# IMPERIAL COUNTY COMPREHENSIVE PREVENTION PLAN

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

PREPARED BY SOCIAL CHANGE PARTNERS

# COMPREHENSIVE PREVENTION PLAN OF IMPERIAL COUNTY

| TITLE IV-E AGENCY INFORMATION | |
|---|---|
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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.

In 2025, Imperial County opted-in to FFPSA and immediately began development of this Comprehensive Prevention Plan (CPP), which synthesizes information and insights gathered through data analysis, community engagement, and collaborative decision-making by all required and recommended partners.

## Imperial County's Commitment to Prevention

Imperial County is a unique border community covering approximately 4,482 square miles of desert landscape on California's southern border, sharing borders with both Mexico and Arizona. Imperial County Children and Family Services operates within the Department of Social Services (ICDSS) and oversees the full child welfare continuum.

As a border county, Imperial County serves families with unique circumstances and challenges. Many families reside on both sides of the U.S.-Mexico border, requiring coordination with Mexican social services to connect families to appropriate supports. The county faces significant challenges including substance abuse (particularly methamphetamine, fentanyl, and heroin), limited affordable housing, transportation barriers across the geographically expansive county, and service gaps common to rural agricultural communities. Despite these challenges, Imperial County is a community where families maintain strong connections and resilience.

CFS recognizes prevention as central to ensuring child safety, strengthening families, and reducing the trauma associated with child welfare system involvement. This CPP reflects CFS's strong commitment to building a trauma-informed, culturally responsive prevention system that addresses the unique needs of our diverse community, including our substantial Latino population and Native American residents.

This Comprehensive Prevention Plan (CPP) represents Imperial County's roadmap for implementing the Family First Prevention Services Act. It reflects the input of diverse stakeholders—including child welfare staff, behavioral health

providers, probation officers, community-based organizations, families with lived experience, and tribal partners—and is grounded in local data, community needs, and evidence-based practices.

The success of this plan will be supported by Imperial County's commitment to cross-sector collaboration through the Interagency Leadership Team (ILT), which brings together leadership from the Department of Social Services, Behavioral Health, Probation, Office of Education, and San Diego Regional Center. The ILT's vision—that all children, adults, and families in Imperial County will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school or employed, out of trouble, and economically stable—guides this prevention work.

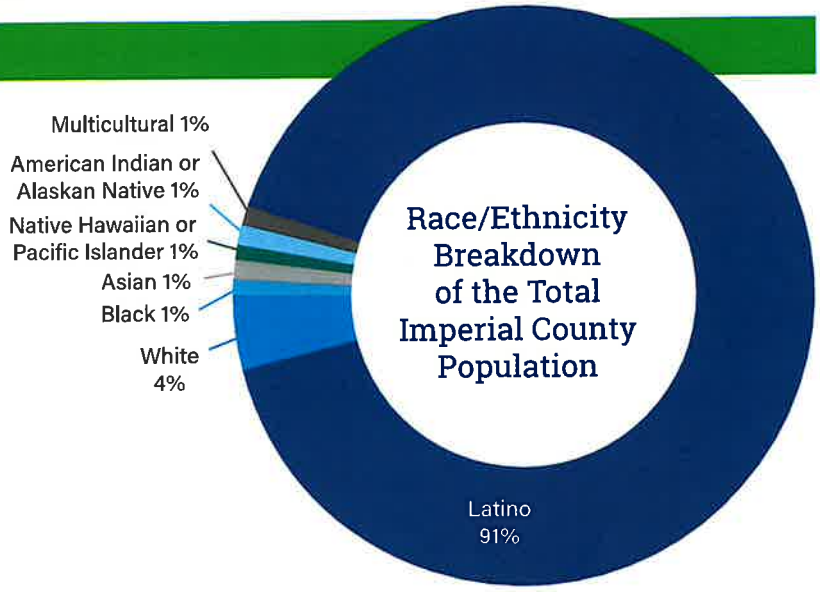
Over recent years, a common vision has evolved between CFS, Probation, and the Juvenile Court to place fewer children in foster care and support families to prevent placement. Behavioral Health has increased services to support this vision, shifting focus to helping avoid placement through enhanced collaboration and direct teaming. This collaborative approach reflects Imperial County's recognition that effective prevention requires coordination across multiple systems and sectors.

CFS and all its partners are committed to family-centered practice grounded in the Integrated Core Practice Model (ICPM) and to expanding evidence-based prevention services to support children and families before a crisis occurs. Through this CPP, Imperial County affirms its commitment to keeping children and families together and preventing the need for foster care whenever possible, while pursuing opportunities to leverage federal Title IV-E and state Family First Prevention Services Block Grant funding to expand the availability of prevention services within Imperial County.

# Imperial County Data Profile

## Population[1]

| | |
|---|---|
| Total Population | 182,881 |
| Children Ages 0–17 | 49,844 |




## Child Welfare Rates (per 1,000)[2]

| | Imperial | CA |
|---|---|---|
| Allegations | **81.6** | 48.5 |
| Substantiations | **9.4** | 5.5 |
| Entries to Foster Care | **2.7** | 2.0 |

## Unique Imperial County Indicators

- In Imperial County, 22.6% of residents lived in poverty between 2019 and 2023. The rate was even higher for children, with 25.4% of those under 18 living below the poverty level.[3]
- In 2024, there were 333 domestic violence-related calls for assistance.[4]
- 6.0% of pregnant individuals experienced physical or psychological intimate partner violence between 2020 and 2022.[5]
- 44% of children in Imperial County are exposed to two or more adverse experiences[6]
- Imperial County's adolescent birth rate (ages 15-19) was 15.4 births per 1,000 teens from 2021-2023, which is nearly double the California statewide rate of 8.6.[7]

1 State of California Department of Finance (2025). County and State Population Projections (2010-2060) by Age. Retrieved from https://dof.ca.gov/Forecasting/Demographics/Projections
2 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 United States Census Bureau (2025). American Community Survey - S1701, 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=025
4 OpenJustice (n.d.). Domestic Violence-related calls for assistance. Retrieved from https://openjustice.doj.ca.gov/exploration/crimestatistics/domestic-violence-related-calls-assistance
5 California Department of Public Health (2025). Maternal, Child & Adolescent Health Division, Intimate Partner Violence During Pregnancy Dashboard. Retrieved from https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/adolescent-births.aspx
6 Let's Get Healthy California. Proportion of Children Who Are Exposed to Adverse Experiences (Parent Reported). Retrieved from https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/
7 California Department of Public Health (2025). Maternal, Child & Adolescent Health Division, Adolescent Births Dashboard. Retrieved from https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/adolescent-births.aspx

# GOVERNANCE STRUCTURE

In 2018, the State of California passed Assembly Bill 2083 (AB 2083), also codified as Welfare and Institutions Code Section 16521.6, which required counties to develop and implement a Memorandum of Understanding (MOU) setting forth the roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma.

Imperial County established its AB 2083 interagency MOU on May 25, 2021, to enhance interagency collaboration and partnership by seeking increased coordination in the delivery of trauma-informed services to children, youth, and families. The MOU articulates shared commitments and agreements among key system partners regarding the delivery of services that are integrated, comprehensive, effective, and culturally responsive.

The MOU establishes the Interagency Leadership Team (ILT) consisting of:

- ✔ Chief Probation Officer (or designee)
- ✔ Director of Behavioral Health (or designee)
- ✔ Director of Social Services (or designee)
- ✔ San Diego Regional Center Regional Manager (or designee)
- ✔ County Office of Education Superintendent (or designee)

System Partners share the responsibility of serving foster children, youth, and families in Imperial County through coordinated, timely, and trauma-informed services.

The ILT members:

- Attend all meetings and planning sessions necessary to mutually carry out their shared approach
- Direct, manage and ensure the integrity of the MOU partnership and the mutual responsibility of serving foster children, youth and families in Imperial County
- Operate with the intent of providing recommendations and directions on implementation of policies, procedures and programs that will serve the community and utilize the abilities and knowledge of the partnership between agencies

The ILT meets semi-annually or as needed, with an ILT Administrator appointed annually in rotation between the five named entities to ensure the integrity and continuance of the MOU and its practices. The ILT Administrator is responsible for coordinating, contacting, and ensuring ILT members meet regularly, taking meeting minutes, and ensuring system partners receive necessary information.

The MOU remains in effect and may be revisited and modified by ILT members as needed to meet the needs of any or all system partners.

As recommended by CDSS in ACL 22-23, Imperial County intends to use the ILT as the basis for the ongoing cross-sector collaboration envisioned in the CPP. The ILT actively supported the development of this CPP and will continue to play a critical role in implementing this plan, including helping to make decisions about target populations, evidence-based program selection and delivery, investments, and the county's approach to ensuring the effectiveness of all prevention programs.

