



PLUMAS COUNTY COMPREHENSIVE PREVENTION PLAN

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

PREPARED BY



COMPREHENSIVE PREVENTION PLAN OF PLUMAS COUNTY

TITLE IV-E AGENCY INFORMATION

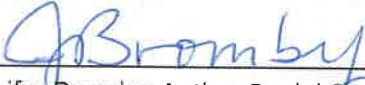


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TABLE OF CONTENTS

INTRODUCTION	4
Background on the Family First Prevention Services Act.....	4
Plumas County's Commitment to Prevention	4
Plumas County Data Profile	5
GOVERNANCE STRUCTURE	6
CROSS-SECTOR COLLABORATION & PARTNER ENGAGEMENT	7
Key Partners.....	9
TRIBAL CONSULTATION & COLLABORATION	10
INTEGRATED CORE PRACTICE MODEL	11
TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT	13
Local Assets & Needs Assessment	13
Candidate Groups & Data Estimates	17
SERVICES/ASSET MAPPING	21
EVIDENCE BASED PROGRAMMING.....	23
TIER 1 SERVICES.....	23
TIER 2 SERVICES.....	24
Other Prevention Programming in Plumas County	25
LINKING CANDIDATE GROUPS & EVIDENCE-BASED PROGRAMS.....	28
LOGIC MODEL.....	29
CPP SPENDING PLAN.....	30
ADDITIONAL ASSURANCES.....	32

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, Plumas County elected to opt-in to FFPSA and immediately commissioned 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.

Plumas County’s Commitment to Prevention

Plumas is a small, rural county that has faced significant challenges in recent years, including wildfires and significant impacts of the COVID-19 Pandemic. Plumas County Child Protective Services (CPS) operates within the Department of Social Services and oversees the full child welfare continuum and several programs for adults.

CPS recognizes prevention as central to ensuring child safety, strengthening families, and reducing the trauma associated with child welfare system involvement. This CPP reflects CPS’s strong commitment to building a trauma-informed, culturally responsive prevention system that addresses the unique needs of our community.

This Comprehensive Prevention Plan (CPP) represents Plumas 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, community-based organizations, families with lived experience, and tribal partners—and is grounded in local data, community needs, and evidence-based practices.

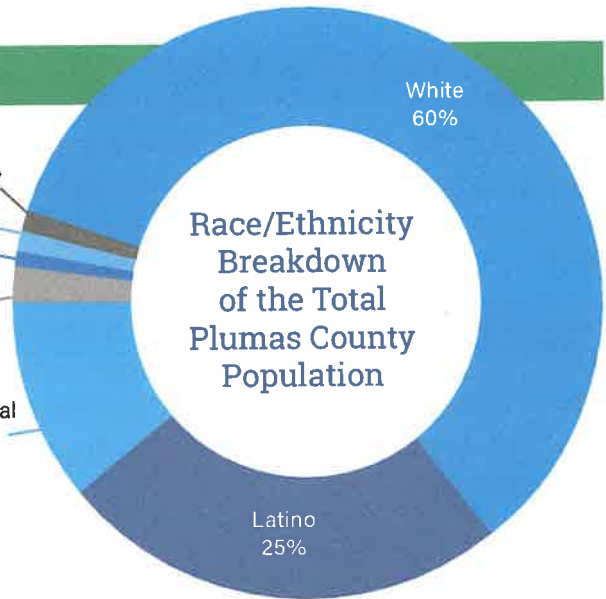
The success of this plan will be supported by Plumas County’s commitment to community collaborations including the Plumas Children’s Council, which serves as Plumas County’s Child Abuse Prevention Council (CAPC), and the Interagency Leadership Team (ILT), which further facilitates collaboration among essential local partners. CPS and all its partners are committed to family-centered practice and to expanding evidence-based prevention services to promote child safety, and support children and families before a crisis occurs.

Plumas County Data Profile

Population¹

Total Population	18,841
Children Ages 0–17	3,168

Native Hawaiian or Pacific Islander 1%
 Black 1%
 Asian 1%
 American Indian or Alaskan Native 2%
 Multicultural 11%



Child Welfare Rates (per 1,000)²

	Plumas	CA
Allegations	65.7	48.5
Substantiations	19.6	5.5
Entries to Foster Care	9.8	2.0

Unique Plumas County Indicators

- » In 2019-2023, 10.6% of households received SNAP (the Supplemental Nutrition Assistance Program). An estimated 44.8% of households that received SNAP had children under 18.³
- » 51% of children in Plumas County are exposed to two or more adverse experiences.⁴
- » Buprenorphine prescriptions are used to gauge the expansion of medications for opioid use disorder. The annual crude buprenorphine prescribing rate for 2023 was 74.65 per 1,000 residents compared to the state average of 21.41 per 1,000.⁵

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=063>

4 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/>

5 California Overdose Surveillance Dashboard (January, 2024). Plumas Opioid Overdose Snapshot: 2020-Q1 through 2023-Q1. Retrieved from <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>

GOVERNANCE STRUCTURE

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

In 2020, Plumas County established its AB 2083 interagency MOU to articulate shared commitments and agreements regarding the delivery of shared services to children, youth, and families. Among the principles articulated in the MOU is "to identify, develop, and maintain service systems consistent with public/private, community based, school-linked and family partnership, that can intervene early and/or prevent problems with at-risk children, youth, and families. The MOU was revised in 2024, and the current MOU remains in effect through June 30, 2027.

The MOU also comprised the current Interagency Leadership Team (ILT) to serve as the governing board of the collaborative. The ILT includes the Director of Social Services, Chief Probation Officer, Director of Behavioral Health, Superintendent of the County Office of Education, Plumas Crisis Intervention & Resource Center, Chief Student Services Officer of Feather River College, the Executive Director of the Far Northern Regional Center (FNRC), a California Tribal TANF Partnership representative, and the Plumas Charter School Executive Director.

Vision: The vision for the interagency MOU is: "All adults and families in Plumas County will be self-sufficient in keeping themselves, their children and their families safe, healthy, at-home, in school/employed, out of trouble and economically stable."

Mission: The System Partners seek to ensure that all public programs for children, youth and families will provide services in a timely, integrated, comprehensive, culturally responsive, evidence-based/best practice manner, regardless of the agency door by which children, youth and families enter. This mission includes an awareness of and a commitment to incorporate foster youth experience and voice into county level collaborations and partnerships that manage or oversee the delivery of services affecting youth in out of home care.

As recommended by CDSS in ACL 22-23, Plumas 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, including by distributing the evidence-based practice survey (EBP) and aggregating data about candidate groups.

