource Specialists can help with parenting education, support groups, counseling, activities for children, teen services, childcare, tutoring, ESL classes, substance abuse treatment, public benefits, food, and housing assistance.
- » Outpatient Treatment Centers, comprehensive outpatient drug and alcohol treatment services
- » Genesis House residential drug treatment for adults and perinatal women.
 - State-licensed, residential substance abuse treatment program for adults 18 and older
 - Commission on Accreditation of Rehabilitation Facilities (CARF International) Certified
 - Co-ed program offers 28 beds for stays of three to six months
 - Perinatal program offers eight beds for stays of six to ten months, and children 0-5 may stay with their mothers in treatment
- Room and board
- 24-hour staff supervision
- Comprehensive assessment
- Individualized treatment plans
- Supervised detox services
- Introduction to 12-step recovery
- On-site AA and NA meetings
- Transportation to medical/legal appointments
- Substance abuse education / relapse prevention
- Evidence-based curriculum
- Individual and group counseling
- Case management
- Random drug testing
- Discharge and aftercare planning
- Continuing care grad groups after completion
- » Off Main Clinic narcotic treatment program for adults with opiate and alcohol addiction
 - One-on-one, person-centered counseling in addition to their medication-assisted treatment
 - Assessed for services with the American Society of Addiction Medicine (ASAM) assessment tool
- » Sober Living Environments
 - Elm House: transitional sober housing for single men in recovery
 - Sonoma House: transitional sober housing for women in recovery
- » Youth Drug Interventions
 - DAISY, or Drug and Alcohol Intervention Services for Youth, uses the Seven Challenges, an evidence-based best practice endorsed by SAMHSA.
 - Individual, group, and family counseling covering motivation, goal setting, drug refusal skills, building a support network, planning for emergencies, coping with relapse, problem solving, anger awareness and management, effective communication, coping with cravings

and managing depression.

- Substance Abuse and Gang Education for Parents
- Program is provided free of charge in English and Spanish
- » Substance Use Prevention Program, no-cost program offered in middle and high schools in Monterey County
 - Individual and group counseling
 - Consultation with parents/teachers/school staff
 - Student and parent presentations (as requested)
 - Information and referrals
 - YATV (Youth Alternatives to Violence program) for anger management
 - ADAPT (Alcohol and Drug Awareness Prevention Team), a student-centered club aimed to prevent substance abuse
 - The Seven Challenges drug intervention program
 - VOW (Vape Offense Workshop) for students found using electronic vaping devices
- » Mental Health Services
 - Outpatient Counseling in Salinas and Seaside
 - Domestic Violence/ Anger Management, 52-week Domestic Violence Intervention curriculum
 - Alternative, brief treatment for anger issues
 - Programs for men and women in English and Spanish
 - Counseling conducted in a group setting by a trained facilitator
- » Nurturing Parenting Program
 - Evidence-based program that focuses on positive parenting skills with nurturing behaviors, promotes healthy physical and emotional development, and teaches appropriate role and developmental expectations.
- For parents of children 0-12 years old
- Free of charge for Monterey County Residents
- » SuperKids and SuperTeens are school-based counseling programs for elementary, middle, and high school children at sites throughout Monterey County. The program aims to identify and address troubling issues and teach coping skills through individual and group counseling using traditional and creative therapeutic techniques.
- » Supervised visitation and exchange for non-custodial parents and children
- » Safe Place for youth ages 24 and under located in Monterey
 - Emergency shelter
 - Counseling
 - Family reunification
 - Street outreach
 - CSEC assessment
- » Safe Passage is a transitional housing program located in downtown Monterey. It offers six beds for homeless youth and youth aging out of foster care, ages 18 to 24. Safe Passage residents are expected to work or attend school full-time.
 - Case management
 - Life skills education on topics such as personal finance, conflict resolution, decision-making, and interpersonal communication
 - Assistance in obtaining mainstream benefits
 - Education, employment, and housing assistance
 - Food, clothing, and other basic needs until residents can provide for themselves
 - Rent is 30% of adjusted gross income
- » Street Outreach Programs for Youth
 - Crisis intervention
 - Food, clothing, hygiene, and first aid products and other basic survival aid