# CROSS-SECTOR COLLABORATION & PARTNER ENGAGEMENT

| REQUIRED PARTNERS | SUGGESTED PARTNERS |
|---|---|
| » Child Abuse Prevention Council (CAPC) | » System of Care partners |
| » Child Welfare Agency | » Private Organizations |
| » Probation Department | » Evidence-Based Program Provider/Purveyor |
| » Tribal Representation | » Program Evaluator |
| » Office of Education | » Faith-Based Institutions |
| » Behavioral Health Department | » First 5 |
| » Non-Profit/Community-Based Organizations | » Public Health Department |
| » Family Resource Centers | » Public Assistance Department |
| » Foster Family Agencies | » District Attorney's Office |
| » Youth Leader (Lived Expertise) | » Early Childhood Programs |
| » Parent Leader (Lived Expertise) | » Housing Department/Authority |
| » Former Foster Youth | » Homeless programs |
| » Current Foster Youth (18+) | » Local Regional Centers |
| | » Local Offices of Employment/Career Centers |
| | » Local Vocational Training Centers/Community Colleges |
| | » Others identified by the collaborative |

The children and families that are the intended beneficiaries of the services detailed in this CPP interact with multiple public systems including child welfare, behavioral health, probation, education, developmental services, and other support systems. Imperial County recognizes that effective prevention requires collaboration across these multiple systems and sectors.

Through the development of this CPP, Imperial County has engaged the full range of cross-sector partners working together to reduce child abuse and neglect throughout the County. This commitment to collaboration ensures that all entities, including prevention, early intervention, and treatment partners, work synergistically to keep children safe and support families at risk.

## Interagency Leadership Team and Collaborative Partner Roster

| ORGANIZATION | INDIVIDUALS |
|---|---|
| Imperial County Department of Social Services | Paula S. Llanas, Director |
| Imperial County Behavioral Health Services | Leticia Plancarte-Garcia, Director |
| Imperial County Probation Department | Elizabeth Sais, Interim Chief |
| Imperial County Office of Education | J. Todd Finnell, Superintendent |
| Imperial County Department of Public Health | Janette Angulo, Director |
| San Diego Regional Center | Mark Klaus, Executive Director |
| Imperial County CAPC | Yvette Garcia, Executive Director |
| First 5 Imperial | Julio C. Rodriguez, Executive Director |
| Tribal Representative | Virgil S. Smith, Vice President |
| CBO Representative | Marysol Medina, Rite Track Program Director |

## Key Partners

- **Imperial County Behavioral Health Services (ICBHS).** ICBHS is the County department that provides specialty mental health services to all eligible persons who meet medical necessity criteria defined in the California Code of Regulations (CCR) Title IX, State Department of Mental Health. ICBHS provides Intensive Care Coordination (ICC) and/or Intensive Home-Based Services (IHBS) to identified children and youth who are eligible for this service. ICBHS works closely with Child and Family Services to support comprehensive mental health screening, assessment, and treatment for children and families involved in the child welfare system.
- **Imperial County Department of Social Services (ICDSS).** ICDSS administers programs designed to address child abuse and neglect issues in Imperial County. ICDSS provides family-centered programs and services designed to ensure safe, permanent, nurturing families for children while strengthening and attempting to preserve the family unit. ICDSS provides support for families as it works toward the goal of reducing risks to children, improving parenting skills, and strengthening social support networks for families.

- **Imperial County Probation Department (ICPD).** ICPD is the County department whose mission is to protect the community through assessment, treatment and control of adult and juvenile offenders by providing a range of effective services based on legal requirements and recognized professional standards. Probation works collaboratively with child welfare and behavioral health to support youth under dual jurisdiction and to prevent entry into foster care.
- **Imperial County Office of Education (ICOE).** ICOE is the intermediate service agency that works collaboratively with the California Department of Education, County school districts, agencies, families, and community partners to provide leadership, advocacy services, and meet the educational needs of County children. ICOE plays a critical role in ensuring educational stability and support for youth in foster care.
- **San Diego Regional Center (SDRC).** SDRC is a non-profit agency that contracts with the state through the Department of Developmental Services (DDS) to provide services and supports to persons with developmental disabilities and their families in San Diego and Imperial counties. SDRC's mission is to serve and empower persons with developmental disabilities and their families to achieve their goals with community partners. SDRC provides service coordination to secure and implement services and supports persons with developmental disabilities and their families in their community.
- **Youth and Families with Lived Experience** ICDSS is committed to developing and maintaining structures and opportunities for the ongoing engagement of youth, parents, and other experts with lived experience of our local systems. At the launch of CPP development, ICDSS and our contracted consultant presented to the ILT and encouraged the participation of all partners in FFPS planning, implementation, and oversight. We will continue to prioritize and invest in facilitating the contributions of youth, parents, and others with lived experience.

  A primary strategy of this CPP is to invest and build capacity in our partner Rite Track, a community-based organization working directly with youth and families at risk of further systems involvement, as described elsewhere in this CPP. ICDSS will engage with the leadership of Rite Track to ensure that their program participants have the opportunity to engage in the implementation and oversight of this CPP.

  More broadly, ICDSS will work with the ILT and their full continuum of trusted community partners to inform and engage additional expert consultants including parents and youth with lived experience and create opportunities for them to track and participate in CPP implementation and oversight. A number of ILT members are in continual dialogue with these experts already. For example, our key partner ICOE has Foster Youth Liaisons who are in continual dialogue with foster youth and parents. ICOE participates in the ILT and can ensure these perspectives are represented.

  Lastly, ICDSS is currently launching its 2026 C-CFSR process, and in the coming months will host stakeholder convenings and focus groups to engage the full range of stakeholders in the local child welfare system. ICDSS will use these opportunities to encourage and nurture further ongoing engagement in CPP implementation and oversight.

# TRIBAL CONSULTATION & COLLABORATION

Imperial County is committed to meaningful consultation and collaboration with local Tribal nations. Native American residents represent approximately 1.1% of the county's population, and the County recognizes the critical importance of culturally responsive services that honor Tribal sovereignty, values, and traditions.

Imperial County is home to two federally recognized tribes: the Quechan (Kwatsáan) Indians and the Torres Martinez Desert Cahuilla Indians. Each tribe has its own governance structure, services, and relationship with the County.

- **Quechan (Kwatsáan) Indians.** The Quechan Tribe is the only federally recognized tribe in Imperial County with tribal headquarters located within the county, though its boundaries extend into Arizona and across the Mexican border. Quechan Social Services provides family services, tribal daycare, victim services, and Native American health services, and is located in Winterhaven. The Quechan Tribe also offers cultural events for Native Americans who live in Imperial County and surrounding areas.
- **Torres Martinez Desert Cahuilla Indians.** Imperial County is also home to the Torres Martinez Desert Cahuilla Indians, though the center of their Reservation is located in Riverside County, where child and family services for tribal members are centralized.

Imperial County's primary collaborative relationship for child welfare purposes is with the Quechan tribe. Children and Family Services maintains strong communication and partnership with Quechan tribal leadership and social services. Imperial County has designated two ICWA specialist social workers—one at the referral investigation stage and one at the ongoing case stage—who function as liaisons with the Quechan tribe. The current Juvenile Court Judge also prioritizes ICWA inquiries in both new and existing cases.

Tribal representatives are also invited to participate in Child Abuse Response Team (CART) meetings and Judges, Attorneys, County Counsel, CASA, Social Services (JACCS) meetings, which take place on a quarterly basis, and in Child and Family Team Meetings (CFTMs). These meetings provide opportunities for sharing information on policy and procedure changes, identifying service gaps, and strengthening communication. The Quechan tribe is also invited to Interagency Placement Committee (IPC) meetings when children and youth are ICWA eligible, ensuring tribal input on placement decisions and level of care assessments.

This collaborative approach strengthens the continuum of care by promoting culturally responsive practice, supporting early engagement with Native American families, and encouraging consistent collaboration across systems. The positive relationship between Children and Family Services and tribal partners helps ensure that families receive appropriate supports before circumstances escalate to child welfare intervention, and that ICWA-eligible children are placed in culturally appropriate settings that maintain their connection to tribal community and identity.

Imperial County shares the concerns expressed by many California counties 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. The County recognizes that traditional tribal practices and culturally specific interventions may be highly effective but do not fit easily into Western research paradigms, and that this structural barrier limits the ability of counties to fund tribal prevention services through Title IV-E.

Imperial County will continue to engage with Tribal partners throughout CPP implementation, including through:

- ✔ Regular consultation on service planning and delivery
- ✔ Continued participation in CART, JACCS, IPC, and CFT meetings
- ✔ Exploration of cultural adaptations to evidence-based programs
- ✔ Collaboration on workforce development and training, including training on ICWA compliance and culturally responsive practice
- ✔ Coordination on outreach and engagement strategies to increase Native American resource families
- ✔ Partnership on identifying and addressing barriers to service access for Native American families

Imperial County will document Tribal consultation activities and incorporate Tribal feedback into ongoing CPP refinement and program development. The County is committed to government-to-government consultation that respects tribal sovereignty and centers tribal voice in decisions affecting Native American children and families.