Moving forward, the ILT will play a critical role in implementing this plan, including helping to make decisions about target populations, Evidenced-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
<ul style="list-style-type: none"> » Child Abuse Prevention Council (CAPC) » Child Welfare Agency » Probation Department » Tribal Representation » Office of Education » Behavioral Health Department » Non-Profit/Community-Based Organizations » Family Resource Centers » Foster Family Agencies » Youth Leader (Lived Expertise) » Parent Leader (Lived Expertise) » Former Foster Youth » Current Foster Youth (18+) 	<ul style="list-style-type: none"> » System of Care Partners » Private Organizations » Evidence-Based Program Provider/Purveyor » Program Evaluator » Faith-Based Institutions » First 5 » Public Health Department » Public Assistance Department » District Attorney's Office » Early Childhood Programs » Housing Department/Authority » Homeless Programs » Local Regional Centers » Local Offices of Employment/Career Centers » Local Vocational Training Centers/Community Colleges » Others identified by the collaborative

The children and families that are the intended beneficiaries of the services detailed in this CPP interact with multiple public systems including child welfare, behavioral health, public health, early care and education, K-12 education, probation, and housing. Plumas County recognizes that effective prevention will require collaboration across these multiple systems and sectors. Because the small population of the county is geographically concentrated, the leadership of all required and most

recommended systems partners are on a first-name basis and see each other regularly across various forums. Child and Family Services, Behavioral Health, CalWORKs, Probation, First 5, and others are all located in the same building in Quincy, allowing for easy referrals, and ongoing collaboration, including regular in-person meetings. The County Office of Education and Plumas Rural Services and most other recommended partners are located within a five-mile radius.

Interagency Leadership Team and Collaborative Partner Roster

ORGANIZATION	INDIVIDUALS
Plumas County Social Services	Jennifer Bromby, Acting Director
Plumas County Probation	Keevin Allred, Chief Probation Officer
Plumas County Behavioral Health	Sharon Sousa, Director
Plumas County Office of Education	Andrea Ceresola-White, Superintendent
Plumas Crisis Intervention and Resource Center	Kate Rahmeyer, Executive Director
Feather River College	Carlie McCarthy, Chief Student Svcs Officer
Far Northern Regional Center	Melissa Gruhler, Executive Director
Plumas Charter School	Taletha Washburn, Executive Director
California Tribal TANF	Robin Eich, Representative
First 5 Plumas	Pamela Becwar, Executive Director
Plumas Children's Council	Bethany Hammons, Coordinator
Plumas Rural Services	Paula Johnston, Executive Director

Through the development of this CPP, Plumas County Social Services has engaged the full range of cross-sector partners working together to reduce child abuse and neglect throughout the County. These include participants in the Plumas Children's Council, our Child Abuse Prevention Council (CAPC), First 5 Plumas, and Plumas Rural Services.

This commitment to collaboration will ensure that all entities, including prevention, early intervention, and treatment partners, work synergistically to keep children safe and support families at risk.

Key Partners

- ✓ **Plumas County Behavioral Health**
 Plumas County Behavioral Health provides mental health and substance use disorder services to residents and works closely with Child and Family Services. Behavioral Health also administers MHSA-funded programs that complement prevention services.
- ✓ **Plumas County Public Health Agency**
 Public Health offers home visiting programs, caregiver training, and consultation on child health. Public Health plays a critical role in early intervention and prevention, particularly for families with young children.

✓ **First 5 Plumas**

First 5 Plumas funds and coordinates early childhood programs and services, including family resource centers, home visiting, and parent education. First 5 is a key partner in serving families with young children at risk of child welfare involvement.

✓ **Plumas Rural Services**

Plumas Rural Services provides a range of supportive services, including from child care to domestic violence services, as well as behavioral health services, parent education, and services for individuals with developmental disabilities.

✓ **Plumas Crisis Intervention and Resource Center (PCIRC)**

PCIRC offers substance use disorder treatment and recovery services, as well as crisis intervention and support for individuals and families affected by addiction. PCIRC also offers housing assistance, emergency food distribution, and hosts local CASAs.

✓ **Rethink Industries.**

Rethink Industries provides mental health and trauma counseling services, with a particular focus on supporting fire survivors and individuals affected by trauma.

✓ **NorCal Continuum of Care**

Plumas County is a member of the NorCal Continuum of Care, a consortium of seven rural northern California counties working together to address homelessness. The NorCal CoC coordinates planning for housing and services for homeless individuals and families.

✓ **Schools and Education**

Plumas Unified School District and the Plumas County Office of Education are essential partners in identifying and supporting at-risk children and families. School-based mental health services and supports are critical components of the prevention continuum.

✓ **Youth and Families with Lived Experience**

This CPP was developed in consideration of the perspectives and experiences of expert consultants with lived experience of local child welfare, Probation, and other public systems. At the launch of this planning process, Plumas convened its ILT, the members of whom maintain multiple structures for direct engagement with youth, parents, and caregivers. Probation also reached out to youth directly to brief them on the project and offer the opportunity to engage. Furthermore, concurrent with the development of this CPP Plumas County DSS was in the midst of developing its 2025 C-CFSR County Self-Assessment, and child welfare and probation-involved youth, parents, foster parents, and community advocates all recently participated in the development of Plumas County's.

Moving forward, DSS and Probation will proactively engage parents and youth with lived experience in every element of CPP implementation. As a small county, we have several established, reliable structures for doing so. A key partner in CPP implementation will be Plumas Rural Services (PRS). Many PRS staff, including leadership, have lived experience of our local public systems, and several are foster parents. Another key partner is Plumas Crisis Intervention and Resource Center (PCIRC), which, in addition to employing staff with lived experience, hosts our local CASA organization. Both PRS and PCIRC are represented on the ILT, and DSS, Probation, and the entire ILT will engage them to ensure that local experts with lived experience are directly involved throughout the implementation and oversight of this CPP.

TRIBAL CONSULTATION & COLLABORATION

Plumas County is committed to meaningful consultation and collaboration with local Tribal nations. Native American residents represent approximately 3% of the county's population, and the County recognizes the importance of culturally responsive services that honor Tribal values and traditions.

CPS partners closely with the Greenville Rancheria, a federally recognized tribe located in Indian Valley approximately three miles east of Greenville. The Rancheria operates medical and dental clinics in Greenville and Red Bluff, staffed by 35 doctors across multiple specialties. Services include acute walk-in care, behavioral health supports, community health programs, dental services, and an Environmental Protection Agency unit.

This relationship strengthens the continuum of care by promoting culturally responsive practice, supporting early engagement with Native American families, and encouraging consistent collaboration. The positive relationship between CPS and tribal partners can help ensure that families receive appropriate supports before circumstances escalate to child welfare intervention.