- Linkages to housing, employment, and education
- Information and referral to health, mental health, and substance abuse services
- Services available in Spanish
- The Salinas Valley Street Outreach Program serves cities including Moss Landing, Castroville, Prunedale, Salinas, Chualar, Gonzales, Soledad, Greenfield, and King City.
- The Monterey Peninsula Street Outreach Program serves cities including Marina, Seaside, Sand City, Del Rey Oaks, Monterey, Pacific Grove, Carmel, Carmel Valley, Pacific Grove, and Big Sur.
- » Casa de Noche Buena: Community Human Services (CHS) and Gathering for Women (GFW) have partnered to open Casa de Noche Buena in Seaside, homeless shelter for women and families with children on the Monterey Peninsula. The shelter can accommodate 28-35 people, depending on the number and ages of children. Casa de Noche Buena offers shelter, meals, and various supportive services designed to lead to permanent housing. Shelter guests can keep their belongings at the shelter throughout their stay.
- » Eligibility Requirements for Single Females
 - Meets federal definition of homeless
 - Female/18 years or older
 - Living alone, without custody of child(ren)
 - Ability to participate in/benefit from program
- » Eligibility Requirements for Families with Children
 - Meets federal definition of homelessness
 - One or two parents with one or more child(ren)
 - Ability to participate in/benefit from program
- » Shuman HeartHouse: Monterey's shelter for homeless single women and families with children, opened in November 2023. Shuman HeartHouse can accommodate up to 16 single women and four families, offering shelter, meals, and supportive services designed to lead to permanent housing.

YWCA Monterey County

YWCA Monterey County focuses on providing services related to domestic abuse and sex trafficking. Its offerings include legal services for survivors of domestic abuse and trafficking, mental health and therapeutic services, counseling and education for survivors of domestic abuse, a safe house for victims of sex trafficking and exploitation, outreach and training on CSEC issues, and preventative youth education programs. The YWCA is located in Salinas, with offices in King City.

- » 24 Hour Crisis Line: the county's only crisis line, 365 days a year, 24 hours a day. Domestic violence victims are encouraged to seek help. Trained advocates answer each call to provide clients with safety plans, resource referrals, and when necessary, immediate access to a confidentially located safe house.
- » Domestic Violence Resources
- » Human Trafficking Services
- » Legal Resources—DV Advocate Program discontinued in January 2024 after funding eliminated in state budget
- » Mental Health Services available in English or Spanish in Salinas or King City offices
- » Trauma Informed Care
- » Community Training and Education
- » Youth Outreach and Prevention
 - Youth Education and Advocacy Program (YEA) teaches safe and healthy relationship skills to high school students in Monterey County
 - Safe Dates by Hazelden Press
 - Dating Matters: CDC developed, evidence-based prevention model

Monterey County Rape Crisis Center (MCRCC)

As the primary sexual assault response agency in the county, the MCRCC offers advocacy services for survivors of sexual assault and exploitation. This includes crisis advocacy for commercially sexually exploited children (CSEC), advocacy through the Sexual Assault Response Team (SART), Child Abuse Response Team (CART), therapeutic services for survivors, and prevention education for youth on healthy relationships and boundaries. MCRCC offers services in English and Spanish throughout Monterey County.

- » Accompaniment
- » Advocacy Services—provides sexual assault survivors advocacy for law enforcement and district attorney interviews, Sexual Assault Forensic Examinations (SAFE), and Victim Witness Assistance Program.
- » Child Abuse Treatment Program
- » Counseling
- » Helpline
- » Reporting Options
- » Child Abuse Preventions
- » High and Middle School Prevention
- » Sexual Assault Awareness Month
- » Child Abuse Prevention Month

Action Council Monterey County

Action Council Monterey County plays a crucial role in providing financial sponsorship and program incubation for various community-based organizations. They manage the Pathways to Safety Program and manage the Best Friends Fund for Monterey County.