# INTEGRATED CORE PRACTICE MODEL

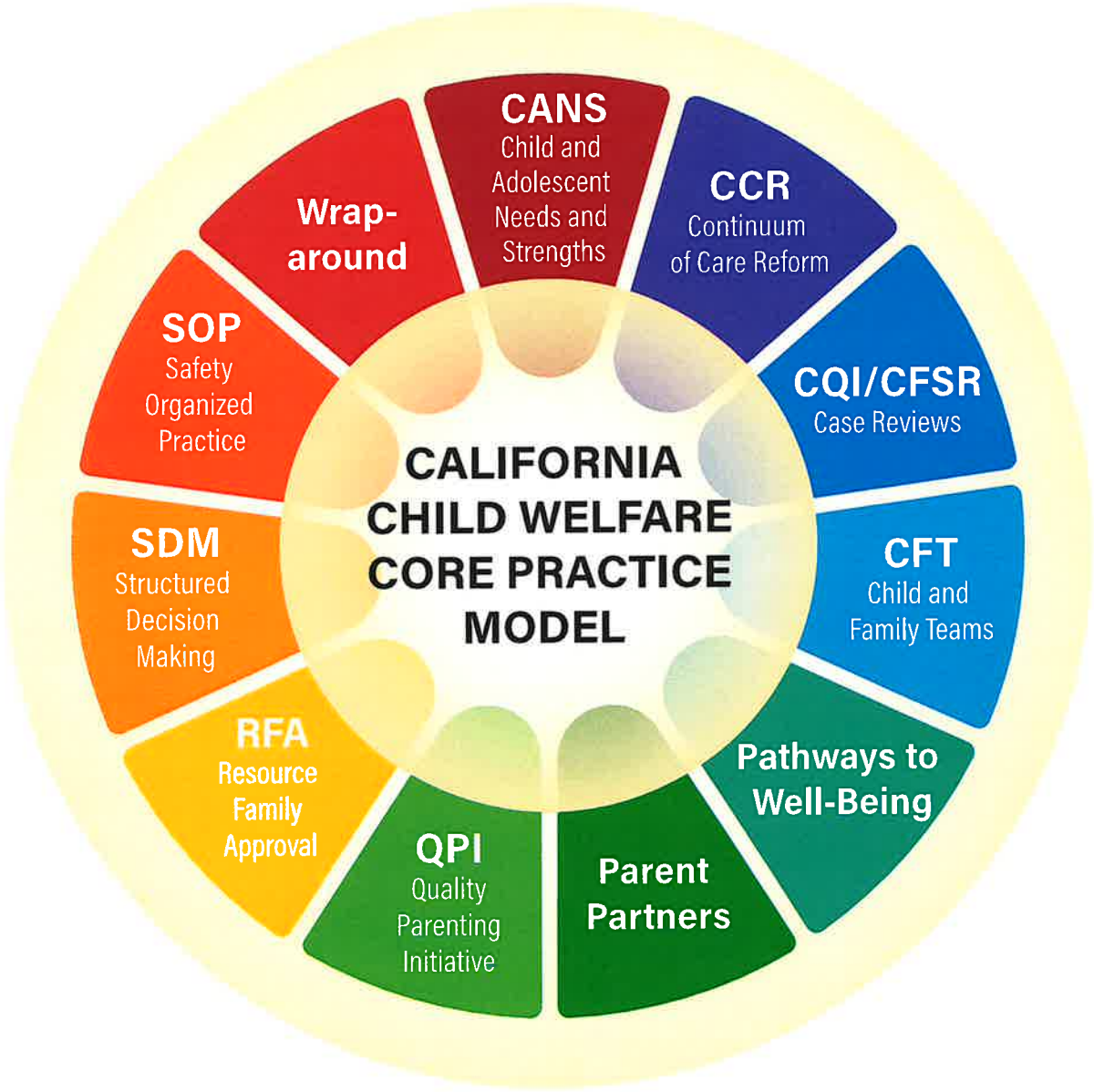
Imperial County has adopted the California Child Welfare Integrated Core Practice Model (ICPM), which provides a framework for family-centered, trauma-informed practice. The CPM emphasizes engagement, teaming, and individualized services that build on family strengths while addressing needs.

The AB2083 MOU reads: "System partners agree to mutually use the principles, values, and practices in their interactions with children, youth and families, with one another, and with contractors and county System Partners."

All CFS and Juvenile Probation staff are trained on the principles of ICPM and continually work to embed its vision, values, and principles into their work with children and families.

| | |
|---|---|
| 1 | **Family voice and choice:** Each family member's perspective is intentionally elicited and prioritized during all phases of the teaming and service process. |
| 2 | **Team-Based:** The team consists of individuals agreed upon by the family members and committed to the family through informal, formal, and community support, and service relationships. |
| 3 | **Natural supports:** The team actively seeks and encourages full participation of members drawn from the family members' networks of interpersonal and community relationships. |
| 4 | **Collaboration and integration:** Team members work cooperatively and share responsibility to jointly develop, implement, monitor, and evaluate an integrated, collaborative plan. |
| 5 | **Community-Based:** The team will strive to implement service and support strategies that are accessible and available within the community where the family lives. |
| 6 | **Culturally respectful:** The planning and service process demonstrates respect for, and builds on the values, preferences—including language preferences, beliefs, culture, and identity—of the family members and their community or tribe. |
| 7 | **Individualized:** The principle of family voice and choice lays the foundation for individualization and flexibility in building the plan. |
| 8 | **Strengths-Based:** The service process and plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, youth, and family members, their tribe and community, and other team members. |
| 9 | **Persistence:** The team does not give up on, blame, or reject children, youth, or their families. |
| 10 | **Outcomes-Based:** The team ties the goals and strategies of the plan to observable or measurable indicators of success, monitors progress consistent with those indicators, and revises the CANS and service plan accordingly. |

All partners in the development and implementation of this CPP consistently uphold and seek to advance the principles and standards of the ICPM and will continue to do so in their increasing collaboration to prevent the need for foster care.


CANS
Child and Adolescent Needs and Strengths
CCR
Continuum of Care Reform
CQI/CFSR
Case Reviews
CFT
Child and Family Teams
Pathways to Well-Being
Parent Partners
QPI
Quality Parenting Initiative
RFA
Resource Family Approval
SDM
Structured Decision Making
SOP
Safety Organized Practice
Wrap-around
CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL

# TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

## Local Assets & Needs Assessment

While developing this CPP, multiple relevant community studies were consulted, including:

- **Mental Health Services Act Three Year Program and Expenditure Plan FY 2023-2024 Through 2025-2026 and its FY2025-2026 Update**
- **California Child and Families Services Review—Imperial County System Improvement Plan March 28, 2022–March 28, 2027**
- **California Child and Families Services Review—Imperial County Self-Assessment**
- **2024 Imperial County Community Health Assessment (CHA)**
- **Imperial County Community Health Improvement Plan 2024-2027**
- **First 5 Imperial Strategic Plan 2022**

This information was supplemented with discussions with county staff and reviews of other available data, including the U.S. Census and the Bureau of Labor Statistics.

### SUMMARY OF COMMUNITY NEEDS

Located in southeastern California, Imperial County encompasses 4,482 square miles of land, bordering Mexico to the south and Arizona to the east. The county had a total population of 182,881 as of 2024, according to the U.S. Census Bureau, with nearly 87% of residents being Hispanic or Latino. Among its population there is an overrepresentation of three specific groups with unique challenges for the social system, namely Hispanic/Latino people, single-parent households, and people with disabilities.

The county has a younger population than the rest of California, with 28.4% of people younger than 18, compared to 22.3% statewide, according to its CHA. As many as 75.6% of county residents speak a language other than English at home, and 39.7% of children are classified as English language learners, according to the CHA. Children living in single parent households are often at higher risk of child abuse or neglect, and 31% percent of children in Imperial County live in single parent households, compared to a state average of 23%. Children aged 0 to 5 represent nearly half (47%) of all cases in the child welfare services system. Child maltreatment cases that are substantiated as a result of an allegation are up to

### Imperial County's Four Main Pillars of Challenge

36% higher for that age group, according to the First 5 Imperial Strategic Plan. The Imperial County System Improvement Plan also notes that the highest rate of substantiation resulting in removal is children aged under 1 year (54%).

Based on our review of prior community assessments, relevant data, and feedback from stakeholders, the four main drivers of child welfare system involvement in Imperial County to be addressed through this CPP are:

- ✔ Poverty and economic insecurity
- ✔ Mental and behavioral health
- ✔ Substance abuse
- ✔ Access to and utilization of health services

### Poverty and Economic Insecurity

Poverty and economic insecurity are key issues in Imperial County that create cascading impacts on children's well-being and increase the risk of child welfare system involvement. According to the CHA, the county's poverty rate is significantly higher than the state's (22.6% versus 12.6%), and women are significantly more likely to be living in poverty. Imperial County also has the highest unemployment rate in California, according to the Bureau of Labor Statistics. In a 2022 survey cited in the CHA, nearly half of respondents stated they were worried about having enough money to pay their rent or mortgage. Under-employment and low-wage jobs were also among the top concerns prioritized in the CHA's community survey. The First 5 Imperial Strategic Plan estimates that a minimum of 64% of children 0-5 are eligible for subsidized childcare due to family income, and that 53% of residents are enrolled in Medi-Cal. Also, up to 77% of K-12 students were eligible for free and reduced-price meals due to family income in 2020.