Plumas 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 will continue to engage with Tribal partners throughout CPP implementation, including through

- ✓ Regular consultation on service planning and delivery
- ✓ Exploration of cultural adaptations to evidence-based programs
- ✓ Collaboration on workforce development and training
- ✓ Coordination on outreach and engagement strategies

Plumas County will document Tribal consultation activities and incorporate Tribal feedback into ongoing CPP refinement and program development.

INTEGRATED CORE PRACTICE MODEL

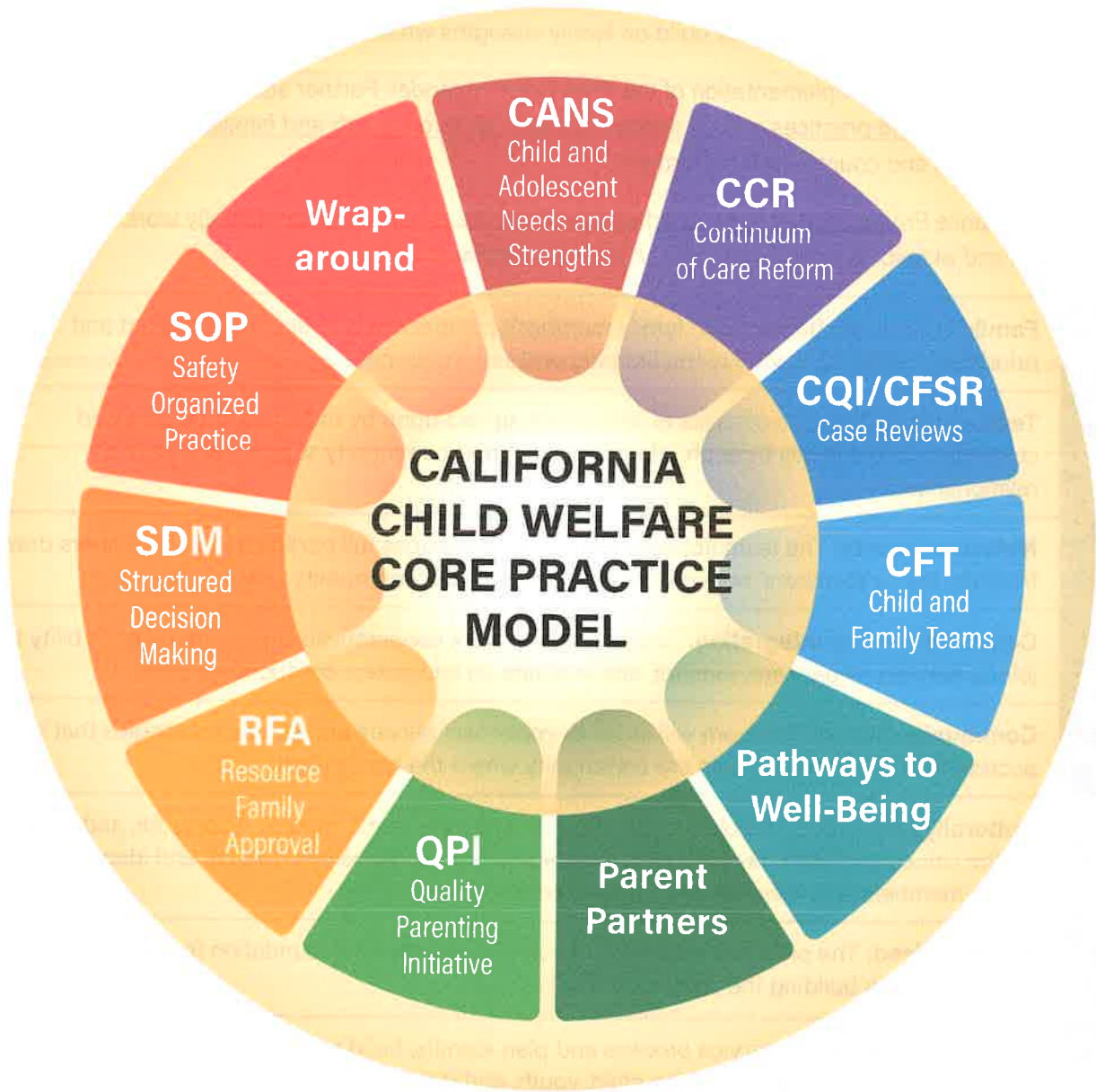
Plumas County has adopted the California Child Welfare Integrated Core Practice Model (ICPM), which provides a framework for family-centered, trauma-informed practice. The CPM emphasizes engagement, teaming, and individualized services that build on family strengths while addressing needs.

The AB 2083 MOU reads: “Implementation of the Core Practice Model: Partner agencies 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 CPS 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.



TARGET CANDIDACY POPULATIONS & NEEDS ASSESSMENT

Local Assets & Needs Assessment

Multiple relevant community studies were reviewed while developing this CPP, including:

-  **Plumas County Mental Health Services Act Three-Year Plan 2023-2026 and Annual Updates for FY 21/22 & FY 22/23**
-  **First 5 Plumas Strategic Plan 2020-2025**
-  **Plumas County Community Health Improvement Plan 2023-2028**
-  **Plumas County Community Health Assessment 2020**
-  **2022 Plumas County COVID-19 & Wildfire Health Impacts**
-  **2024 Plumas County Juvenile Justice Plan**

These findings were supplemented through individual meetings and discussions with County staff, and reviews of other available primary and secondary data, including the U.S. Census Bureau, the California Department of Public Health, and County Health Rankings.

SUMMARY OF COMMUNITY NEEDS

Located in the Northern portion of the Sierra Nevada Mountain Region of California, Plumas County encompasses approximately 2,613 square miles of territory. According to the U.S. Census Bureau, the County had a population of 18,841 as of 2025. Over the past two decades, the county has experienced steady population decline.

Plumas County is sparsely populated, rural, and predominantly White (83%), followed by Hispanics/Latinos (9%), those identifying as two or more races (4%), and Native Americans (3%), with the remainder consisting of other races and ethnic groups. According to the Plumas County Community Health Assessment, its population is older than that of California or the United States. It has a slightly lower percentage of individuals below the ages of 5 or 18, and a higher percentage of individuals over the age of 65. Its median household income is significantly lower than for California.