United Way Monterey County

United Way Monterey County is responsible for providing 211 services and managing the online platform for 211. It tracks incoming calls and trending needs for families in the county, and collaborates closely with the County on initiatives such as the Roadmap to Child Wellbeing and Impact Monterey County, aimed at addressing challenges related to affordable housing and childcare.

First 5 Monterey County: First 5 Monterey County focuses on enriching the lives of children aged 0-5. Its initiatives align closely with Child Welfare goals, and include outreach and educational materials for families, support for parenting education and early childhood development programs, and partnerships with the County on initiatives such as the Governance Council and the Roadmap to Child Wellbeing.

NEAR TERM PRIORITIES: EBPS & TARGET POPULATIONS

To ensure there are opportunities to serve all children and families deemed to be at “imminent risk” of foster care entry, Monterey County has included all 12 candidate groups along with expectant and parenting youth in foster care in this CPP. Similarly, the County has included all federally reimbursable EBPs from the Title IV-E Prevention Services Clearinghouse for which service delivery capacity presently exists. Over time, the County intends to facilitate access to EBPs for all children and families in need of services.

At the same time, Monterey County recognizes that implementation of FFPSA and the CPP is likely to be a multi-year process consisting of several phases. A key success factor in implementation will be strategically linking the delivery of EBPs with subpopulations of children and families who are most likely to benefit from them.

In Phase 1 of the CPP, Monterey County intends to utilize the following two Tier 1 EBPs to advance the following program objectives.

Program	Service Category	Target Population	Program Objectives
Motivational Interviewing (MI)	Cross-Cutting	Children and families being served in Voluntary and Court-Ordered Family Maintenance (VFM and CFM) and through the Pathways to Safety differential response program; will also explore expanding MI training and service delivery to school-based Family Resource Centers.	<ul style="list-style-type: none"> ✓ Strengthen family engagement within VFM/CFM and DR programs ✓ Increase effectiveness of prevention caseworkers ✓ Improve outcomes for families being served ✓ Improve fiscal sustainability of prevention programming
Parents as Teachers (PAT)	In-Home Parent Skill-Based	Parents/caregivers with children ages 0 to kindergarten	<ul style="list-style-type: none"> ✓ Expand reach of existing PAT program ✓ Serve additional families with significant risk factors ✓ Improve outcomes for families with young children ✓ Enhance fiscal sustainability of PAT program

CALAIM OPPORTUNITY ANALYSIS

Monterey County Prevention Services Opportunity Analysis

OPPORTUNITIES THROUGH MEDI-CAL AND CALAIM

While this report is not focused on Medi-Cal, there are significant emerging opportunities for leveraging Medicaid funding to expand upon what FFPSA will fund, including new pathways to finance prevention programming through Medicaid via the California Advancing and Innovating Medi-Cal (CalAIM) initiative and other behavioral health system reforms being implemented in California.

CalAIM is a multi-year, state-driven initiative that reimagines California's Medi-Cal program, primarily through newly approved Medicaid waivers. The initiative prioritizes improved health outcomes, reduced health disparities, and a transformed delivery system focused on population health, primary prevention, and more seamless integration with other social services. Through this approach, CalAIM attempts to address systemic issues within Medi-Cal to work towards a more equitable, efficient, and person-centered healthcare system with a particular emphasis on California's vulnerable populations, including children with child welfare system involvement and families experiencing issues with substance use, mental health, and/or homelessness.