### Mental and Behavioral Health

Mental health conditions, combined with a lack of resources to address them, are among the key risk factors for child maltreatment. They are also key issues in Imperial County. Challenges related to behavioral health were among the top concerns prioritized by respondents in countywide consultations for its CHA. In a 2022 CHA community health survey, 28.8% of respondents rated their mental health as poor or very poor, more than twice the national average. County residents also report higher rates of depression than California or nationwide, including higher rates of depression among students. These challenges are compounded by gaps in service capacity. According to the CHA, Imperial County had one mental health provider for 280 people in 2022, a worse ratio than in California, where there was one provider per 160 people. County residents also report greater challenges accessing mental health services compared to nationwide.

### Substance and Alcohol Abuse

Drugs and alcohol were consistently raised among the top concerns raised through the Imperial County CHA's community engagement process. Nearly 24% of adults are classified as excessive drinkers in the County. Drug overdoses and alcohol were among the leading causes of unintentional injury in 2020–2022. According to the Imperial County Community Health Improvement Plan, drug overdose was also the leading cause of death for adults ages 25 to 34, and the second leading cause of death for adults ages 35 to 55. Substance abuse was also among the most common causes for referrals to child welfare services, and a common cause cited by stakeholders in the Imperial County System Improvement Plan for the removal of children under five from their mothers. At the same time, a lower share of county residents report seeking professional help for an alcohol or drug problem compared to nationwide, according to the CHA.

### Access to and Utilization of Health Services

The issues identified above are magnified by the limited access to health services in the county. The Imperial County Community Health Improvement Plan ranks access to high quality healthcare as its number one priority. Similarly, in a community survey for the CHA, respondents prioritized access to healthcare as the number one priority to improve community health. The county has higher rates of disability compared to California-wide data for juveniles, middle aged adults and seniors, but has substantially fewer doctors per capita than the state average. Residents also access prenatal care at substantially lower rates than in California, and the county has a very high rate of teenage pregnancy. Access to healthcare is compounded by transportation challenges in a county with many rural and remote areas and limited public transportation options, according to the CHA. These barriers to access prevent families from receiving early intervention services, routine care, and treatment for concerns before they escalate into crises.

### The Interconnection of The Pillars of Need and Child Welfare Involvement

The four key challenges outlined above often co-occurring in families at risk for child welfare system involvement. The Imperial County System Improvement Plan notes:

*"[Child welfare system] referrals generally involve substance abuse, domestic violence, and mental health issues related to the caregiver or in some way impacting the care of the child. Substance Use Disorder is commonly linked to cases involving domestic violence and mental health issues."*

*"Stakeholders and focus groups shared a concern for the growing rates of unemployment and poverty, unstable housing, substance use, and domestic violence, all of which are known contributors to neglect."*

## Candidate Groups & Data Estimates

| Candidate Group/Target Population with Description and State Data | County Estimate |
|---|---|
| **Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services**<br>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. | **42 in Post-Placement FM**<br>(CFS/CMS 2025 Q3 Extract) |
| **Probation Youth**<br>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. | **9 Probation Youth**<br>(CFS/CMS 2025 Q3 Extract) |

| Candidate Group/Target Population with Description and State Data | County Estimate |
|---|---|
| **Guardianship/Adoption at Risk of Disruption**<br>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. | **23 Adopted**<br>(CFS/CMS 2025 Q3 Extract) |
| **Children with Substantiated/Inconclusive Allegation**<br>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 CFS/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. | **987 Inconclusive Disposition, 404 Substantiated Disposition**<br>(CFS/CMS 2025 Q3 Extract) |
| **Children w/ Siblings in Foster Care**<br>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. | **165 Children with Siblings in Foster Care**<br>(CFS/CMS 2025 Q3 Extract) |
| **Homeless/Runaway Youth**<br>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. | **Homeless Student Enrollment: 1,547 students out of 36,581 cumulative enrollment for School Year 2024-2025** |
| **LGBTQ Youth**<br>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. | **At Grade 11: 9.9% of F students and 2.5% of M students Identify as Bisexual and 2.3% of F students and 1.9% of M students identify as Gay/Lesbian**<br>(California Healthy Kids Survey) |

| Candidate Group/Target Population with Description and State Data | County Estimate |
|---|---|
| **Substance-Exposed Infants**<br>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. | **2024: 17 Substance-Exposed Infants**<br>(Data extracted from CPS referrals) |
| **Trafficked Children & Youth**<br>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. | **0**<br>(CFS/CMS 2025 Q3 Extract)<br>**Safe Measures: 1 at risk** |
| **Children Exposed to Domestic Violence**<br>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. | **333 domestic violence-related calls to law enforcement in 2024**<br>(Open Justice Data Portal)<br>**101 referrals with indicators of Domestic Violence**<br>Safe Measures Aug. 2024-Aug. 2025 Aggregate Data |
| **Children w/ Caretaker Experiencing Substance Use Disorder**<br>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. | **2024: 464 children with Caretaker Experiencing Substance Use Disorder**<br>(Data extracted from CPS referrals) |

| Candidate Group/Target Population with Description and State Data | County Estimate |
|---|---|
| **Other Serious Risk Factors**<br>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.<br>» A change in family relationships characterized by frequent conflict or violence;<br>» Recent increase in substance use that impacts daily functioning and ability to care for the child or youth;<br>» Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth;<br>» Incarceration of the caregiver;<br>» Child or youth participated in criminal activity; and<br>» Other recent or current circumstance that may cause family instability or a threat to the child/youth's safety or well-being. | **2024:**<br>**121 children with other serious risk factors**<br>(Data extracted from CPS referrals) |

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 | County Estimate |
|---|---|
| **Expectant and/or parenting youth in foster care**<br>Youth in foster care who are expectant, pregnant and/or parenting | **0**<br>(CFS/CMS 2025 Q3 Extract)<br>**1 Parenting Youth in November 2025**<br>(Data from CFS Cases) |

## 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."

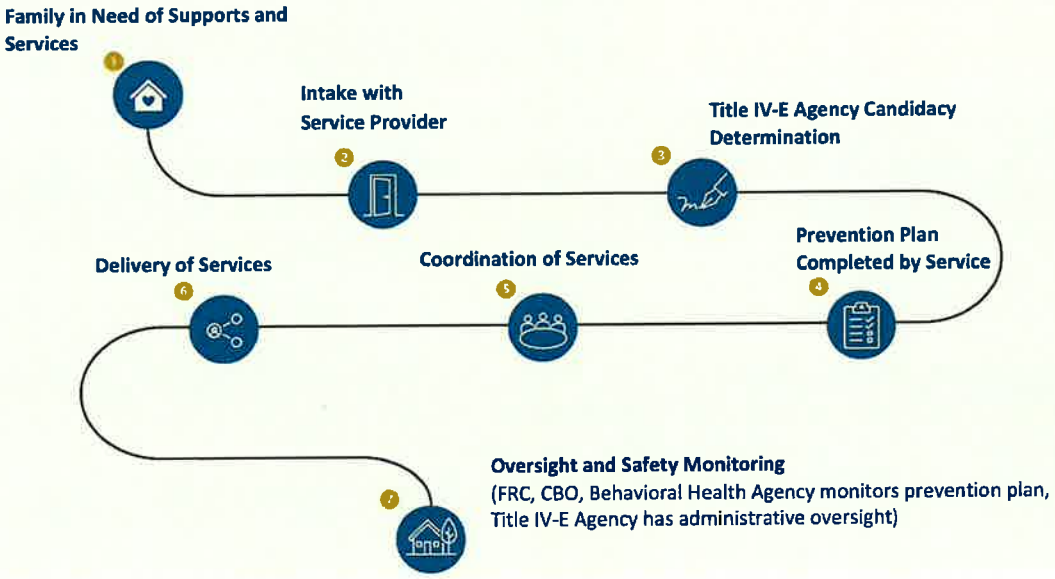
Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges, while improving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

Imperial 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, Imperial 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

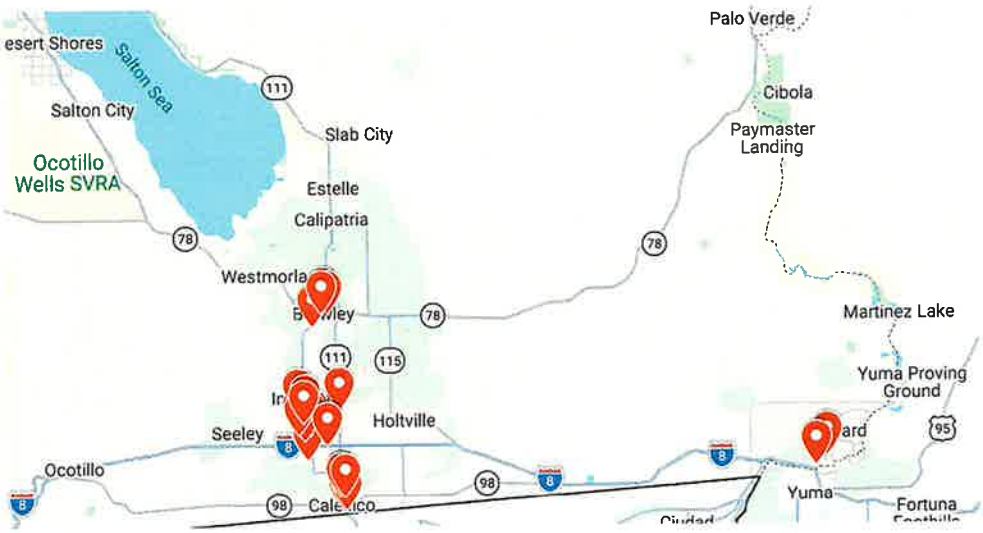
To support counties in implementing the Community Pathway, particularly counties with existing DR programs, ICDSS should develop a learning community where counties can work collaboratively with the State on transitioning and alignment of DR programs with the Community Pathway model.

**COMMUNITY PATHWAY: THROUGH THE LENS OF AN INTEGRATED PRACTICE MODEL**



# SERVICES/ASSET MAPPING

Imperial County has an existing, developed network of prevention and support services designed to strengthen families and prevent the need for child welfare system involvement. These services are delivered through county agencies and community-based partners across the county's geographic regions. These can be coordinated in the implementation of this 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 Imperial 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:

## COUNTY-OPERATED SERVICES

**Children and Family Services (CFS):** Imperial County Child and Family Services housed within the Department of Social Services, provides child protective services, foster care and adoption services, and family reunification services. CFS collaborates closely with the Department of Behavioral Health Services, Public Health, CalWORKs, and other county agencies on shared cases and maintains partnerships across multiple systems.

**Imperial County Behavioral Health Services (ICBHS):** ICBHS provides mental health and substance use disorder services through a comprehensive network of programs and services. In FY 2023-2024, ICBHS served approximately 10,211 mental health clients, reaching about 28% of the estimated need in the county. Services include:

- **Outpatient Mental Health Services:** ICBHS provides outpatient mental health services, case management, peer support, and community integration activities throughout the county.
- **Substance Use Disorder Treatment:** ICBHS provides outpatient SUD treatment, teen access programs, assessments, and supports 12-step programs. Residential treatment capacity is limited in the county, requiring many individuals to access services out of county.
- **Crisis Services:** ICBHS operates crisis response teams providing 24/7 crisis intervention and support.
- **MHSA-Funded Programs:** MHSA funding supports Full-Service Partnership programs, prevention and early intervention services, workforce development, and innovation projects addressing mental health needs across the county.

**Imperial County Public Health Department (ICPHD):** Public Health provides comprehensive services including maternal and child health programs, home visiting services, early intervention, health education, family planning services, and consultation on child health. Public Health plays a critical role in prevention, particularly for families with young children. Still, according to the 2024 Community Health Assessment, Imperial County had fewer available mental health providers per capita than the statewide average.

**CalWORKs:** CFS collaborates with CalWORKs on shared cases through the CalWORKs Linkages/AB 429 program. This program allows parents to receive Welfare to Work services while complying with CFS case requirements and juvenile court orders, while avoiding duplication of services. Programs include cash assistance, Cal-Learn, CalFresh, Medi-Cal, and supportive services for low-income families. Given the county's higher than average poverty rate, there is significant demand for these services.

**Continuum of Care:** CFS collaborates with the Continuum of Care and housing programs administered by the Department of Social Services, to access services, including Bringing Families Home (BFH), specific to child welfare families.

**Imperial Valley Regional Occupation Program (IVROP):** IVROP serves as a key contracted partner for housing stabilization and workforce development services in Imperial County. IVROP contracts with the Imperial County Department of Social Services to deliver several critical housing programs, with services rendered directly through IVROP, including the Bringing Families Home program, the Housing and Disability Advocacy Program, the California Work Opportunity and Responsibility to Kids Housing Support Program, and Home Safe. In addition to housing supports, IVROP provides job readiness and life skills classes to CalWORKs clients, helping families achieve economic self-sufficiency.

**Imperial County Probation Department:** The Probation Department provides supervision and rehabilitative services for youth involved in the juvenile justice system, working closely with CFS on dual-jurisdiction cases and offering evidence-based interventions for at-risk youth.

## COMMUNITY-BASED PARTNERS AND CONTRACTED SERVICES

**First 5 Imperial:** First 5 Imperial funds and coordinates early childhood programs and services for families with children ages 0-5. Programs include:

- **Quality Start Imperial:** Provides quality rating and improvement system for early care and education settings, professional development for providers, and resources for families seeking quality childcare.
- **IMPACT Initiative:** Based on First 5 California funding, supports increased quality in early care and education settings through continuous quality improvement frameworks.
- **Professional Development:** Offers the Professional Advancement for Childhood Educators Stipend (PACES) Program supporting early childhood educators pursuing careers in the field.
- **Child Signature Program:** Supports preschool centers serving children 0-5 in areas where the educational divide is greatest.

**Child Abuse Prevention Council (CAPC):** CAPC provides evidence-based parenting classes utilizing the Incredible Years curriculum, available free to the public in both English and Spanish. Services are

centralized in El Centro with expanded offerings in virtual modality. CAPC also conducts child abuse awareness and prevention efforts including the Annual Children's Fair, mandated reporter trainings, and community outreach. Funded through CBCAP and CCTF.

**Family Resource Centers:** Located at county school sites throughout Imperial County including Calexico, Winterhaven, two locations in El Centro, Brawley, Calipatria/Niland, and Heber. These centers provide convenient access to family support services, parent education, and resource connection.

**Sure Helpline:** Provides comprehensive services for survivors of sexual assault and rape including 24-hour crisis hotline, crisis intervention, community education, parenting classes, referral services, counseling, advocacy, and support groups. The main office is in El Centro.

**Center for Family Solutions:** Provides domestic violence services including 24-hour hotline, housing assistance, legal services, counseling, anger management (52-week certified program), walk-in center services, emergency shelter, and wellness programming. The main office is in El Centro with shelter locations throughout the county.

**Imperial County Office of Education (ICOE):** Provides special education, child development services, migrant education, student well-being and family resources, academic and employment services, and alternative education. Administers the Child Abuse Treatment (CHAT) program serving victims ages 5-14 with therapy and intensive case management at multiple Family Resource Center locations. Operates the School-Based Mental Health High School Consortium through the Behavioral Health Student Services Act (BHSSA) grant to increase access to mental health services in school settings.

**Rite Track:** Operates the Evening Learning Center in El Centro serving at-risk probation youth with evidence-based Cognitive Behavioral Therapy curriculum. Provides mentoring, counseling, and crisis intervention services. Currently utilizes various Evidence-Based Practices. Services available in English and Spanish.

**Court Appointed Special Advocates (CASA):** Provides trained volunteer advocates for children in the child welfare system, offering independent voices and consistent support throughout dependency proceedings.

**Daily Reporting Center (DRC):** Operated by Imperial County Jail, serves clients in county jail or on formal probation with mental health needs. Provides services relevant to CFS case plan goals for parents involved in both CFS and Probation.

**Quechan Social Services:** Located in Winterhaven, provides family services, Tribal daycare, victim services, and Native American health services. Offers cultural events for Native Americans in Imperial County and surrounding areas.

**Family Urgent Response System (FURS):** ICDSS contracts with Fred Finch Youth and Family Services to provide timely phone and in-person support to foster families during situations of instability to help preserve placements and relationships.

## MEDICAL AND HEALTHCARE PROVIDERS

**El Centro Regional Medical Center:** Provides comprehensive medical services, emergency care, and specialty services to Imperial County residents.

**Pioneers Memorial Hospital:** Offers medical services, emergency care, and hospital services with locations serving the eastern portions of Imperial County.

**Community Health Plan of Imperial Valley (CHPIV):** Local Medi-Cal managed care plan serving Imperial County residents, working to improve access and quality of care.

**Innercare:** A Federally Qualified Health Center established in 1970 that operates ten health clinics and four dental clinics across Imperial County, providing comprehensive primary care, behavioral health, and chronic disease management services to low-income, homeless, and migrant/seasonal farmworker populations.

**Legacy MD Medical Group** operates three locations in Imperial County including a state-of-the-art 32,000 square foot facility in El Centro (opened August 2024) that provides comprehensive primary care, urgent care, eight specialist services, advanced imaging including the region's only open MRI, and an in-house drive-through pharmacy.

## HOUSING AND HOMELESS SERVICES

**Imperial Valley Continuum of Care (IVCoC):** Coordinates homeless services and housing assistance across the county.

**Women's Shelter Programs:** Provide shelter services to homeless women and their children in El Centro, and Calexico.

## EDUCATION PARTNERS

- Imperial County includes multiple school districts serving diverse communities from rural to urban settings.
- Key educational partners include Calexico Unified School District, El Centro Elementary School District, Brawley Union High School District, Holtville Unified School District, and other districts throughout the county.
- The Imperial County Office of Education provides coordination, support services, and alternative education programs.
- According to the 2024 Community Health Assessment, 39.7% of children are classified as English language learners, and up to 77% of K-12 students were eligible for free and reduced-price meals, reflecting significant socioeconomic challenges affecting educational outcomes.

## REGIONAL AND EXTERNAL PARTNERS

**San Diego Regional Center:** Provides services and supports for Imperial County residents with developmental disabilities.

**San Diego State University Imperial Valley Campus:** Partners on workforce development, research initiatives, nursing education, and community health programs including the UCSD-SDSU Mental Health Provider Training Program working to increase behavioral health professionals in Imperial County.