Based on our review, the six main drivers of child welfare system involvement (pillars of need) in Plumas County that the county seeks to address through this CPP are:

- Domestic violence
- Mental health challenges
- Substance abuse
- Limited availability of and access to support services
- Economic and housing instability
- Elevated risk of adverse childhood experiences and child abuse

Plumas County's Six Main Pillars of Challenge

Domestic Violence
and Intimate
Partner Violence



Substance
Abuse



Mental
Health
Challenges



Lack of
Support
Services



Economic and
Housing
Instability



Elevated Risk
of ACEs and
Child Abuse



Domestic Violence and Intimate Partner Violence

Domestic violence represents a significant concern for Plumas County families and is frequently a co-occurring factor in child welfare cases. Intimate partner violence, which includes physical violence, sexual violence, stalking, and psychological

harm by a current or former partner, is a public health problem that affects 1 in 4 women and 1 in 10 men in their lifetimes. In Plumas County, the number of domestic violence filings demonstrated a consistently increasing trend from 2014 to 2019, almost doubling from 35 filings in 2014 to 57 filings in 2019. More recent data shows that domestic violence-related calls for assistance have continued to fluctuate, ranging from a low of 92 calls in 2021 to a high of 140 calls in 2020, with 106 calls reported in 2023. Domestic violence creates cascading impacts on families, as survivors frequently experience mental health conditions such as depression and posttraumatic stress disorder (PTSD), and chronic health conditions, and are more likely to engage in health risk behaviors such as smoking, binge

drinking, and high-risk sexual practices. For children, exposure to domestic violence is a major risk factor for child maltreatment and can disrupt healthy neurological and physical development. Plumas Rural Services provides domestic violence services to families in need, including a shelter for victims and families, counseling services, and other support services.



Substance Abuse

Substance abuse within families is a primary factor that results in child welfare system involvement, and it is a key issue in Plumas County. In its 2023 Community Health Improvement Plan, "Drug and Alcohol Abuse and Overdose" was the number one community-identified health issue.

According to the First 5 Plumas Strategic Plan 2020-2025, the opioid overdose rate in some areas of the county is up to five times higher than California's rate. Families are often left with little structured support to overcome opioid addiction, given that the county lacks any residential treatment options. Usage of opioids during pregnancy can negatively impact

children's health and development. Use of drugs before and during pregnancy is associated with lower birth weight, and in Plumas County, County Health Data Rankings show that 9% of infants are born with low birth weight, compared to 7% statewide.



Mental Health Challenges

Mental health challenges are another key driver of child welfare system involvement, and in Plumas County families are experiencing higher rates of mental health issues than the average Californian. The suicide rate in Plumas County is more than double the state average, according

to the latest data from the California Department of Public Health. Mental health risk among children and teens in the county is also a key challenge. Students at all grade levels report equivalent or greater rates of feelings of clinical depression compared to California-wide statistics. In a survey carried out as part of the County's MHSA plan, "sadness and depression among youth and adults" was the top area of concern identified by surveyed stakeholders. The problem is compounded by the fact that the county has only 53 mental health providers, according to the First 5 Plumas Strategic Plan 2020-2025, which hinders effective and timely treatment for residents.



Lack of Availability of and Access to Support Services

Lack of access to services is a common challenge for rural and isolated communities like Plumas County. Limited access to preventative health services was among the top three issues prioritized by the community in the 2023 Community Health

Improvement Plan. Improving access to services for children and their families was also a key area of concern prioritized by community stakeholders in the county's MHSA plan. In the MHSA 2023 Stakeholder Survey, communities consistently highlighted the

need for increased services for children, including mental health, behavioral and family support. Many residents face transportation challenges when seeking care, especially in the winter months, due to the county's dispersed and rural geography. Specialty care options are limited, necessitating patients to travel to larger metropolitan areas and resulting in cost and other challenges. The county operates with limited resources and has experienced a large decrease in staffing, especially among licensed clinicians, a problem that has become even more acute following COVID-19 and the Dixie Fire. The County also lacks non-profit agencies to contract with for provision of services.



Economic and Housing Instability

Despite facing a lower overall poverty rate than California, economic and housing insecurity is a pervasive issue in Plumas County, with cascading effects on family health and well-being. The First 5 Plumas Strategic Plan 2020-2025 highlights economic security as a key issue for its residents. County

residents have lower median incomes compared to statewide averages, and the county has a higher unemployment rate than the state or the nation. Employment is seasonal, with the unemployment rate in winter typically more than double the rate in summer. In addition, 18% of children in the county live in poverty, compared to 15% statewide, according to the County Health Data. According to the Plumas County MHSA Plan, food insecurity rates are higher for children than for adults (28.6% vs. 18.6%). The MHSA notes that housing affordability contributes to economic pressures, impacting families and children who are forced to move out of the county to find affordable housing. The issue has been exacerbated in recent years following multiple wildfires in the region, as housing inventory is low and the cost of home-owners fire insurance has risen significantly. According to 2022 Plumas County COVID-19 & Wildfire Health Impacts report, the 2021 Dixie fire destroyed three communities and about 5% of the county's housing units.

The county's 2023 Point-in-Time Survey found that 14% of individuals experiencing homelessness were under the age of 18.



Elevated Risk of Adverse Childhood Experiences and Child Abuse

Adverse Childhood Experiences (ACEs) are traumatic experiences that occur during childhood and can have a significant impact on an individual's health and well-being. According to the First 5 Plumas Strategic Plan 2020-2025 report, combined data for Plumas

and its surrounding counties shows that children are experiencing higher numbers of ACEs compared to

California overall. Plumas County also has a child abuse/neglect rate that is more than double that of the statewide average (22/1,000 children compared to 8/1,000 children). The rate of substantiated childhood maltreatment filings has been two to five times above California's rate, according to the Community Health Assessment. Also, the rate of children in foster care in the county is above state averages, according to the 2024 Plumas County Juvenile Justice Plan.

COMPOUNDING IMPACTS OF NATURAL DISASTERS AND COVID-19

Several disasters over the past few years have negatively impacted Plumas County Residents, including multiple wildfire events occurring simultaneously with the COVID-19 pandemic. These have compounded the challenges documented in the pillars of need that often necessitate child welfare system involvement, including mental health, economic and housing insecurity, and reduced access to services.

According to the 2022 Plumas County COVID-19 & Wildfire Health Impacts report:

"Some of the effects of the COVID pandemic and the wildfires are similar and consequently difficult to separate: a variety of data indicate that both events led to harm to physical and mental health, as well as social and economic losses and exacerbation of longstanding concerns, such as difficulty accessing health services and lack of affordable housing. Some of these effects are likely to persist for many years."

The MHSA also highlights key relevant impacts:

- ✓ "Plumas County is still recovering from the Dixie Fire in 2021. The residents of the county continue to experience trauma from this event which creates a greater need to address the trauma among our entire community."
- ✓ "Mental Health has also become a greater focus after COVID-19 and we are finding that multiple agencies are looking to hire their own clinicians and they are able to offer higher wages and better benefits and hours than the county."