CalAIM is especially relevant to child welfare agencies as it includes a specific focus on children with child welfare system involvement and the creation of a "fully-integrated health care service for foster care children and youth." Additionally, CalAIM is focused on primary prevention with an emphasis on population health, racial equity, and streamlined service delivery for children who have experienced trauma and/or Adverse Childhood Experiences (ACEs). Among other reforms, CalAIM changes access criteria to remove barriers for children accessing both specialty and non-specialty



mental health services. It establishes Enhanced Care Management and Community Health Worker services as new benefits which can improve both children and their parents' and caregivers' access to health services. CalAIM also encourages managed care plans to offer Community Supports, which include 14 services that can be offered to help address members' health-related social needs. These Community Supports include funding for some concrete supports, such as transitional rent support and specialized nutritional support, that address community needs in Monterey not fundable through Title IV-E.

Ultimately, in order to maximally leverage federal funding, multiple County agencies, including Family and Children's Services, managed care plans, and Behavioral Health, will need to collaborate to jointly fund an expanded prevention service array in Monterey County.

LOGIC MODEL



TARGET POPULATIONS

Families receiving VFM/CFM services; probation youth; guardianship/adoption at risk of disruption; children with substantiated/inconclusive allegation; children w/siblings in foster care; homeless/runaway youth; LGBTQ youth; substance-exposed infants; trafficked children and youth; children exposed to domestic violence; children w/ caretaker experiencing substance use disorders; children and families w/other serious risk factors



COMMUNITY NEEDS

- » Accessible mental health services for children and families
- » Access to basic needs, including increased food security
- » Housing affordability and availability
- » Substance use supports and services
- » Violence prevention supports and services
- » Targeted supports and services for rural areas
- » Targeted supports to address racial inequities



INPUTS

- » Critical administrative supports, including information technology tools; interagency collaboration; training and workforce supports
- » Effective Pathways to Safety differential response program
- » Accessible policies outlining Family First Practices and Policies
- » Active stakeholder involvement
- » Enhanced MOUs and contracts with CBOs to expand capacity and provide eligible services
- » Strong cross-sector collaboration and partnership

Delivery of high-fidelity evidence-based programs that are aligned with the specific needs and characteristics of each family in the target population including: Motivational Interviewing and Parents as Teachers



OUTPUTS

- » Accurate assessment of safety, risk, and family strengths and needs
- » Buy-in and support from staff, stakeholders, partners, and community members
- » Consistent engagement and partnership with CBOs and families
- » Enhanced capacity of County and service partners to deliver EBPs
- » Services tailored to the needs of all eligible communities, with a focus on reducing racial disparities
- » Widespread community engagement and understanding of FFPSA implementation strategies



SHORT-TERM OUTCOMES

- ✓ Parents and children in families experiencing substance use disorder challenges receive appropriate support services; decrease of parent/ caregiver and youth substance use; improvement of families' emotional and mental health; professional workforce that is prepared, supported, and effective; parents and children in families experiencing domestic violence challenges receive appropriate supports and services; increased positive parenting practices; increased availability of supports and services in rural/isolated areas of the county; improved economic and housing stability; reduced racial disparities



LONG-TERM IMPACT

- ✓ Families in Monterey County are strengthened and stabilized; improved mental well-being for children and families; improved mental health of children and caretakers; reduced rate of families experiencing substance use disorders; reduced foster care census; decreased rates of removal and placement into foster care

SPENDING & SUSTAINABILITY PLAN

The County of Monterey is committed to making a shift towards prevention that improves the lives of children and families. This shift will require the collaborative work of partner agencies to identify and promote strategic spending plans and outcome measured results.

Strategy 1. Identify existing low-cost and no-cost solutions. Using current systems to increase collaboration and making practice changes are low cost and no cost options. This component is one of the parts of the spending plan.

Strategy 2. Use FFPSA State Block Grant funds to support existing EPBs in the County of Monterey to implement the Comprehensive Prevention Plan. These costs outlined for the block grant are short-term, reflecting the abbreviated timeline for spending these funds.

Strategy 3. Sustain implementation efforts by using existing funding streams, from state and federal allocations. Supporting EBPs successfully implemented by partner CBOs and government agencies in the County of Monterey.