**Imperial Valley College:** Provides higher education, vocational training, and workforce development programs serving Imperial County residents.

# EVIDENCE BASED PROGRAMMING

To comprehensively assess the current continuum of prevention programming in Imperial County and assess local capacity for the delivery of Evidence-Based Programming (EBP), an EBP survey was circulated to a broad range of partners and contracted service providers across the child welfare, behavioral health, public health, education, and Tribal systems.

Providers were asked to identify the EBPs in California's Title IV-E Prevention Plan they are currently delivering; the other EBPs on the Title IV-E Prevention Services Clearinghouse they are currently delivering; additional prevention programs they are currently delivering that have an evidence base and could potentially be added to the federal Clearinghouse in the future; and other prevention programs they are currently delivering with or without an evidence base. In each case, providers were also asked whether additional capacity building assistance was needed to support their implementation or expansion of EBPs. Providers were also asked whether their current programming is delivered in-person, virtually, or both; which communities it is delivered in; how it is financed; and whether it is being delivered as a primary, secondary, and/or tertiary intervention.

This survey process provided Imperial 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.

Imperial 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 Imperial County possesses existing capacity to deliver them. Imperial County intends to explore leveraging Title IV-E funds for these programs as soon as possible.

| Program | Service Category | Target Population | Outcome Objectives |
|---|---|---|---|
| Motivational Interviewing | Substance Abuse/Cross-Cutting | Adolescents and their parents/ caregivers | » Increased Adult Well-Being: Parent/caregiver substance use |
| Brief Strategic Family Therapy | Mental Health, Substance Abuse, In-Home Parent Skill Based | Children and adolescents aged 6–17 and parents/ caregivers | » Improved child behavioral and emotional functioning<br>» Decrease in youth delinquent behavior and substance use<br>» Decrease in parent/caregiver substance use |
| Family Check Up | Mental Health, In-Home Parent Skill- Based | Families with children ages 2–17 | » Increased Adult Well-Being; Positive parenting practices |

| Program | Service Category | Target Population | Outcome Objectives |
|---|---|---|---|
| Functional Family Therapy | Mental Health | Adolescents aged 11–18 and their parents/caregivers | » Improved child behavioral and emotional functioning<br>» Decrease in youth delinquent behavior and substance use<br>» Decrease in 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 | » Increased Child Safety: Child welfare administrative reports<br>» Increased Child Well-Being: Cognitive functions and abilities<br>» Increased Child Well-Being: Physical development and health<br>» Increased Adult Well-Being: Economic and housing stability |
| Parents as Teachers | In-Home Parent Skill-Based | Parents/caregivers with children ages zero to kindergarten | » Increased Child Safety: Child welfare administrative reports<br>» Increased Child Well-Being: Social functioning<br>» 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 Imperial 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 Imperial 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 |
|---|---|---|---|
| ACT Raising Safe Kids | Mental Health, In-Home Parent Skill Based | Adults who raise and care for children ages 0–8. | » Increased adult well-being: Parent/caregiver mental or emotional health<br>» Increased adult well-being: Positive parenting practices |
| Aggression Replacement Training | Mental Health | Youth ages 13 to 18 who exhibit violent or aggressive behavior | » Increased Child Well-Being: Behavioral and Emotional Functioning |
| Bounce Back | Mental Health | Children in grades K–5 who have experienced stressful and traumatic life events. | » Increased Child Well-Being: Behavioral and emotional Functioning<br>» Increased Child Well-Being: Social functioning |
| Cognitive Behavioral Intervention for Trauma in Schools | Mental Health | Students from 4th grade 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 |
| Cognitive Processing Therapy | Mental Health | Adults with PTSD | » Increased adult well-being; parent/caregiver mental or emotional health |

| | | | |
|---|---|---|---|
| Coping Cat–Individual | Mental Health | Children ages 7–13 who are diagnosed with an anxiety disorder and their parents. | » Increased Child Well-Being: Behavioral and emotional Functioning<br>» Increased Adult Well-Being: Parent/caregiver mental or emotional health |
| Coping Cat–Group | Mental Health | Children ages 7–13 who are diagnosed with an anxiety disorder and their parents. | » Increased Child Well-Being: Behavioral and emotional Functioning<br>» Increased Adult Well-Being: Parent/caregiver mental or emotional health |
| Dialectic Behavioral Therapy | Mental Health | 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<br>» Increased Adult Well-Being; Parent/caregiver physical health |
| Familias Unidas | Mental Health, Substance Abuse, In-Home Parent Skill Based | Hispanic families with children ages 12–16 who seek to prevent substance use and risky sexual behavior. | » Increased Adult Well-Being: Family functioning<br>» Increased adult well-being: Positive parenting practices |
| Incredible Years: Toddler Basic Program | Mental Health | Parents with toddlers (1 to 3 years) including higher risk parents who need support forming secure attachments with their toddlers or addressing their toddlers' behavior problems | » Increased adult well-being: Positive parenting practices |
| Incredible Years: School Age Basic Program | Mental Health | Parents of children ages 6 to 12 including higher risk populations and parents of children with behavior problems | » Increased Child Safety; child welfare administrative reports<br>» Increased Adult Well-Being; Positive parenting practices |
| Intensive Care Coordination Using High Fidelity Wraparound | Mental Health | Children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families | » Increased Child Permanency: Least restrictive placement<br>» Increased Child Well-Being: Behavioral and emotional Functioning |
| Interpersonal Psychotherapy | Mental Health | Adult patients diagnosed with major depression | » Increased Adult Well-Being: Parent/caregiver mental or emotional health<br>» Increased Adult Well-Being: Family functioning |
| Safe Families for Children | In-Home Parent Skill Based | Parents and children ages 0–18 in families experiencing a crisis that affects children's safety. | » Increased Child Permanency: Least restrictive placement<br>» Increased Child Well-Being: Behavioral and emotional Functioning<br>» Increased Adult Well-Being: Parent/caregiver mental or emotional health |

| | | | |
|---|---|---|---|
| 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 | » Increased Child Well-Being: Behavioral and emotional Functioning<br>» Increased Child Well-Being: Social functioning<br>» Increased Adult Well-Being: Positive parenting practices<br>» Increased Adult Well-Being: Parent/ caregiver mental or emotional health |
| Triple P: Positive Parenting Program–Group (Level 4) | Mental Health | Families with children (up to age 12) who are interested in promoting their child's development or who are concerned about their child's behavioral problems | » Increased child well-being: Behavioral and emotional functioning<br>» Increased adult well-being: Positive parenting practices<br>» Increased adult well-being: Parent/ caregiver mental or emotional health |
| Triple P: Positive Parenting Program–Online (Level 4) | Mental Health, In-Home Parent Skill Based | Families with children (up to 12 years) with significant social, emotional or behavioral problems. It also serves families who wish to prevent such problems. | » Increased child well-being: Behavioral and emotional functioning<br>» Increased adult well-being: Positive parenting practices<br>» Increased adult well-being: Parent/ caregiver mental or emotional health |
| Triple P: Positive Parenting Program–Self-Directed (Level 4) | Mental Health, In-Home Parent Skill Based | Families with children (up to age 12) who are interested in promoting their child's development or who are concerned about their child's behavioral problems and who live in rural or remote areas or who want help without direct contact with a practitioner | » Increased child well-being: Behavioral and emotional functioning<br>» Increased adult well-being: Positive parenting practices<br>» Increased adult well-being: Parent/ caregiver mental or emotional health |
| Triple P: Positive Parenting Program–Standard (Level 4) | Mental Health, In-Home Parent Skill Based | Families with children (up to 12 years) who exhibit behavior problems or emotional difficulties. | » Increased child well-being: Behavioral and emotional functioning<br>» Increased adult well-being: Positive parenting practices<br>» Increased adult well-being: Parent/ caregiver mental or emotional health |

## Other Prevention Programming in Imperial County

In addition to evidence-based programs eligible for Title IV-E reimbursement under FFPSA, Imperial County has built a comprehensive prevention infrastructure leveraging federal, state, and local funding including CAPIT, CBCAP, PSSF, CCTF, MHSA, First 5, and other sources.

Imperial County recognizes that effective prevention requires a continuum of services that address the full spectrum of family needs. Many of the programs described below fill critical service gaps, provide culturally responsive services in English and Spanish, and address the unique challenges facing a predominantly Hispanic/Latino (87%) border community with high poverty rates, limited access to specialty services, and significant barriers to healthcare access.

### COMMUNITY EDUCATION AND PREVENTION PROGRAMMING

**Child Abuse Prevention Council (CAPC) Community Outreach:** Beyond evidence-based parenting classes, CAPC conducts extensive prevention and awareness activities including the Annual Children's Fair, mandated reporter trainings, school and health fair participation, and distribution of child abuse prevention materials throughout the community. These activities build community awareness and can help identify at-risk families before formal child welfare involvement becomes necessary.

**Sure Helpline Spanish Language Parenting Program:** "Clases para Padres" is a specialized 12-class program designed and certified through Sistema Nacional para el Desarollo Integral de la Familia (DIF) in Mexico, utilizing the 'Escuela para padres de Duranno Korea' practice. The program covers parent influence, family dynamics, temperaments and self-esteem, parental identity and roles, and types of parenting styles. Parents are referred by schools, Probation, Juvenile Hall, and previous participants. This culturally adapted program addresses the needs of the county's predominantly Hispanic/Latino population.

### SCHOOL-BASED SERVICES AND YOUTH PROGRAMMING

**School-Based Mental Health Services:** Through a Behavioral Health Student Services Act (BHSSA) grant, ICOE coordinates mental health partnerships between ICBHS and local school districts to increase access to mental health services in easily accessible locations. The program helps fill service gaps on school campuses and connects students with equitable access to mental health care.

**Child Abuse Treatment (CHAT) Program:** Administered by ICOE, CHAT provides victims of abuse (physical, sexual, and/or emotional) and neglect ages 5-14 with therapy and intensive case management services. Services are provided at Family Resource Centers in Winterhaven and El Centro (FACT Center), addressing the high incidence and negative impact of child abuse and children's exposure to violence in rural Imperial County.

### CRISIS INTERVENTION AND EMERGENCY SERVICES

**24-Hour Crisis Hotlines:** Multiple organizations provide 24/7 crisis support including Sure Helpline (sexual assault), WomanHaven (domestic violence), Center for Family Solutions (domestic violence), and ICBHS crisis services. These immediate-access services provide crucial intervention during family crises that could otherwise escalate to child welfare involvement.

**Victim Advocacy Services:** The Imperial County District Attorney's Victim Witness program provides support and assistance to victims and witnesses of crimes with staff co-located at the Family Justice Center and Department of Social Services. Services include victim and witness rights information, advocacy, and support through criminal, civil, and family law proceedings.

**Family Urgent Response System (FURS):** FURS is a coordinated statewide system designed to provide timely phone and in-person support to foster families during situations of instability to help preserve placements and relationships. CFS has contracted for in-person support with Fred Finch Youth and Family Services located in Imperial, California to assist current and former foster youth during instances of instability. ICBHS collaborates with Fred Finch staff when related to FURS. ICBHS also provides follow-up services for active ICBHS clients who receive a FURS response and require additional services and/or resources.

## SUBSTANCE USE DISORDER PREVENTION AND TREATMENT

The 2024 Community Health Assessment identified substance and alcohol abuse as a leading community concern, with nearly 24% of adults classified as excessive drinkers and drug overdose as the leading cause of death for adults ages 25-34. Prevention and treatment services include:

**Outpatient SUD Treatment:** ICBHS provides outpatient substance use disorder treatment, teen access programs, assessments, and supports AA/NA meetings throughout the county. While residential treatment is not available in Imperial County, requiring out-of-county referrals, outpatient services provide accessible intervention for families at risk of child welfare involvement due to substance abuse.

**Cognitive Behavioral Interventions for Substance Abuse (CBISA):** Delivered through Rite Track and other partners, CBISA provides evidence-informed treatment for substance use disorders among probation youth and families.

## SERVICES FOR SPECIAL POPULATIONS

**Tribal Services:** The Quechan Tribe, located in Winterhaven, provides family services, Tribal daycare, victim services, Native American health services, and cultural events for Native Americans living in Imperial County and surrounding areas. These culturally specific services support county residents who are Native American or Alaska Native.

**LGBTQIA+ Services:** The Imperial Valley LGBT Resource Center provides support, resources, and advocacy for LGBTQIA+ community members. The 2024 Community Health Assessment found that LGBTQIA+ respondents prioritized access to mental health services, less crime and safer neighborhoods, and reported higher concerns about bullying and community violence compared to other residents.

**Migrant and Farmworker Families:** ICOE provides migrant education services supporting highly mobile families. First 5 Imperial has historically partnered with Migrant Head Start programs in Calexico, Brawley, and El Centro to distribute car seats and provide family resources at schools and health fairs, recognizing the unique needs of this population.

## CONCRETE SUPPORTS AND FAMILY STABILIZATION SERVICES

**Emergency Assistance Programs:** Multiple organizations provide emergency assistance including utility assistance, food pantry services (Westmorland Food Pantry and others), emergency shelter, and assistance with Medi-Cal/CalFresh/benefits applications. These concrete supports address immediate family needs that, if unmet, significantly increase risk of child welfare involvement.

**Housing Support Services:** WomanHaven Housing Program provides financial support and provisions needed within homes for families transitioning out of domestic violence or homelessness situations. With the 2024 Community Health Assessment identifying affordable housing as the second highest community need (33% of respondents), housing

stabilization services are critical to preventing family crisis and child welfare involvement. The Imperial County Department of Social Services (ICDSS) also administers ICDSS-funded housing programs including Bringing Families Home, Housing and Disability Advocacy Program, CalWORKs Housing Support Program, and Home Safe.

**Mobile Services Unit:** The Imperial County Department of Social Services (ICDSS) operates a Mobile Office Unit staffed by experienced program technicians who determine benefit eligibility, process applications, and issue benefits for CalWORKs, CalFresh, Medi-Cal, and other programs. The mobile office increases access to services in the county's rural and outlying areas where services are not readily available, addressing transportation barriers identified in the Community Health Assessment.

**Car Seat Safety Program:** First 5 Imperial has operated a car seat program distributing booster and car seats to low-income families, partnering with California Highway Patrol and ICPHD for proper installation through certified installers. Services have been provided at Migrant Head Start sites and school-based family health fairs.

## WORKFORCE DEVELOPMENT AND ECONOMIC SUPPORT

**Imperial County Workforce and Economic Development:** Provides employment services, job training, and workforce development programs to support families achieving economic stability. Imperial County has the highest unemployment rate in California and workforce development services can provide critical family stabilization support.

**CalWORKs Welfare-to-Work Services:** Provides employment services, job search assistance, vocational training, and supportive services for families receiving cash assistance. The CalWORKs Linkages/AB 429 program allows parents involved in child welfare to access these services while meeting their case plan requirements.

## COMMUNITY HEALTH AND ENVIRONMENTAL PROGRAMS

**Community Health Improvement Partnership (ICCHIP):** The ICCHIP brings together healthcare providers, health plans, community-based organizations, and other stakeholders to implement the 2024-2027 Community Health Improvement Plan (CHIP). The CHIP focuses on three priority areas: Access to High-Quality Healthcare, Healthy and Safe Living, and Behavioral Health. This collaborative approach aligns with child welfare prevention goals by addressing social determinants of health that contribute to child maltreatment risk.

The integration of these diverse prevention services with Title IV-E evidence-based programs will strengthen the county's capacity to support families before crisis occurs and reduce the need for foster care.

# LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS

To ensure there are opportunities to serve all children and families deemed to be at "imminent risk" of foster care entry, Imperial 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, as well as the EBPs the County intends to explore developing capacity to deliver.

Over time, the County intends to facilitate access to EBPs for all children and families in need of services. At the same time, Imperial 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.

Imperial County intends to explore the development, replication, and expansion of the Tier 1 EBPs to advance the following service objectives.

| Program | Service Category | Phase 1 Target Population(s) | Outcome Objectives |
|---|---|---|---|
| Homebuilders—Intensive Family Preservation and Reunification Services | In-Home Parent Skill-Based | » Families who have children (0-18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services | ✔ Program has been evaluated to promote housing and economic stability.<br>✔ Program can be delivered in-home to address geographical disparities in service availability.<br>✔ Program can serve families with the youngest children who are at the highest risk of maltreatment substantiation. |
| Motivational Interviewing | Substance Abuse/ Cross-Cutting | » Adolescents and their parents/caregivers | ✔ Program has been evaluated to reduce parent/caregiver substance use.<br>✔ Program can be delivered in community agencies, clinical office settings, care facilities, hospitals, and schools to address geographical disparities in service availability. |
| Nurse-Family Partnership | In-Home Parent Skill-Based | » Young, first-time, mothers beginning early in their pregnancy until the child turns 2 | ✔ Program has been evaluated to promote housing and economic stability.<br>✔ Program has been evaluated to promote child well-being.<br>✔ Program can be delivered in-home to address geographical disparities in service availability.<br>✔ Program can serve families with the youngest children who are at the highest risk of maltreatment substantiation. |
| Parent-Child Interaction Therapy | Mental Health | » Children aged 2-7 and their parents/caregivers | ✔ Program has been evaluated to promote child well-being.<br>✔ Program has been evaluated to promote adult well-being.<br>✔ Program can be delivered in-home or in a range of community-based settings, including schools, to address geographical disparities in service availability. |

| Program | Service Category | Phase 1 Target Population(s) | Outcome Objectives |
|---|---|---|---|
| Parents as Teachers | In-Home Parent Skill-Based | » Parents/caregivers with children ages zero to kindergarten | ✔ Program has been evaluated to promote child well-being.<br>✔ Program can be delivered in-home, in schools, or in other community settings to address geographical disparities in service availability.<br>✔ Program can serve families with the youngest children who are at the highest risk of maltreatment substantiation. |

# PHASE 1 IMPLEMENTATION PLAN

Moving forward, Imperial County intends to work with its public agency staff and community-based providers to develop service pathways for all children and families who meet the eligibility criteria to be considered "candidates for foster care" outlined above. Similarly, the County has included all federally reimbursable EBPs from the Title IV-E Prevention Services Clearinghouse for which service delivery capacity presently exists. However, building the capacity to address all underlying needs and fully implement all available EBPs in the context of FFPSA will take time and additional resources.

Accordingly, in Phase 1 of this CPP, Imperial County intends to focus first on the implementation of Motivational Interviewing (MI) both by County staff serving the Family Maintenance population, and by a contracted external provider that serves at risk adolescents ages 12 to 17.

## PHASE 1 IMPLEMENTATION

| Program | Service Category | Phase 1 Target Population(s) | Provider | Program Objectives |
|---|---|---|---|---|
| Motivational Interviewing | Cross Cutting | » Children and families being served in Voluntary and Court-Ordered Family Maintenance. | ✔ County Staff | ✔ Strengthen family engagement<br>✔ Increase effectiveness of prevention caseworkers<br>✔ Improve outcomes for youth and families served<br>✔ Improve sustainability of programming |
| | | » At-Risk Adolescents | ✔ Contracted Provider | |

In Phase 2, likely to begin in 2027, Imperial County will explore and develop partnerships with additional agencies including Behavioral Health to leverage IV-E Prevention Funding for the expansion of additional EBPs including Parent-Child Interaction Therapy, Functional Family Therapy, and/or Parents As Teachers.

# LOGIC MODEL

## TARGET POPULATIONS

Families receiving VFM/FM 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

- Poverty and economic insecurity
- Mental and behavioral health
- Substance abuse
- Access to and utilization of health services

### INPUTS

Critical administrative supports, including information technology tools; interagency collaboration; training and workforce supports

Accessible policies outlining Family First Practices and Policies

Active stakeholder involvement

Enhanced contracts with CBOs to expand capacity and provide eligible services

Strong cross-sector collaboration and partnership

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

### 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

- ✔ Improved family engagement and outcomes
- ✔ Increased effectiveness of prevention caseworkers
- ✔ Improved fiscal sustainability of prevention programming

### LONG-TERM IMPACT

- ✔ At-risk families in Imperial County are strengthened and stabilized; improved mental health and well-being of children and caretakers; decreased rates of removal and placement into foster care; reduced overall foster care census.

# CPP SPENDING PLAN

Imperial County is committed to expanding overall resources dedicated to prevention in order to improve the lives of children and families. This goal will require collaboration with partner agencies to help identify and advance sophisticated funding strategies. Four initial strategies that Imperial County will implement immediately are:

### 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 EBPs in Imperial County to implement the Comprehensive Prevention Plan. These costs outlined for the block grant are short-term but will help sustain and expand overall capacity.

- ✔ State Family First Prevention Services Block Grant are available through 6/30/28, and can be used as local match on Title IV-E claims. Can be used to fund all levels of prevention.

### STRATEGY 3

Sustain implementation efforts by using existing funding streams, including state allocation and federal matching funds.

- ✔ Title IV-E FFPSA Part 1— An open-ended entitlement for allowable services to candidates at imminent risk. Can be used to fund Secondary & Tertiary prevention.
- ✔ Community-Based Child Abuse Prevention (CBCAP): An annual allocation that can be used to fund Secondary & Tertiary prevention.
- ✔ Promoting Safe and Stable Families: An annual allocation that can be used to fund all levels of prevention.

### STRATEGY 4

Identify new funding opportunities including CalAIM and public and private grants to sustain and further expand the County's prevention efforts.

| Prevention Service | Existing Resources | Existing Funding | FFPSA State Block Grant | Total Investment (Including Leveraged Funds) |
|---|---|---|---|---|
| **Implement Motivational Interviewing (MI)** for voluntary and court ordered family maintenance cases | » Training Academies<br>» County Resources | | | |
| **Implement Motivational Interviewing (MI)** for at-risk adolescents ages 12-17 served by a contracted provider | » EBP Providers<br>» Cultural Experts and Liaisons | $43,000 from ARPA/ CBCAP | $800,000 | $843,000 |
| **Training:** Strengthen fidelity to existing and support expansion for EBPs named in plan. | » State Resources<br>» Local Training | | $30,000 | $30,000 |
| **Planning and Technical Assistance:** Contract with Social Change Partners, LLC to develop CPP and provide implementation TA | » State Resources<br>» Local Training<br>» EBP Providers<br>» Contracted Consultants | | $275,000 | $275,000 |
| **County Administrative Capacity Building:** Strengthen admin, claiming, CQI, and fidelity monitoring infrastructure | » State Resources<br>» County Resources | | $195,000 | $195,000 |
| Subtotal: Amount Available $1,300,000 | | **$43,000** | **$1,300,000** | **$1,343,000** |

# ADDITIONAL ASSURANCES

*Instructions: These assurances must be submitted by local child welfare services (CFS) 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), Imperial County Department of Social Services 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 ICDSS 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), Imperial County Department of Social Services 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 Imperial County Department of Social Services 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**

Imperial County Department of Social Services 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 Imperial County Department of Social Services 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 ICDSS. 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 Imperial County Department of Social Services 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**

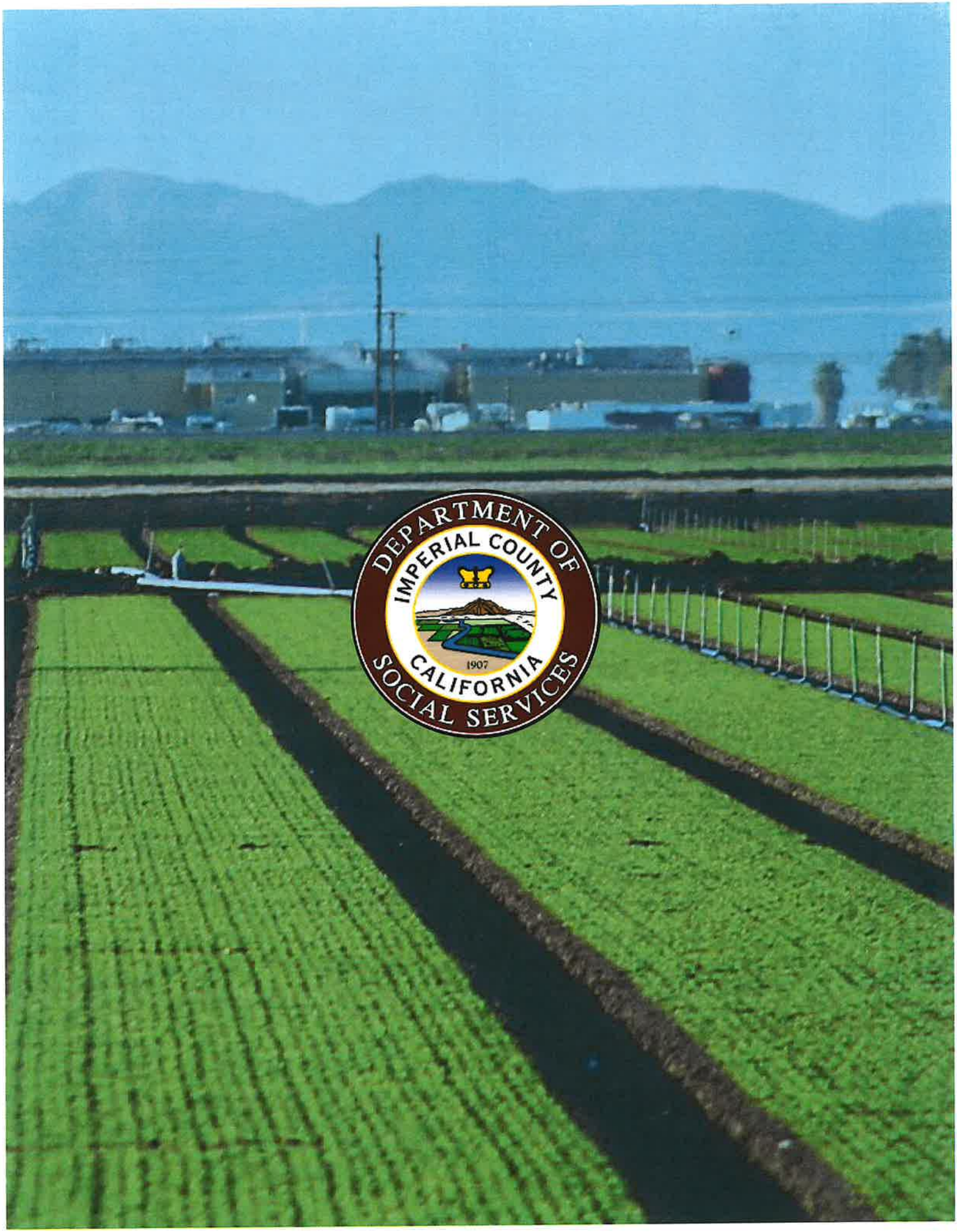
In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the Imperial County Department of Social Services assures the establishment of a joint written protocol, based on the model developed by the ICDSS and Department of Health Care Services 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.*

4/1/2026 — Pamela D. Adams

(DATE) (SIGNATURE OF AUTHORIZED CFS REPRESENTATIVE)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