Candidate Groups & Data Estimates

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services</p> <p>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.</p>	<p>7 (Point in Time Count)</p>
<p>Probation Youth</p> <p>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.</p>	<p>1 (Point in Time Count)</p>
<p>Guardianship/Adoption at Risk of Disruption</p> <p>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-reunited 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.</p>	<p>1 (Point in Time Count)</p>
<p>Children with Substantiated/Inconclusive Allegation</p> <p>Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for Title IV-E Prevention Services if the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (11.3%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the substantiated dispositions, 16,292 (11.3%) were closed after investigation, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.</p>	<p>Average of 2-3 per month</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children w/ Siblings in Foster Care Children who have siblings in foster care, and who are determined at imminent risk of foster care will be eligible to receive Title IV-E prevention services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents). In SFY 2019-2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.</p>	<p>7 (Point in Time Count)</p>
<p>Homeless/Runaway Youth Homeless or runaway youth who are determined to be at imminent risk of foster care can receive Title IV-E prevention services. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.</p>	<p>Currently 0</p>
<p>LGBTQ Youth The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.</p>	<p>Currently 0 known</p>
<p>Substance-Exposed Infants Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.</p>	<p>Currently 0</p>
<p>Trafficked Children & Youth Trafficked children and youth who are determined to be at imminent risk of entering foster care will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019-20, there was an average of 1,081 youth identified as victims of CSE by child welfare and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care due to being trafficked, based upon the use of an approved assessment tool for this specialized population.</p>	<p>Currently 0</p>

Candidate Group/Target Population with Description and State Data	County Estimate
<p>Children Exposed to Domestic Violence Children exposed to domestic violence who are determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E services. Between February and September of 2020, a total of 34,433 "Emotional Abuse" referrals were screened in for investigation. Of those, 23,409 (67.98%) had the "Exposure to Domestic Violence" indicator selected. Title IV-E funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child's entry into foster care.</p>	<p>2 at imminent risk of foster care entry</p>
<p>Children w/ Caretaker Experiencing Substance Use Disorder Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E prevention services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare involvement compared to other children. The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, or chaotic environments. Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.</p>	<p>1 at imminent risk of foster care entry</p>
<p>Other Serious Risk Factors Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV- E prevention program when services identified in the state's prevention plan may provide interventions that mitigate risk of entry into foster care. Examples include: Current or recent (within 6 months) family involvement with social services agency.</p> <ul style="list-style-type: none"> - A change in family relationships characterized by frequent conflict or violence; - Recent increase in substance use that impacts daily functioning and ability to care for the child or youth; - Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth; - Incarceration of the caregiver; - Child or youth participated in criminal activity; and - Other recent or current circumstance that may cause family instability or a threat to the child/ youth's safety or well-being. 	<p>4 youth known to have participated in criminal activity</p> <p>6 incarcerated caregivers (Dec 2025)</p>

COMMUNITY PATHWAY MODEL

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

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

Because they lack the stigma sometimes associated with public child welfare agencies and therefore maintain a deeper level of trust in

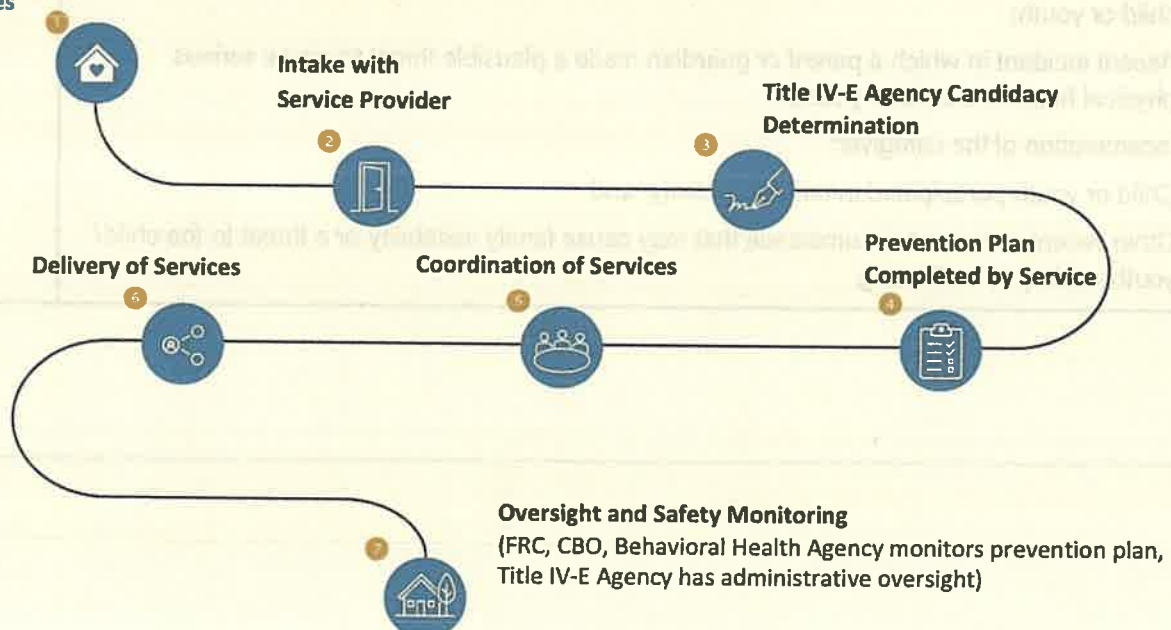
the community, CBOs delivering a Community Pathway model are likely to be able to increase support service utilization by families experiencing challenges, while improving child and family outcomes and advancing equity.

Plumas 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. However, to operationalize the model, Plumas 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
- » 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

COMMUNITY PATHWAY: THROUGH THE LENS OF AN INTEGRATED PRACTICE MODEL

Family in Need of Supports and Services



SERVICES/ASSET MAPPING

Plumas County has developed a 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 to develop an inventory of child maltreatment and foster care prevention programs currently being delivered in Plumas 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.

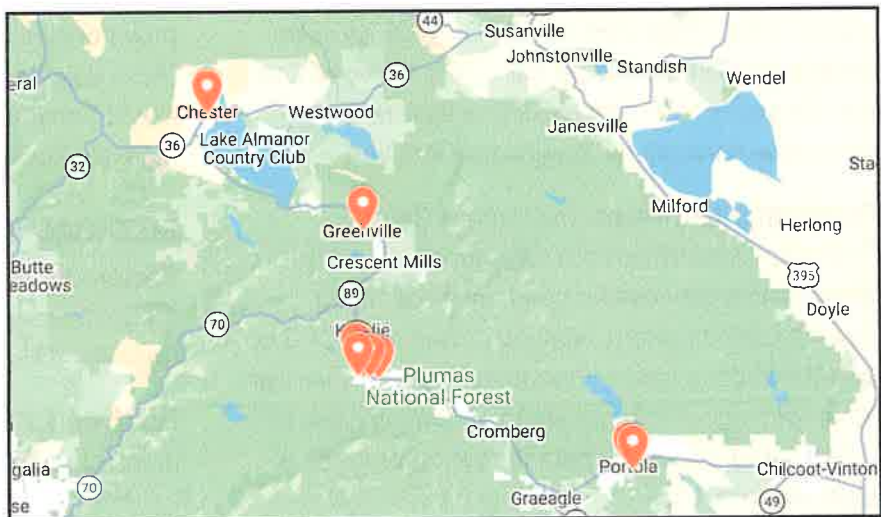
Below is a list of the current programs with descriptions and links to their websites. All agencies and organizations are plotted on the asset map:

COUNTY-OPERATED SERVICES

Child and Family Services (CPS). Plumas County Child and Family Services provides child protective services, foster care and adoption services, and family reunification services. CPS collaborates closely with CalWORKs on shared cases and maintains partnerships with behavioral health, public health, and education.

Plumas County Behavioral Health (PCBH). PCBH provides mental health and substance use disorder services through a network of Wellness Centers and clinical programs:

» **Wellness Centers.** PCBH operates Wellness



Centers in Portola and Chester. The Greenville Wellness Center was destroyed in the 2021 Dixie Fire; PCBH now provides therapy and medication services two days per week at the Plumas District Hospital Greenville Clinic. Wellness Centers offer outpatient mental health services, case management, peer support, and community integration activities.

» **Substance Use Disorder Treatment.** PCBH provides outpatient SUD treatment, teen access programs, and assessments. Provides Intensive Outpatient Treatment and Outpatient Drug Free group services along with crisis, assessment, treatment planning, case management, perinatal and youth services as well as residential services to those who qualify. Coordinates residential treatment for those who meet the criteria.

MHSA-Funded Programs. MHSA Community Services and Supports (CSS) funds Full-Service Partnership programs, peer employment programs (Adult Work Program and TAY Work Program), crisis support, and outreach and engagement services.

Plumas County Public Health Agency. Public Health offers home visiting programs, caregiver training, and consultation on child health. Although an embedded Public Health Nurse is not currently staffed within CPS, collaboration continues across multiple

programs including maternal and child health services and early intervention.

CalWORKs. CPS collaborates with CalWORKs on shared cases. Programs include CalWORKs cash assistance, CalFresh, Medi-Cal, CAPI, Refugee Cash Assistance, TCVAP, homelessness assistance, and supportive services for low-income families.

Probation Department. The Plumas County Probation Department provides supervision and rehabilitative services for youth involved in the juvenile justice system, working closely with CPS on dual-jurisdiction cases. Probation provides diversion programming for low risk youth, a truancy class for parents, and a 12-week parenting program that is open to the public.

COMMUNITY-BASED PARTNERS AND CONTRACTED SERVICES

First 5 Plumas. First 5 Plumas funds and coordinates early childhood programs and services for families with children ages 0-5, including family resource centers, home visiting, parent education, and developmental screenings.

Plumas Rural Services (PRS). PRS provides multiple prevention and support programs:

- » 0-5 Counseling Services Program
- » Private Insurance Provider Program
- » Mild to Moderate Mental Health Provider Program
- » SAMHSA Behavioral Health Training grant programs (ASIST, safeTalk, Mental Health First Aid)

Plumas Crisis Intervention & Resource Center (PCIRC). PCIRC provides substance use disorder treatment and recovery services, crisis intervention, and support for individuals and families affected by addiction.

Rethink Industries. Rethink Industries provides mental health and trauma counseling services, with particular focus on supporting fire survivors and individuals affected by trauma. Following the Dixie Fire, Rethink Industries opened an immediate online "Emergency Connection" support group for fire

survivors and sent trauma counselors to emergency shelters.

Other Contracted Providers. Additional contracted providers include individual counseling providers (April Bay, Regina Marshal, Kathleen Toland MFT, David Schaffer LCSW, Aly Makena MFT) and CPS legal services (Morgan Johnson).

MEDICAL AND HEALTHCARE PROVIDERS

Eastern Plumas Health Care. Provides mild to moderate mental health services through the Behavioral Health Provider Program.

North Fork Family Medicine. Offers mild to moderate mental health services and accepts private insurance.

Plumas District Hospital. Provides medical services and hosts PCBH clinical services at the Greenville Clinic location.

Greenville Rancheria. Medical and dental clinics in Greenville and Red Bluff including behavioral health supports and community health programs.

REGIONAL AND EXTERNAL PARTNERS

Far Northern Regional Center (FNRC). Provides services and supports for individuals with developmental disabilities.

NorCal Continuum of Care. Plumas County participates in the NorCal Continuum of Care, a consortium of seven rural northern California counties addressing homelessness. The NorCal CoC coordinates planning for housing and services for homeless individuals and families and administers the HUD Housing Choice Voucher Program (Section 8) for Plumas County.

EVIDENCE BASED PROGRAMMING

To comprehensively assess the current continuum of prevention programming in Plumas 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 federal 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 Plumas 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.

Plumas 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 Plumas County possesses existing capacity to deliver them. Plumas 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 » Decrease in youth delinquent behavior and substance use » 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
Parents as Teachers	In-Home Parent Skill-Based	Parents/caregivers with children ages zero to kindergarten	» Increased child safety: child welfare administrative reports » Increased child well-being: social functioning » Increased child well-being: cognitive functions and abilities

TIER 2 SERVICES

The following EBPs are listed on the Title IV-E Prevention Services Clearinghouse, and Plumas 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 Plumas 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
Child-Centered Play Therapy	Mental Health	Children ages 3 to 10 who are experiencing social, emotional, behavioral, and relational disorders	<ul style="list-style-type: none"> » Increased Child Well-Being: Behavioral and emotional functioning » Increased Child Well-Being: Social functioning » Increased Child Well-Being: Educational achievement and attainment
Cognitive Processing Therapy	Mental Health	Adults with PTSD	<ul style="list-style-type: none"> » Increased adult well-being; parent/caregiver mental or emotional health
Dialectical 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.	<ul style="list-style-type: none"> » Increased adult well-being; parent/caregiver mental or emotional health » Increased adult well-being; parent/caregiver physical health
Eye Movement Desensitization and Reprocessing: Standard Protocol	Mental Health	Individuals experiencing distress associated with traumatic memories and/or a variety of other mental health problems	<ul style="list-style-type: none"> » Increased child well-being; behavioral and emotional functioning » Increased adult well-being; parent/caregiver mental or emotional health » Increased adult well-being; parent/caregiver physical health
Mindfulness-Based Cognitive Therapy	Mental Health	Adults with depression symptoms or other mental disorders, such as anxiety	<ul style="list-style-type: none"> » Increased adult well-being; parent/caregiver mental or emotional health » Increased adult well-being; parent/caregiver physical health
Mindfulness-Based Cognitive Therapy: Parents	Mental Health	Parents of children ages 2-12 with parental depression symptoms	<ul style="list-style-type: none"> » Increased adult well-being; parent/caregiver mental or emotional health » Increased adult well-being; parent/caregiver physical health

Other Prevention Programming in Plumas County

In addition to the evidence-based programs detailed above, Plumas County delivers a range of other prevention programs that support children, youth, and families. While these programs are not currently eligible for Title IV-E reimbursement, they represent important components of the county's prevention continuum and some may represent capacity that can be leveraged in the implementation of additional evidence-based practices implemented in the future.

Plumas County also recognizes that effective prevention requires a comprehensive array of services that address the full spectrum of family needs. Many of the programs described below fill critical service gaps, provide culturally responsive services, and address the unique challenges facing rural mountain communities affected by natural disasters and economic instability.

WELLNESS CENTER PROGRAMMING AND PEER SUPPORT

Plumas County Behavioral Health Wellness Centers operate in Quincy, Portola, and Chester, providing recovery-oriented, consumer-focused services that promote wellness and community integration. These centers offer peer advocates, wellness and recovery-focused programming (nutrition classes, smoking cessation, restorative yoga, art, music, walking groups), consumer-run activities, and community access resources including computer labs and lending libraries. Each center provides "flex space" for community partners to deliver services, enhancing local access to support.

The Wellness Centers serve as community hubs that reduce social isolation, increase engagement in treatment, provide peer employment opportunities for individuals with lived experience, and improve access to mental health services across geographically dispersed communities.

The Wellness Centers employ peer advocates who provide peer-to-peer support, help identify community needs for wellness programming, and facilitate peer-run groups and activities. This program creates meaningful employment opportunities for individuals with mental health challenges while providing culturally competent support grounded in shared lived experience.

SUPPORTED EMPLOYMENT PROGRAMS

Adult and Transitional Age Youth (TAY) Peer Employment Programs enroll highly motivated clients, some of whom receive Supplemental Security Income or SSDI, in work-based recovery programs. The Adult Work Program serves approximately 10 adult clients annually, while the TAY Work Program serves approximately 12 TAY clients annually. Participants engage in community-based work projects including trail maintenance, cleanup activities, and service projects throughout Plumas County. One day per week, clients participate in the evidence-based Working at Gaining Employment Skills (W.A.G.E.S.) program, which includes professional skills development, resume and cover letter creation, and mock interviews. Throughout all activities, PCBH staff trained in Cognitive Behavioral Therapy, Solution-Focused Therapy, and Mindfulness-Based Cognitive Therapy provide therapeutic interventions. Previous participants have obtained internships through the Forest Service, employment within PCBH, and positions with other community agencies. The program addresses a critical need for vocational rehabilitation and supported employment services in a rural county with limited workforce development resources.

The Alliance for Workforce Development (AFWD) in Plumas County provides comprehensive career services, including resume assistance, job placement, and access to job listings on platforms like CalJOBS.

CRISIS SUPPORT AND EMERGENCY SERVICES

Local Hospital Crisis Support provides funding for round-the-clock crisis observation services at Plumas County's local hospitals. This program improves care for individuals experiencing severe mental illness who present in emergency departments and strengthens collaboration between PCBH and hospital partners. The program ensures that individuals in acute crisis receive appropriate support and supervision while awaiting psychiatric evaluation or placement.

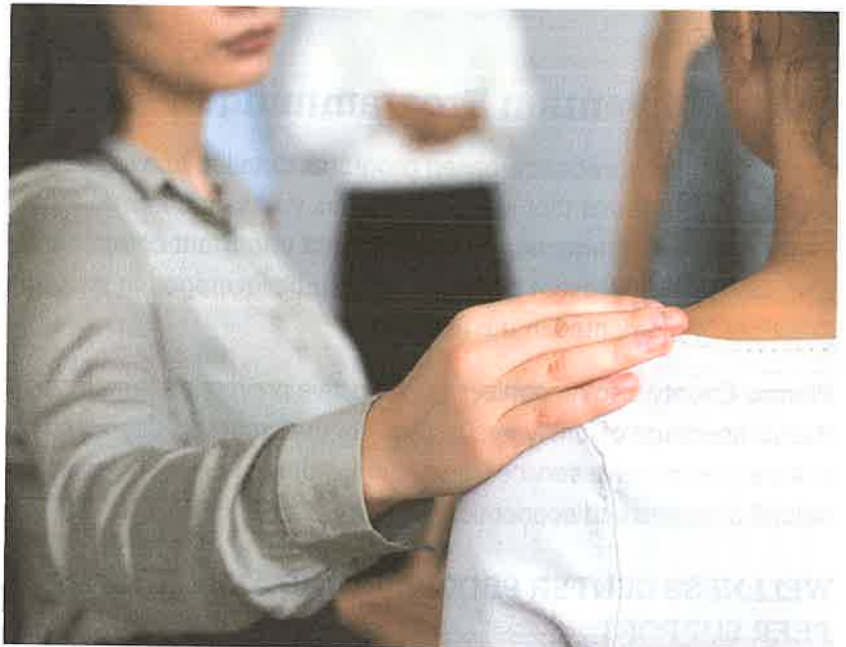
24/7 Plumas/Sierra Crisis Line & Emergency Services operated by Plumas Crisis Intervention & Resource Center (PCIRC) provides immediate crisis intervention, support, and resource connection.

TRAUMA TRAINING AND SUICIDE PREVENTION

SAMHSA Behavioral Health Training Programs offered through Plumas Rural Services provide no-cost evidence-informed training to staff, stakeholders, and community members, including:

- » **ASIST (Applied Suicide Intervention Skills Training):** A two-day workshop teaching suicide first aid skills
- » **safeTALK:** A half-day program that teaches participants to recognize suicide warning signs and connect persons at risk with community resources
- » **Mental Health First Aid:** Training to help the public identify, understand, and respond to signs of mental illness and substance use disorders

These trainings build community capacity to recognize and respond to mental health crises and reduce stigma associated with mental illness. Research demonstrates that Mental Health First Aid participants show significant improvements in



knowledge, attitudes, and helping behaviors toward individuals with mental health challenges.

CALMHSA EACH MIND MATTERS CAMPAIGN

Plumas County participates in the statewide Each Mind Matters suicide prevention and mental wellness campaign, which provides branded messaging to promote mental health, reduce stigma and discrimination, and prevent suicide across California. The initiative addresses three key components: Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health.

SCHOOL-BASED PREVENTION PROGRAMMING

SafeBase Program (Plumas Rural Services) provides individual and group counseling with a paraprofessional counselor at Plumas County Charter and Community Schools, promoting wellness, resiliency, and healthy relationship skills for at-risk youth. The program emphasizes community-based services delivered on campus, providing regular prevention programming related to developing healthy interpersonal relationships and weekly group counseling sessions that screen for early signs of mental illness among middle and high school youth.

Students demonstrating mild to moderate needs can meet one-on-one with the paraprofessional counselor following group sessions. Participants also have access to support via text or phone during business hours. Group sessions utilize evidence-based curricula including the One Circle Foundation and the CAST model. SafeBase focuses heavily on the county's charter and community schools serving higher-risk youth, many of whom are Transition Age Youth.

Visions Program (Plumas Rural Services) is a prevention program for girls and nonbinary teens ages 11-18 grounded in research on girls' development. The program provides an all-girl space that supports self-confidence, physical and emotional resiliency, healthy relationships, and regular physical activity. The Girls Rite curriculum is delivered afterschool with meetings twice monthly during the school year, utilizing research-based, age-appropriate curricula focused on guided discussions, youth-developed group guidelines, journaling, positive self-talk, and peer and adult nonviolent communication. Professional women in the community are invited

to speak and participate regularly, fostering positive relationships with adult mentors.

FAMILY SUPPORT AND EARLY INTERVENTION SERVICES

0-5 Counseling Services Program, and Mild to Moderate Mental Health Services provide accessible mental health services to children, youth, and families. These programs address service gaps for families who do not meet criteria for severe mental illness services but require clinical intervention to prevent escalation of symptoms and family stress.

EMERGENCY ASSISTANCE AND CONCRETE SUPPORTS

PCIRC provides emergency utility assistance, assistance with Medi-Cal/CalFresh/benefits applications, food pantry services, and intensive case management/peer counseling. These concrete supports address immediate family needs that, if unmet, increase risk of child welfare involvement.



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, Plumas County has included all 12 candidate groups along with expectant and parenting youth in foster care in this CPP. The County has likewise included all federally reimbursable EBPs from the Title IV-E Prevention Services Clearinghouse for which service delivery capacity presently exists, as well as EBPs the County intends to explore in the future.

Over time, the County intends to facilitate access to EBPs for all children and families in need of services. At the same time, Plumas County recognizes that implementation of FFPSA and the CPP is likely to be a multi-year process consisting of several phases, and that building the capacity to address

all underlying needs will take time and additional resources. A key success factor in implementation will be strategically linking the delivery of EBPs with subpopulations of children and families who are most likely to benefit from them.

In Phase 1 of its implementation, Plumas County intends to explore the utilization of Motivational Interviewing (MI) by CBO staff serving a broad range of potential “candidates” including the Family Maintenance population and children in families receiving aftercare services who are at-risk of reentry, and by Probation staff serving probation youth subject to a petition under WIC 602. MI is intended to increase family engagement, improve client outcomes, and increase the fiscal sustainability of existing programming.

Program	Service Category	Phase 1 Target Population(s)	Provider	Outcome Objectives
Motivational Interviewing	Cross Cutting	» Probation Youth Subject to a Petition Under WIC 602	County Probation	<ul style="list-style-type: none"> ✓ Strengthen family engagement ✓ Increase effectiveness of prevention caseworkers
		» Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services	Contracted Provider	<ul style="list-style-type: none"> ✓ Improve outcomes for youth and families served ✓ Improve sustainability of programming
		» Children in Families Receiving Aftercare Services and at Risk of Reentry		

In Phase 2, likely to begin in 2027, Plumas County will explore and develop partnerships with additional agencies including Behavioral Health to leverage IV-E Prevention Funding for the expansion of additional EBPs.

LOGIC MODEL

TARGET POPULATIONS

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



COMMUNITY NEEDS

- » Domestic violence and intimate partner violence
- » Mental health challenges
- » Substance abuse
- » Limited availability of and access to support services
- » Economic and housing instability
- » Elevated risk of adverse childhood experiences and child abuse



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

- ✓ A shared vision and plan for Families First
- ✓ Effective coordination between entities on eligibility determinations, casework, service delivery, and evaluation
- ✓ Improved child and family engagement and outcomes
- ✓ Increased effectiveness of prevention caseworkers
- ✓ Improved fiscal sustainability of prevention programming



LONG-TERM IMPACT

- ✓ At-risk families in Plumas 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

Plumas 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 Plumas 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 will support the success of this spending plan.

STRATEGY 2

Use FFPSA State Block Grant funds to support existing EBPs in Plumas 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 candidates including Voluntary and Court Ordered Family Maintenance Cases	<ul style="list-style-type: none"> » EBP Providers » Cultural Experts and Liaisons » County Resources 	\$0	\$85,000	\$85,000
Implement Motivational Interviewing (MI) for children and families receiving aftercare services and at risk of reentry	<ul style="list-style-type: none"> » EBP Providers » Cultural Experts and Liaisons 	\$0		
Implement Motivational Interviewing (MI) for Probation youth subject to a WIC 602 petition	<ul style="list-style-type: none"> » EBP Infrastructure » Local Training 	\$0		
Training: Strengthen fidelity to existing and expansion EBPs named in plan.	<ul style="list-style-type: none"> » State Resources » Local Training 	\$0	\$5,000	\$5,000
Planning and Technical Assistance: Contract with Social Change Partners, LLC to develop CPP and provide implementation TA	<ul style="list-style-type: none"> » State Resources » Local Training » EBP Providers » Contracted Consultants 	\$0	\$245,000	\$245,000
County Administrative Capacity Building: Strengthen admin, claiming, CQI, and fidelity monitoring infrastructure	<ul style="list-style-type: none"> » State Resources » County Resources 	\$0	\$40,000	\$40,000
			\$375,000	\$375,000

ADDITIONAL ASSURANCES

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

Title IV-E Prevention Program Reporting Assurance

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California Welfare and Institutions Code (WIC) section 16587(d)(9), the **Plumas 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 CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring Assurance

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the **Plumas 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 **Plumas 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

The **Plumas 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 **Plumas 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 CDSS. The agency agrees to participate in state level fidelity oversight, evaluation and coordination to determine the effectiveness of a service provided under the FFPS program.

Advancement of Fairness and Equity Strategies Assurance


In accordance with the Governor’s Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the **Plumas 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 **Plumas County Department of Social Services** assures the establishment of a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Assurances Signatures

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

3/18/24 
(DATE) (SIGNATURE OF AUTHORIZED CWS REPRESENTATIVE)

 3.18.24
(DATE) (SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE)

Model (b)(5) - DPP
Model (b)(7) - (C)
Model (b)(7) - (D)
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