- » State Family First Prevention Services Block Grant (available through 6/30/28) [All Levels of Prevention (Can also be local match for Title IV-E, 50%)]
- » Title IV-E FFPSA Part 1—(Open-ended reimbursement but requires an approved state plan) [Secondary & Tertiary]
- » Community Based Child Abuse Prevention Planning (CPBCAP) (annual allocation) [Primary & Secondary]
- » Promoting Safe and Stable Families—(annual allocation) [All Levels of Prevention]

Strategy 4. Identify new funding opportunities including CalAIM and public and private grants to sustain expanded prevention efforts.

Prevention Service	Existing Resources	Existing Funding	FFPSA State Block Grant	Total Investment (Including Leveraged Funds)
Implementing Motivational Interviewing (MI) for the Family Stabilization Unit as a pilot and then expanding to other partner agencies	<ul style="list-style-type: none"> ▪ Training Academies 	\$0	\$500,000	\$500,000
Parents as Teachers (PAT) EBPs: Training County and contractor staff on MI to improve family engagement and expand existing PAT program to increase home-based services including for families speaking Spanish and Mexican indigenous languages.	<ul style="list-style-type: none"> ▪ CBOs ▪ Public Agencies (Public Health, County Office of Education, First 5) 	Seeking new and leveraged funding to expand the resources available (Medi-Cal, Title IV-E, CalAIM reforms; CYBHI, new block or competitive grants; long term savings through prevention)	\$1,000,000	\$1,000,000

Prevention Service	Existing Resources	Existing Funding	FFPSA State Block Grant	Total Investment (Including Leveraged Funds)
Training: Strengthen fidelity to existing and support expansion for EBPs named in plan.	<ul style="list-style-type: none"> • State Resources • Local Training • EBP Providers • Cultural Experts and Liaisons 	FFTA: \$100,000	\$374,150	\$474,150
Data & Evaluation Infrastructure: Plan and resources to support reporting requirements; broader capacity to support evaluation of prevention	<ul style="list-style-type: none"> • State Resources County Resources 	FFTA: \$100,000	\$100,000	\$100,000
Engagement, Voice and Agency: Build infrastructure to better and more consistently learn from and incorporate lived expertise of youth and adults (e.g. stipends and supports to remove barriers to access, including researching prevention EBPs to use for prevention efforts	<ul style="list-style-type: none"> • Inter-Agency Leadership CAPC Council 		\$100,000	\$50,000
Primary Prevention Resources:* Resources to directly address social determinants of health / CORE conditions (for example, childcare, housing, etc.) for candidate and focal populations	<ul style="list-style-type: none"> • CBOs • CalWorks Flex Funds 		\$50,000	\$50,000
Prevention Plan Implementation Efforts	<ul style="list-style-type: none"> • FCS (FS) • Probation 		\$606,610	\$556,609
Subtotal: Amount Available \$2,730,760		\$200,000	\$2,730,760	\$2,930,759

ADDITIONAL ASSURANCES

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES COUNTY OF MONTEREY

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),

County of Monterey Family and Children's Services and County of Monterey Probation

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),

County of Monterey Family and Children's Services and County of Monterey Probation

assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. County Title IV-E agencies that contract with community-based organizations, assure how safety will be monitored and the oversight of periodic risk assessments conducted by the community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

Workforce Development and Training Assurance

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the

County of Monterey Family and Children's Services and County of Monterey Probation

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

County of Monterey Family and Children's Services and County of Monterey Probation

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

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

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

County of Monterey Family and Children's Services and County of Monterey Probation

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

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor’s Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the

County of Monterey Family and Children’s Services and County of Monterey Probation

assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

Assurance of Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the

County of Monterey Family and Children’s Services and County of Monterey Probation

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.

12/31/2025 | 5:34 PM PST

(DATE)

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88861AFA07BE4C1...
(SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE)

1/6/2026 | 4:26 PM PST

(DATE)

Signed by:

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(SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE)