

COMPREHENSIVE PREVENTION PLAN
*The County of San Diego: Moving Toward a
 Comprehensive Prevention Plan*



Title IV-E Agency Information:	County of San Diego Health and Human Services Agency
Submitting Authority	Child Welfare Services
Contact Name	Kimberly Giardina, D.S.W., M.S.W., Director Child Welfare Services
Contact Email	Kimberly.Giardina@sdcounty.ca.gov
Signature of Child Welfare Services Representative	Kimberly Giardina, Director Child Welfare Services
Signature of Authorized Juvenile Probation Representative	Tabatha Wilburn, Deputy Chief Juvenile Probation
Signature of Authorized Behavioral Health Representative	Yael Koenig, Deputy Director Behavioral Health

TABLE OF CONTENTS

INTRODUCTION.....	3
CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT, AND GOVERNANCE STRUCTURE	4
TRIBAL CONSULTATION AND COLLABORATION	6
INTEGRATED CORE PRACTICE MODEL (ICPM)	8
TARGET CANDIDACY POPULATION(S) AND NEEDS ASSESSMENT.....	11
SERVICE AND ASSET MAPPING.....	23
LOGIC MODEL.....	25
SPENDING AND SUSTAINABILITY PLAN	25
ADDITIONAL ASSURANCES	31
SUMMARY.....	36
APPENDICES	37
ASSURANCES TEMPLATE	54

INTRODUCTION

The County of San Diego, having a long history of commitment to the prevention of child maltreatment and its recurrence, is well-positioned to plan for and implement the Title IV-E Prevention Program established by the Family First Prevention Services Act (FFPSA). Implementation of the Title IV-E Prevention Program under the FFPSA will further the County of San Diego's (the County's) efforts to transform from a child protection and foster care system to a child well-being system. The Title IV-E Prevention Program is a shift in the current paradigm, changing from a focus on reaction to a focus on prevention and early intervention with the goal of enhancing protective factors for families, reducing incidences of abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social drivers of health, and improving the lives of children, youth, and families throughout the County. Moving toward a comprehensive prevention system was launched in the County through a collaboration of Child Welfare Services (CWS), Juvenile Probation (Probation), Behavioral Health Services (BHS), and First 5 San Diego. Representation from the community also includes the following partners: various community-based organizations (CBOs), the County's Interagency Leadership Team, the Partners in Prevention Network, tribal partners, and individuals with lived experience. The County is poised to plan for and implement an array of prevention services with a focus on family strengthening.

San Diego's goal is for families thrive in a connected community that enhances and restores nurturing and responsive relationships and environments. It involves aligning impact on multiple levels so that all children are safe and cherished, all families are nurtured to build up protective factors, and systems/structures create equitable pathways to wellness. The multilevel approach includes *primary prevention* that is directed at the general population to prevent maltreatment before it occurs; *secondary prevention* that is targeted to individuals or families in which maltreatment is more likely; and *tertiary prevention* that is targeted toward families in which maltreatment has already occurred. The goal is to provide prevention services so that families are engaged well before there is a need for child welfare services.

Building Better Health, Living Safely and Thriving

The Comprehensive Prevention Plan (CPP) established by the California Department of Social Services (CDSS) through the Family First Prevention Services (FFPS) Program will complement the County's existing capacity to further the safety and permanency of children and youth who are brought to the attention of community partners, tribes, CWS, BHS, or Probation. The CPP provides a valuable opportunity to serve children, youth, parents, expectant and parenting foster youth, and caregivers and to promote access to an array of prevention services and programs to prevent entry into the foster care system. The County intends to use Title IV-E prevention funding alongside other available funding streams, coupled with other parallel reforms to build a comprehensive system of care that emphasizes prevention and early

intervention services. This involves a system of care supported by a framework for prevention that includes primary, secondary, and tertiary strategies grounded in principles of fairness and equity.

The County has embraced a family-strengthening vision that is broader than the FFPSA and has reinforced the commitment to the reorganization of child welfare services. A new Child and Family Well-Being Department will be established to provide family strengthening and prevention services to keep families together. The goals reflected in exhibit 1 include:

- ◆ Prevent children from entering the child welfare service system by providing family-strengthening services in a more holistic and integrated way.
- ◆ Keep families together and hold the family as the expert in how to best keep their children safe.
- ◆ Reduce unnecessary child protection actions that have historically harmed and separated families.

Exhibit 1: Child and Family Well-Being Department Goals



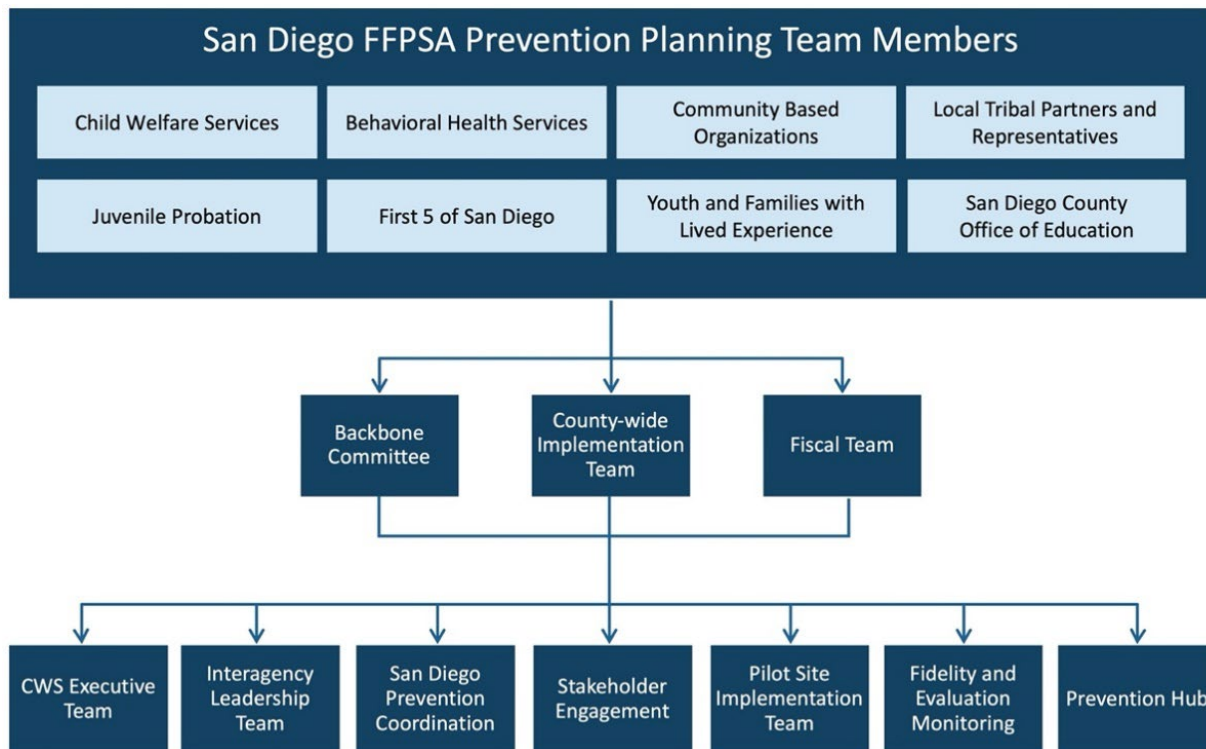
The County's hope is to help families before crisis occurs. The County envisions families thriving in a connected community that enhances and restores well-being and responsive relationships and environments. It involves aligning impact on multiple levels so that all children are safe and nurtured, all families are supported in strengthening protective factors, and systems/structures create equitable pathways to wellness through the Prevention Pathway and Prevention Hub.

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT, AND GOVERNANCE STRUCTURE

The County of San Diego CWS led a coordinated and collaborative process to develop a CPP that moves the County toward a comprehensive prevention system. Representatives from county agencies that serve families and children, local community representatives, caseworkers, and individuals and families with lived experience participated in the cross-sector collaboration and decision making throughout drafting, reviewing, and finalizing the CPP. San Diego developed a teaming structure (see appendix 1) that is comprised of 14 workgroups and subcommittees. As

reflected in the teaming structure, the County has engaged public and private partner agencies and organizations, local tribal representatives, and agencies, as well as community members, youth, and families with lived expertise to explore community readiness and engagement in a prevention-oriented system to determine the community prevention pathway and process and decide on the evidence-based practices (EBPs) that may best support the community needs. The teaming structure provided multiple opportunities for leadership to review informed recommendations from each of the workgroups and subcommittees. A list of all partners who have actively engaged in the prevention plan development can be found in appendix 2. The workgroups and subcommittees were facilitated by an external technical assistance provider.

Exhibit 2: FFPSA Prevention Planning Team Members



This cross-sector and collaborative structure as referenced above has been involved in the review of this plan and will continue to participate throughout implementation of the CPP in different iterations as needed to support implementation components. Flexible teaming during implementation will support meaningful decision making and continuous improvement of the local FFPS Program. Strategies such as communication and engagement, training, fidelity monitoring, continuous quality improvement (CQI), evaluation of the core plan components, and regular review and evaluation of fiscal status also will support meaningful decision making. Those with lived experience in family serving systems will continue to be an integral part of the teaming structure and implementation of prevention services. Those with lived experience have been integrated into the Countywide Implementation Team, Pilot Site Implementation Teams, the Prevention Hub Subcommittee, and in review of the CPP. Changes in core components, EBPs, fiscal structures, or other major adaptations to the plan will be discussed in collaboration with key partners based on the teaming structure responsible and in partnership with agency

leadership to ensure collective decision making and consensus.

Building on the teaming and collaborative structure in place, the Interagency Leadership Team (ILT) serves as the entity overseeing collaborative efforts to create a child and family well-being system. The ILT, consisting of cross-sector participation and also serves as the system of care coordinating entity, will provide ongoing monitoring of the implementation of San Diego's comprehensive prevention program and services (refer to appendix 2 for a list of ILT participants). Implementation monitoring will include conducting administrative functions to support contract requirements related to EBPs, developing joint funding models to support the sustainability of prevention services, collaborating around implementation successes or challenges, and ensuring that prevention plan efforts are meeting requirements.

At a system level, the ILT supports agencies that seek to serve children and youth in foster care who have experienced trauma by providing integrated, timely, and effective service delivery. The intention is to create a single service plan and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice education, regional center, and mental health children's services. The ILT also strives to improve the quality and equity of services for the children served in the County and provide a framework that will guide operations and activities, decisions, and direction of each system partner and their staff regarding children, youth, and family programming. The Team will provide consistent interdepartmental and interagency leadership and address systemic barriers to the traditional provision of interagency services.

In addition, this ILT will ensure collaboration and coordination between the Prevention Hub, participating CBOs, and tribal partners to ensure all perspectives are considered for CQI needs and all relevant parties have channels of clear communication related to case management and safety monitoring. This team will meet quarterly to review program data related to implementation efforts (guided by Integrated Core Practice Model Strategies, see page 7) and key targeted outcomes (see Theory of Change/Logic Model, page 23) and to design and act on CQI needs stemming from that review.

TRIBAL CONSULTATION AND COLLABORATION

The County of San Diego has long-standing relationships with tribal partners. In 1992, the CWS established the Indian Specialty Unit (ISU) to serve the Native American children and families in the County. The ISU was established as a remedial step the County made to address the of disproportionate number of Native American children in CWS. The Unit is staffed by social workers and supervisors who are specialized and trained to work with Native American children and families. The ISU investigates child abuse, provides court and reunification services to families involved in juvenile court and offers voluntary services for families who may be at risk of becoming involved in a juvenile court case.

San Diego County has the largest number of tribes and reservations of any county in the United States. There are 18 federally recognized tribal nation reservations and 17 tribal governments (the Barona and Viejas Bands share joint trust and administrative responsibility for the Capitan

Grande Reservation). All the tribes within the San Diego region are also recognized as California Native American Tribes.

Two additional tribal governments do not have federally recognized lands: 1) the San Luis Rey Band of Luiseño Indians (though the Band remains active in the San Diego region); and 2) the Mount Laguna Band of Luiseño Indians. San Diego has tribal partners on the ILT. Additionally, San Diego has contracts with various tribal social services entities to fund positions supporting prevention work with Native American families. These efforts will be incorporated into the CPP. The following tribal partners contributed to the development of the CPP:

- ◆ Indian Health Council (IHC)
- ◆ Pala Social Services
- ◆ Santa Ysabel Social Services
- ◆ Southern Indian Health Council
- ◆ Sycuan Family Services

The *Indian Health Council Tribal Family Services* serves as the Indian Child Welfare Consortium of the following eight tribes: Inaja, La Jolla, Los Coyotes, Mesa Grande, Puala, Pauma, Rincon, San Pasqual, and Santa Ysabel. The *Southern Indian Health Council Indian Child and Family Services* serves as the Indian Child Welfare Consortium of the following six tribes: Barona, Campo, Ewiiapaayp Band of Kumeyaay Indians, Jamul, Manzanita, and Viejas.

Additionally, there is tribal participation in the FFPSA Implementation Team’s monthly stakeholder engagement meeting. The purpose of this meeting is to engage with community and tribal service providers within the County and to gather input into the CPP. This meeting is focused on the lessons learned from the pilot sites, readiness, and strategic planning for implementation of FFPSA Part I. The goal of this team is to identify what is needed to build provider-level capacity to support the County’s FFPSA prevention plan implementation. This meeting is a parallel meeting to the Countywide Implementation Team meeting that also includes tribal representation. (For more information, refer to appendix 1.)

Ongoing, consistent collaboration and engagement between the County and its tribal partners is essential to ensuring tribal families have the same access to services as other families and that services are designed to meet their unique needs. The County will continue to prioritize strengthening relationships with its tribal partners, specifically exploring strategies for implementing FFPSA prevention services, developing a process of notifying tribal families when tribal children enter the Child and Family Well-Being Prevention Pathway, and for continuous quality improvements.

The WIC 16587 (d)(B)(3) addresses “[i]nquiring whether a child who is being assessed as a candidate for foster care and for prevention services under this chapter is or may be an Indian child in accordance with Section 224.2. When the County knows or has reason to know the child is an Indian child, as defined in Section 224.1, the County shall provide written notification to the tribe inviting the child’s tribe to partner with the County agency in the initial and ongoing assessments of the child and family and the development and implementation of the written prevention plan.”

“Reason to know” has been identified as the threshold for compliance with the Indian Child Welfare Act (ICWA). As such, families may voluntarily disclose their affiliation and/or membership with tribes during intake for services, which will prompt the service provider’s requirement to engage with the tribe(s), thereby providing the opportunity for input into candidacy determination, service planning and delivery, and safety monitoring.

Engaging tribal participation will often open the door to other supportive services that could potentially benefit the family and ensure that the family’s cultural needs are met.

INTEGRATED CORE PRACTICE MODEL (ICPM)

The County of San Diego has incorporated the ICPM in the following ways through the Prevention Pathway (table 1):

Table 1: Strategies for Integration of the ICPM

ICPM Behavior	County of San Diego’s Strategies for Using the ICPM
<p>Foundational</p>	<p>System and Partner Behaviors Open, honest collaboration and accountability with the community partners participating in the Countywide Implementation Team, stakeholder engagement meetings, and bimonthly pilot site check-in meetings to gain input and give timely information. Ensure accountability through evaluation components as outlined in the logic model. Expect all team members to be accountable for what they say and do within planning meetings.</p> <p>Behaviors With Families Open, honest, clear, and respectful communication with families seeking assistance through the Prevention Hub and receiving EBP services. Employ the evidenced-based practice of Motivational Interviewing (MI) in child welfare voluntary services, Intensive Family Preservation Program (IFPP), and the Prevention Hub, outlined in the Prevention Pathway. The County of San Diego is committed to providing culturally accessible and appropriate services throughout the County. In addition to English, access to services will be provided in the following languages (Appendix 3: Primary Languages Spoken in San Diego):</p> <ol style="list-style-type: none"> 1. Arabic 2. Chinese (Mandarin) 3. Korean 4. Persian (incl. Farsi, Dari) 5. Somali 6. Spanish 7. Tagalog (incl. Filipino) 8. Vietnamese

ICPM Behavior	County of San Diego’s Strategies for Using the ICPM
<p>Engagement</p>	<p>System and Partner Behaviors Using several forums (ILT, Backbone Committee, Countywide Implementation Team, stakeholder engagement meetings, and pilot site meetings) community partners and service providers have the opportunity to contribute and be informed about primary, secondary, and tertiary prevention services throughout the County. Implementation Team partners build trust with one another through gaining a better understanding of the roles and responsibilities of each agency.</p> <p>Behaviors With Families Use MI to establish a relationship with all members of the family (child, youth, young adult, and caregiver) and engage as continuous service process that lies at the center of the County of San Diego’s Prevention Pathway. The Prevention Hub will partner with the family to support them from the initial strengths and needs assessment to successfully completing their identified prevention plan goals. Throughout a family’s engagement in the County of San Diego’s Prevention Pathway, there will be consistent use of language that is in alignment with cultural expectations, shows consideration of the family’s perspective, and demonstrates respect for the family’s role as an expert in planning and decision making. Families will be provided with information about available prevention resources and will have the option to opt in for services or not. Messaging will be clear that opting in for prevention services is optional.</p>
<p>Assessment</p>	<p>System and Partner Behaviors Use common assessment tools to minimize multiple assessments being conducted with each family. Expand opportunities for data sharing across system and agency partners to ensure consistency in assessment processes.</p> <p>Behaviors With Families Gather information using MI skills that build on previously collected information and leads to an individualized and comprehensive assessment with the family. Facilitate assessments to engage with families in the assessment process. The assessment tool can be done in parts at a pace that works for the family. The tool will help staff to gain an understanding of the family’s functioning in areas such as child/youth safety, parental capabilities, family interactions, social/community support, self-sufficiency, health, etc. Conduct strength-based and trauma-informed assessments with the family at intake, intermittently if appropriate, and at closure of prevention services with the hope that these engagements in assessment promote honest discussions about risk factors that help the define the family’s individual needs.</p>
<p>Teaming</p>	<p>System and Partner Behaviors As a collective, community partners are engaged in the design, piloting, and implementation of shifting the child welfare system to a prevention-oriented system of care for children, youth, and families in San Diego.</p>

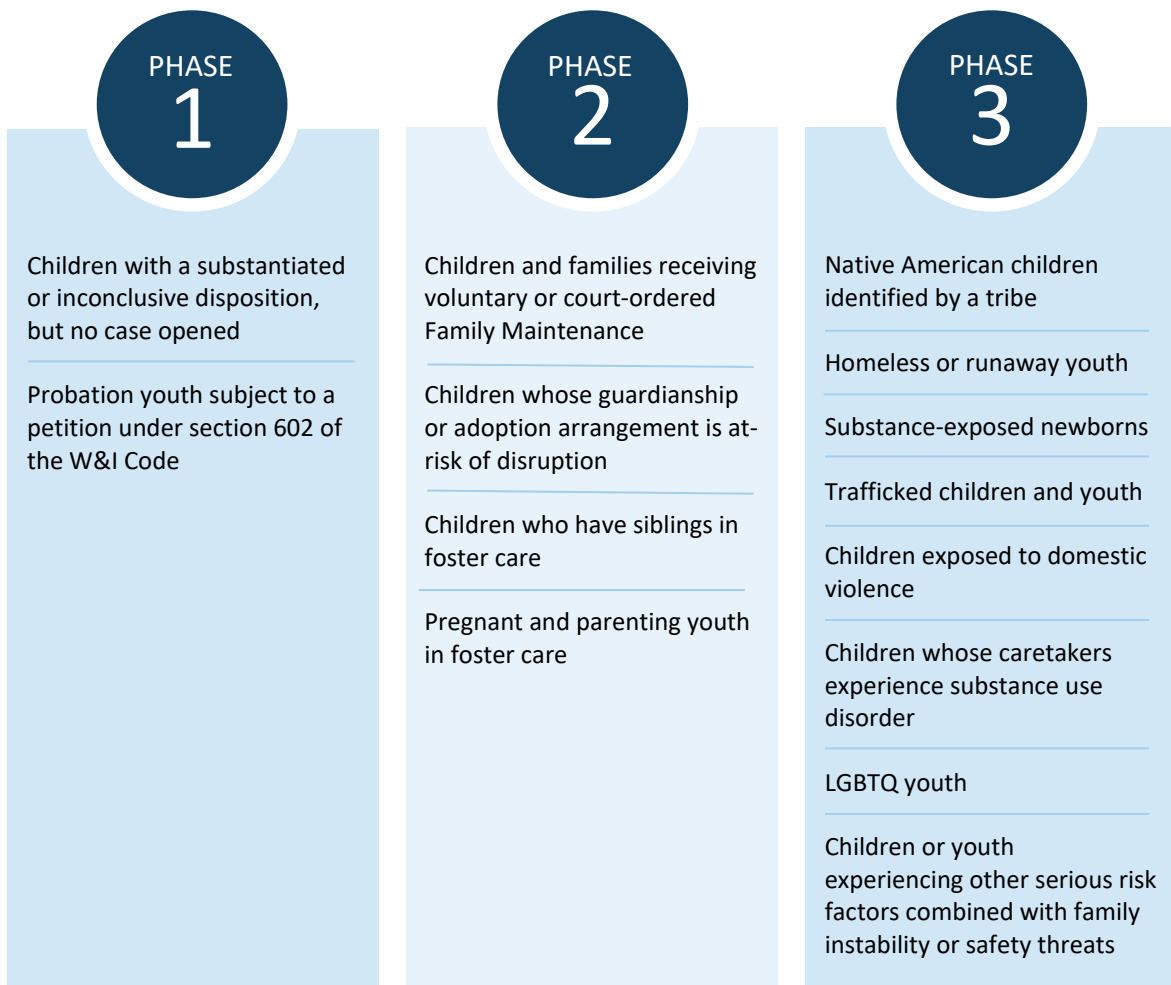
ICPM Behavior	County of San Diego’s Strategies for Using the ICPM
	<p>Coordination of planning and implementation occurs between multiple teams i.e., Partners in Prevention, ILT, FFPSA coordination meetings.</p> <p>Behaviors With Families Establishment of a partnership with the family to access available prevention services in the community and support the family through the Prevention Pathway from intake to completion. The Prevention Hub will work with community-based services to identify culturally appropriate services to meet the family’s needs and continually support to the family as they engage with prevention services. The Prevention Hub will complete a warm handoff to the CBO and share the necessary information to ensure the needs of the family are met.</p>
<p>Service Planning and Delivery</p>	<p>System and Partner Behaviors Agency partners will use data to guide decision making about which EBPs to implement, whether to expand EBPs, or if there is a need for cultural adaptations to services. Agency Partners will track data to best determine how to use funding and maximize revenue sources to best meet family’s needs.</p> <p>Behaviors With Families Co-develop prevention plans with the family and monitor and adjust the plan as needed to reflect the family’s needs and/or progress. Throughout service delivery, the Prevention Hub will facilitate interaction with the family by staying impartial and consistently creating an atmosphere of transparency, mutual exploration, and respect. Well-rounded case management will be provided using MI and ongoing assessment, collaboration, and engagement with the family and other supports, including the Prevention Hub and the community-based service provider. Customized prevention plans will be co-developed and reviewed with the family as needed throughout the family’s engagement in prevention services.</p>
<p>Transition</p>	<p>System and Partner Behaviors Partners will keep each other well informed of agency changes, either in key services or initiatives, funding, data, or staffing, to prepare for the impact of these transitions on CPP.</p> <p>Behaviors With Families Upon completion of the prevention services plan, the Prevention Hub will provide opportunities for the family to reflect and celebrate their success in preparation of completing services in collaboration with the service provider and in alignment with the EBP being provided. The Prevention Hub, in coordination with the community-based service provider, will collaborate with the family as the expert through the process of ending services. The Prevention Hub, in coordination with the community-based service provider, will coordinate and collaborate with the family’s informal and formal support as identified by the family.</p>

TARGET CANDIDACY POPULATION(S) AND NEEDS ASSESSMENT

San Diego County chose to include all eligible FFPSA candidacy populations in phases—as there is no one population to be served over another—as well as all other children and families who do not meet candidacy criteria but are in need of prevention services.

Although FFPSA prevention services will be implemented in phases, the County did not want to eliminate or have children and families wait to receive services if their candidacy would have put them in a subsequent phase of the project. Therefore, all children and families in need of services will be assessed for FFPSA. Should the children or families not meet FFPSA candidacy, they will be referred to appropriate services through referrals to community-based service providers. San Diego’s goal is to engage children and families earlier and connect them with the right services to lessen the likelihood of them coming to the attention of CWS or Juvenile Probation and future incidents of maltreatment and foster care placement. This phased-in approach will be launched with children and families known to CWS and Probation and will progressively provide services to all candidates as reflected in exhibit 3.

Exhibit 3: Phases of Candidacy



Phase 1 (year 1): Children and families known to CWS and Probation:

- ◆ Children with a substantiated or inconclusive disposition, but no case opened (hotline, emergency response units)
- ◆ Probation youth subject to a petition under section 602 of the Welfare and Institution Code

Phase 2 (year 2): This phase also will focus on children, youth, and families known to CWS in the following categories:

- ◆ Children and families receiving in-home voluntary services or court-ordered family maintenance
- ◆ Children whose guardianship or adoption arrangement is at risk of disruption
- ◆ Children who have siblings in foster care
- ◆ Pregnant and parenting youth in foster care

Phase 3 (year 3): Implementation of the Prevention Hub, which will expand services to all candidate populations with potential overlap of the below candidates within Phase 1 and 2:

- ◆ American Indian or Alaska Native children identified by a tribe
- ◆ Homeless or runaway youth
- ◆ Substance-exposed newborns
- ◆ Trafficked children and youth
- ◆ Children exposed to domestic violence
- ◆ Children whose caretakers experience substance use disorder
- ◆ LGBTQ youth
- ◆ Children or youth experiencing other serious risk factors combined with family instability or safety threats

The County's commitment to prevention is evident through decades of leveraging existing federal, state, and local programs such as Title IV-B funding and the Child Abuse Prevention and Treatment Act funding to support prevention services. The FFPSA's authorization to use Title IV-E funds for prevention services stands to positively impact the County's ongoing efforts to build a robust prevention continuum. With flexibility in the use of IV-E funds, underserved populations and culturally responsive practices can be used to serve children, youth, and families to prevent neglect and/or abuse. The strategies that the County of San Diego currently employs at each level of prevention are listed in exhibit 4.

Exhibit 4: Prevention Strategies

Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none">◆ Connect parents and families to support services for substance use, mental health, and in-home services.◆ Strengthen and bridge gaps to enhance social connections within families and the community.◆ Facilitate access to healthcare to improve health outcomes.◆ Ensure access to resources to support school readiness, neighborhood safety, and play areas for children and youth. Implement communication and public awareness strategies for education, engagement, and outreach for child and family well-being.◆ Facilitate access to concrete supports such as childcare, food and housing and housing.◆ Enlist Promotores (community health workers) and Parent Partners throughout the County as trusted messengers to reach underserved populations and decrease health disparities.	<ul style="list-style-type: none">◆ Increase accessibility to family resource centers that offer information and referral services to families needing support.◆ Offer parent education programs in strategic locations.◆ Provide home visiting programs that provide support and assistance to expecting, and new, and practicing parents.◆ Provide respite care for families that have children and youth with special needs.◆ Increase access to family-centered substance use disorder (SUD) treatment services.◆ Connect families to public assistance programs, such as Medi-Cal, WIC, CalWORKS and CalFresh.◆ Connect families to Regional Centers programs and services for children and youth for programs and services for children and youth with intellectual or developmental disabilities.	<ul style="list-style-type: none">◆ Provide family preservation or reunification services.◆ Provide permanency planning.◆ Offer parent support groups that help parents strengthen positive parenting behaviors and attitudes.◆ Provide behavioral health and health services for children, youth, and families affected by maltreatment.◆ Provide parent mentoring programs to families in crisis.

The County of San Diego has invested in multiple services and programs to help strengthen protective factors in families. Examples of programs that support the prevention strategies used by San Diego include:

- ◆ Through the *Family Strengthening and Prevention Initiative (FSPI)*, CWS implemented Review, Assess, and Direct (RAD) Teams to review and consult on referrals designated by the Child Abuse Hotline that meet criteria for a 10-day response. RAD Teams take a multidisciplinary perspective, uses the Safety Decision Making Hotline Screening tool, considers safety and risk, the family's strengths and resources as well as cultural background, and family history prior to making a final response determination decision. The goal of the RAD Team is to improve decision making at the Child Abuse Hotline regarding which families require a CWS investigation of allegations of child abuse and neglect, to ensure that families have access to services that can prevent child abuse and neglect and reduce interaction with the child welfare system. As part of the FSPI, referrals with an allegation of general neglect who are found to qualify for an Evaluated-Out response, from either the Hotline or a RAD Team, are referred to the 2-1-1 San

Diego CONNECT program. The 2-1-1 San Diego CONNECT program works with families to connect and meet their unique needs through resources within the community.

- ◆ *Partners in Prevention* (PiP) is a cross-sector community collaborative stewarded by the YMCA of San Diego, with funding by the Administration for Children, Youth and Families, Children's Bureau. PiP convenes and aligns over 100 multisector partners to increase family protective factors via primary prevention strategies in order to increase child and family well-being and decrease the likelihood of child maltreatment.
- ◆ *Cash Transfer Program* is intended to increase resiliency in impacted communities, promote family strengthening, prevent child maltreatment, and reduce long-term public costs associated with the care of youth in the foster care system. The program will serve families with children ages 0 to 12 years who are at risk of entering foster care, particularly in communities of color with higher rates of poverty. Eligible families will receive monthly income subsidies for up to two years and have access to equitable opportunities to participate in supportive services. The program design will aim to prevent child maltreatment and youth entry into foster care through the provision of economic resources necessary for families to safely care for their children and support family strengthening.
- ◆ The purpose of the *Child Care Bridge for Families Reunifying With Their Children Program* (Bridge Program) is to remove barriers to placement of foster care children with resource families by allowing counties to provide financial assistance for childcare upon an emergency placement or when the need for childcare arises. The Bridge Program can also be used to provide childcare vouchers and navigation services to parenting dependent and non-minor youth. In addition to financial assistance, the Bridge Program includes childcare navigation services to families and trauma-informed care training and coaching to childcare providers.

These programs are a sample that represent the multitude of programs used to support primary, secondary, and tertiary prevention efforts.

As reflected in the County's System Improvement Plan (SIP), the County of San Diego will focus on permanency in 12 months for children entering foster care (Permanency Outcome 1). The trend for this measure in San Diego has generally declined since 2012. CWS has focused on this outcome during the last several SIP cycles; however, San Diego and California continue to perform below the national standard, and permanency will again be a focus for this SIP. Considering the state's implementation of the FFPSA and feedback from community partners on the need for increased supports and services to meet the needs of children and families the County serves to strengthen families and prevent youth from entering foster care, the Service Array and Resource Development systemic factor will be included in the County's SIP. The focus will be on increasing availability and accessibility to prevention services.

The County of San Diego is working with ICF to assist in service development relevant to the specific requirements of FFPSA and provide technical support. With assistance from ICF, San Diego has begun to engage the community and staff to develop the plan for creating and implementing a system focused on child and family well-being and prevention. This includes the shifting of our system to a Child and Family Well-Being Department and implementing the Prevention Hub as the community pathway to increase access to prevention services while

decreasing children in foster care with a focus on reducing disproportionality. It includes shifting from “mandated reporters” to “community supporters” and “hotline” to “helpline” so that our entire community focuses on a better way to promote child and family well-being. With this new department, San Diego plans to transform its work with families to gain their trust and increase engagement with social workers who will focus entirely on enhancing protective factors. This work is being done through a collaboration of CWS, Juvenile Probation, BHS, First 5 of San Diego, and representation from the community including various partner CBOs, the ILT, the PiP Network, area tribes, and individuals with lived experience.

While California’s Prevention Plan includes only well-supported practices as defined by the Title IV-E Prevention Services Clearinghouse, San Diego is expanding services offered to families beyond FFPSA eligibility to include a broader range of practices in its CPP and ensure services are culturally relevant and appropriate to serve the County’s diverse populations.

In the County, the provision of evidence-based services such as Functional Family Therapy (FFT), Healthy Families America (HFA, via First 5, First Steps), and Parent-Child Interaction Therapy (PCIT) will ensure children, youth, and families across diverse backgrounds have more equitable opportunities to effectively overcome barriers to providing safety. All three of these EBPs are provided in English and Spanish. Exhibit 5 reflects the service areas of the identified pilot sites for FFT, HFA and PCIT. However, this is not an accurate reflection of the breadth of these EBPs being delivered countywide. Several other agencies provide HFA and PCIT throughout the County, and these additional service areas will be included in FFPSA implementation in subsequent phases.

MI will be phased into the County’s implementation as a cross-cutting case management EBP serving candidates and/or their caregivers in the three categories of in-home parent skill-based training, substance abuse, and mental health within the Clearinghouse. The County plans to initially implement MI with its Intensive Family Preservation Programs (IFPPs) and In-home Voluntary Services Units. The County will incorporate an intentional and data informed approach to expansion with the plan of integrating MI in the Prevention Hub. Procurement of a third party to provide fidelity monitoring support such as coaching, training, and fidelity review will be secured to support a strong implementation.

The County is taking steps to expand the use of these EBPs from California’s state plan and is working with agencies to add more culturally relevant practices to the prevention service array.

The following is the proposed service array to meet the needs within the County’s comprehensive prevention system. Table 2 below provide an overview of the selected prevention services, including the service type, target population, their rating on the Title IV-E Prevention Services Clearinghouse, funding source, and if claimable to FFPSA. This table clearly shows the high level of research evidence associated with the service array and the distinct target populations and desired outcomes across programs, demonstrating that the County has selected a continuum of services that is as diverse as the needs and characteristics as the families it serves. This also highlights that a diverse array of EBPs is necessary to ensure that each family can be matched to an EBP that aligns with their needs and circumstances. This service array is designed to meet the needs of FFPSA prevention-eligible children and their caregivers effectively and comprehensively by using the opportunity created by the FFPSA to

claim Title IV-E dollars for allowable EBP service capacity not already supported by other funding sources.

Table 2 highlights the evidence-based prevention services approved through the Title IV-E Prevention Service Clearinghouse that are part of the County’s comprehensive prevention service array. In alignment with the California Prevention Plan, EBPs with an asterisk are being implemented for the County of San Diego’s CPP.

Table 2: Title IV-E Prevention Service Clearinghouse Approved EBPs

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
Eye Movement Desensitization and Reprocessing (EMDR) Supported	Mental Health Services	Designed to treat individuals of all ages experiencing distress associated with traumatic memories. It is also applied to a variety of other mental health problems.	Treatment for children and adults aimed at minimizing distress associated with traumatic memories and other adverse life experiences. The length of treatment must include at least two sessions but depends on the specific problem and client history.	When determined appropriate, efforts to leverage FFPSA funding for service, administration, training, and management of fidelity.
Family Spirit Promising	Mental Health Services	Designed to serve young American Indian mothers ages 14–24 who enroll during the second trimester of pregnancy. Other family members can participate in the program lessons alongside mothers.	The goal of the program is to address intergenerational behavioral health problems and promote positive behavioral and emotional outcomes among mothers and children. Designed to serve mothers for as long as possible, from 28 weeks gestation until 3 years postpartum.	Currently through contracts with CWS, the program is funded with Promoting Safe and Stable Families (PSSF) and County Funds.
Functional Family Therapy* Well-supported	Mental Health Services	Designed to serve 11- to 18-year-old youth who have been referred for behavioral or emotional problems by juvenile justice,	FFT is a family intervention program for dysfunctional youth with disruptive, externalizing	The County of San Diego Juvenile Probation currently funds FFT with Juvenile Justice Criminal Prevention Act.

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
		<p>mental health, school, or child welfare systems. Family discord is also a target factor for this program.</p>	<p>problems. FFT has been applied to a wide range of problem youth and their families in various multiethnic and multicultural contexts; 12 to 14 one-hour weekly sessions are recommended (but can be more or less intense) and can be provided in a clinical, school, or home-based setting.</p>	
<p>Healthy Families America (HFA)* Well-supported</p>	<p>Parenting Support Services</p>	<p>Families are eligible to receive services beginning prenatally or within three months of birth. This program is designed to serve the families of children who have increased risk for maltreatment or other adverse childhood experiences.</p>	<p>Program aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. Families are offered weekly home visits for a minimum of 6 months after the birth of the baby.</p>	<p>First 5 of San Diego funds HFA with a combination of County funds received through taxes and CalWORKS. CalWORKS will be maintained with the Maintenance of Effort.</p>
<p>Incredible Years – School Aged Basics Promising</p>	<p>Mental Health Services Parenting Support Services</p>	<p>Designed for parents of children 6–12 years old. The program typically targets higher risk populations and parents of children with behavior problems.</p>	<p>Program typically targets higher risk populations and parents of children diagnosed with problems such as oppositional defiant disorder and attention deficit</p>	<p>Currently being funded through Behavioral Health. Opportunity to explore blended funding. Utilize existing funding source(s) for sustaining current capacity. Funding has been braided with CWS to cover</p>

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
			hyperactivity disorder. Parents typically receive 12 to 20 2-hour weekly group sessions.	administrative and training costs.
Intensive Care Coordination Using High Fidelity Wraparound/High Fidelity Wraparound Promising	Mental Health Services Prevention Plan Management	Designed toward children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families.	Uses an individualized, team-based, collaborative process to provide a coordinated set of services and supports targeted toward children and youth with complex emotional, behavioral, or mental health needs, and their families. Multiple phases of service delivery lasting from Phase 1 to the determination services are no longer needed.	Currently BHS funds services through Medi-Cal. Upon a rating from FFPSA clearing house, the opportunity will be to braid funding with CWS to access FFPSA costs.
Motivational Interviewing for Cross-Cutting Case Management* Well-supported	Mental Health Services Substance Use Services Parenting Support Services Prevention Plan Management	Designed to promote behavior change for all ages , with a range of target populations and for a variety of problem areas.	Particularly effective for engagement models and shows effectiveness with adolescents. Can be administered in 1 to 3 sessions for clinical uses but can be used in practice as primary method to engage and manage family prevention plans, can be delivered in any setting.	Currently, MI is not maintaining fidelity to the model. In Probation, where it is being used, County dollars support the cost.

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
<p>Parent-Child Interaction Therapy (PCIT)*</p> <p>Well-supported</p>	<p>Mental Health Services</p>	<p>PCIT is typically appropriate for families with children who are between 2 and 7 years old and experience emotional and behavioral problems that are frequent and intense.</p>	<p>PCIT is a program for children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem solving. Delivered in 12 to 20 weekly one-hour sessions delivered in a clinical setting.</p>	<p>County of San Diego BHS currently funds PCIT. By braiding funding between BHS and CWS, the costs of all support for services, administration, and training.</p>

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
<p>SafeCare Supported</p>	<p>Parenting Support Services</p>	<p>Designed for parents/caregivers of children 0–5 who are either at risk for or have a history of child neglect and/or abuse.</p>	<p>In-home behavioral parenting support program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. The service is for high-risk populations (e.g., substance-exposed newborn, family with previous child welfare experience). Weekly sessions for 18 to 20 weeks of services.</p>	<p>Currently Safe Care is supported with an array of funding from the County including, Child Abuse Prevention and Treatment (CAPIT), PSSF, Community Based Child Abuse Prevention (CBCAP), and County funds.</p>
<p>Trauma-Focused Cognitive Behavioral Therapy [TF-CBT] Promising</p>	<p>Mental Health Services</p>	<p>Designed to serve children and adolescents ages 3–18 and their parent/caregiver who have experienced trauma. This program targets children/adolescents who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems. Caregivers are included in treatment as long as they did not perpetrate the trauma and child safety is maintained.</p>	<p>TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. Recommended delivery in clinical settings but can be delivered in the home or community living based on client needs. Recommended service provision of 12 to 18 weeks.</p>	<p>Although each of the CBOs provided TF-CB, currently it is not a EBP that is on California's CPP, therefore exploration of this program upon higher rating in the Title IV-E Clearinghouse.</p>

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding
Triple P + Pathways/Level 4 Group Promising	Mental Health Services Parenting Support Services	Designed for children ages 0–12 experiencing other serious risk factors combined with family instability who prefer group services.	Triple P-Group is for parents who are interested in promoting their child’s development or who are concerned about their child’s behavior. Delivered in five 2-hour group sessions plus telephone consultations.	Currently BHS funds services through Medi-Cal. Upon a rating from FFPSA clearing house, the opportunity will be leveraged to claim services, administration, and training.

See appendix 4: Primary location of CBOs Providing EBPs Overlaid With Case Counts

The San Diego Countywide Implementation Team will review EBPs for effectiveness and match with community needs. The team will make recommendations to the Backbone Committee on the potential expansion of the service and targeted areas to focus on during implementation efforts. Table 3 highlights evidence-based prevention services that *may* be explored to meet the cultural diversity of the County and fill identified gaps in services.

Table 3: EBPs to Further Explore Through Implementation of the CPP

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration
Familias Unidas Well-supported	Mental Health Services Substance Use Services Parenting Support Services	LatinX families with youth between the ages of 12–16. Could support all Hispanic candidacy populations with youth in this age group.	Familias Unidas is a family-centered drug use and sexual risk behavior prevention intervention for LatinX youth and their families. Familias Unidas was specifically developed for LatinX populations. It helps empower parents to speak with their adolescents about how to prevent drug use and sexual risk behaviors. Can be delivered in a community-based setting or school setting. Alternates group services with individual family services and is conducted over a 12-week period with groups of 12 to 15 families.
Intercept Well-supported	Parenting Support Services	Designed to serve children from birth to age 18 who are at risk of entry or reentry into out-of-home	Intercept® provides intensive in-home services to children and youth at risk of entry or reentry into out-of-home placements or who are currently in out-of-home

		placements (e.g., foster care, residential facilities, or group homes) or who are currently in out-of-home placements. Intercept is designed to serve children who have emotional and behavioral problems or have experienced abuse and/or neglect.	placements. The program is designed to reduce foster care utilization by providing prevention services to children and their families of origin. For children already in foster care, Intercept aims to reduce time spent in foster care by providing reunification services to children and their families of origin. Family Intervention Specialists use an integrated, trauma-informed approach to offer individualized services intended to meet the needs of children and their families of origin. treatment.
Motivational Interviewing for Substance Use Treatment Well-supported	Substance Use Services	Designed to promote behavior change for all ages, with a range of target populations and for a variety of problem areas.	Particularly effective for engagement models and shows effectiveness with adolescents. Can be administered in 1 to 3 sessions for clinical uses but can be used in practice as primary method to engage and manage family prevention plans, can be delivered in any setting.
Multisystemic Therapy Well-supported	Mental Health Services Substance Use Services	Designed to serve youth ages 12–17 with possible substance use issues who are at risk of out-of-home placement and their parents/ caregivers.	Intensive home-based family treatment with the primary goals of decreasing criminal behaviors and out-of-home placements. Service intensity varies with the needs of the youth and family. Recommended duration of services is 3 to 5 months, services can be provided in the home, or a school-based setting based on family need.
Sobriety Treatment and Recovery Teams (START) Supported	Substance Use Services Parenting Support Services	Designed to serve families involved in the child welfare system with at least one child aged 5 or younger and one parent diagnosed with a substance use disorder (SUD).	The START model was designed to recruit, engage, and retain parents in SUD treatment while keeping children safe. The goals of START are to prevent out-of-home placements, promote child safety and well-being, increase permanency for children, encourage parental SUD recovery, and improve family stability and self-sufficiency. Families are expected to participate in several key activities. The first activity is a shared decision-making team meeting to discuss case and treatment planning. Then,

			<p>parents are expected to complete an SUD assessment and at least four intensive SUD treatment sessions. Additional shared decision-making meetings are held at the end of the 30–45 days, and later, as needed.</p> <p>Parents must have 6 months of documented sobriety before their case can be closed and/or families can be reunified. The intervention lasts for an average of 14 months.</p>
--	--	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SERVICE AND ASSET MAPPING

The County of San Diego engaged CBOs and tribal partners in a readiness assessment process beginning in the fall of 2021 with the purpose of informing the plan’s content and gaining a better understanding of culturally responsive service array to better serve children, youth, and families in the community. The initial focus of the assessments was to learn the well-supported, supported, and promising EBPs being provided in the County, as identified by the Title IV-E Prevention Services Clearinghouse. As outreach has been ongoing throughout the County via stakeholder engagement, information gathering sessions, and community-wide engagements, San Diego is gaining a broader understanding of the service array available to children, youth, and families beyond the identified EBPs as determines through the Clearinghouse and as identified on California’s Prevention Plan.

The Capacity and Readiness Assessments included the following domains:

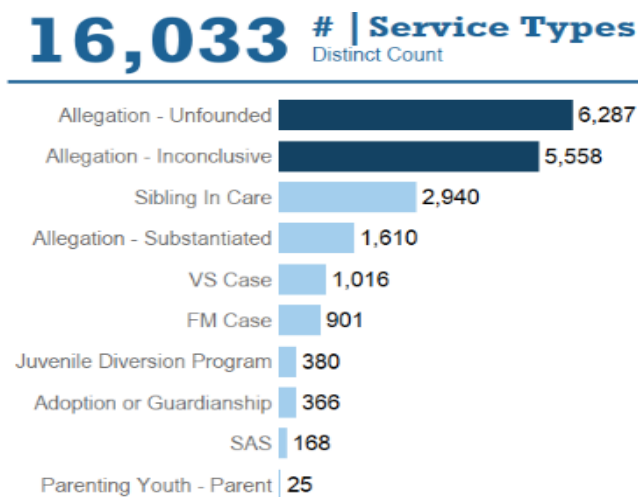
- ◆ Motivation: The willingness or desire of individuals in an organization to change and adopt an intervention
 - ▲ Motivation is often reflected in the beliefs, attitudes, and commitment of those involved with the change.
- ◆ General capacity: Aspects of an organization’s healthy functioning
 - ▲ An agency with strong general capacity, for example, may have effective leadership, appropriate staff, and clear expectations and procedures for how to do things. To achieve change, an agency also must be adaptable and have structures in place that support a change process (e.g., strong data systems to explore needs and track changes and training systems to build new skills).
- ◆ Intervention-specific capacity: Human, technical, and physical conditions needed to implement a particular program or practice effectively, in this case FFPSA
 - ▲ Areas of interest here may include the specific knowledge, skills, structures, and supports needed for a specific intervention.

- ▲ Via the readiness assessment process, we were looking for alignment with the EBPs that are included in California’s state plan and for agencies that have experience providing services to both child welfare and probation populations.

As part of the readiness assessment and asset mapping process, the County looked for alignment with the EBPs listed in California’s state plan and intentionally included agencies that have experience providing services to both CWS and Probation populations. The County, in partnership with ICF, conducted a series of in-depth focus groups with CBO leadership, fiscal staff, research/evaluation/data staff, and staff providing services. Based on the findings from the 10 CBOs that participated in the initial round of readiness assessments, San Diego selected three CBOs as pilot sites for integration with the following well-supported EBPs: FFT, HFA, and PCIT (see appendix 5).

The capacity assessment helped the County gain an understanding of the breadth and depth of services being provided to better serve children, youth, and families in the community. It also

Exhibit 6: Prevention Strategies



Source: Potentially FFPSA-eligible families known to CWS between July 2021 and June 2022.

provided an opportunity to identify gaps within the adolescent and SUD populations and to bring more culturally responsive evidence-based prevention services to all children, youth, and families. Please see appendix 6 for a summary of the readiness assessment with aggregated common themes. Additionally, data was collected from CWS to begin to learn more about the candidate populations already known to CWS. What the County learned is that between July 2021 and June 2022, there were 16,003 potential eligible candidates by service type (see exhibit 6).

As a result of engaging in the development of the CPP and planning for implementation of prevention services, the

County plans to implement a Prevention Hub. The role of the Prevention Hub is to provide a community-based access point for all families. CWS staff will be integrated in the operations of the Prevention Hub, thereby influencing the culture of CWS being seen as a supportive resource. CWS staff may have the additional responsibility of ensuring consistency in assessing whether a family meets the eligibility criteria as defined by the FFPSA. The Prevention Hub will be both a virtual and/or in-person place of empowerment, support, and real-time solutions offering neutral, community-based opportunities for children and their families to heal and communicate through an array of culturally and demographically appropriate resources, supports, and EBPs.

The Prevention Hub may be operated by a CBO throughout the County and will have extended operating hours beyond the traditional 9:00 a.m. - 5:00 p.m. business hours. By having early morning, evening, and weekend hours of operation, families and children will be able to access

services and support during critical times. Staff may include parent partners with lived experience and/or who are from the community in which they reside, and staff will serve as navigators to guide and support families in locating resources. The Prevention Hub reflects a community approach to supporting families and children.

LOGIC MODEL

The logic model describes the activities and intended outcomes for children, youth, parents, caregivers, and families. The logic model helps to connect the goals of the cross-sector partnership to align with the intent of both the state and federal legislation.




The logic model (appendix 7) reflects the broad efforts being undertaken by the County of San Diego to increase family protective factors and decrease the likelihood of child maltreatment and involvement with child welfare services, based on the overall theory of change resulting from diverse efforts across the County. The theory of change is that expanded prevention services and increased equitable access—through restructured operations, additional fiscal resources, increased family support services and a collaborative vision for a better way forward for child and family well-being—will lead to the strengthening of families through an increase in family protective factors and a decrease in the likelihood of child maltreatment resulting in decreased involvement with child welfare services for children throughout the County of San Diego. Inputs which undergird and interact with prevention efforts in the County include existing quality staff, the newly formed Child and Family Well-Being Department, FFPSA legislation and resources, the County-level Framework for Our Future, and ongoing infrastructure and implementation supports to County staff and CBOs. Flowing from this theory and these inputs, the activities, corresponding outputs, and resulting short, intermediate, and long-term outcomes are depicted in the model. Key activities and outputs are delineated at the agency and CBO level and are broken out into four categories: infrastructure, practice supports, collaboration/coordination, and service delivery.

All the activities and related outputs will then work together to bring about a series of short-term, intermediate, and long-term outcomes that may cut across multiple categories. The outcomes are listed in general chronological order in the logic model. For example, an increased awareness of new processes and procedures will necessarily serve as a precursor for increased capacity to enact these procedures and better support and serve families and children. The cumulative result of these prevention efforts undertaken by the County, presented in the logic model as long-term outcomes, are aligned with the theory of change and are anticipated to include increased family strength and resilience, reduced child maltreatment and child welfare referrals, improved health and well-being for children, youth, and families, and decreased rates of disproportionality and disparities throughout the County.

SPENDING AND SUSTAINABILITY PLAN

The County of San Diego has dedicated funding for extensive services to children and their families through federal, state, and county funding. The base of the funding is funneled through

the Office of Child Abuse Prevention (OCAP). Funding received from OCAP includes PSSF, CBCAP, CAPIT, and Children’s Trust Fund. In addition, the County has invested additional local funding to support the commitment to keeping children safely within their home. In the current budget year, more than \$8,294,153 was directed to programs working toward preservation of an intact family whenever possible. The Title IV-E agencies are leveraging the following federal, state, and county funding sources to provide prevention services.

 Federal	 State	 County
<ul style="list-style-type: none"> ◆ CAPIT ◆ CBCAP ◆ Family First Transition Act (FFTA) ◆ PSSF ◆ CALWORKS 	<ul style="list-style-type: none"> ◆ CA Block Grant ◆ Child Welfare Outcome Improvement Project ◆ Kinship ◆ CWS Realignment Funds ◆ Mental Health Services Act (MHSA) ◆ Probation Realignment Funds ◆ Juvenile Justice Crime Prevention Act (JJCPA) 	<ul style="list-style-type: none"> ◆ Children’s Trust Fund ◆ Child Welfare Services ◆ First 5 San Diego ◆ Juvenile Probation ◆ Behavioral Health Services

The spending plan for CWS, Juvenile Probation, BHS, and First 5 First Steps was developed by a committee of the FFPSA Fiscal and Contract Planning Team. The Team met over several months and reviewed the plan with external community partners identified in the Governance Structure section above. Participants provided service cost, existing capacity, and training cost per model from their respective agencies that informed the calculations needed to inform this plan. The County departments are working together to ensure potential opportunities for fiscal “blending” and “braiding” to leverage fiscal resources for primary, secondary, and tertiary prevention services. In a review of the latest OCAP submission, CWS has invested more than \$5.8M in prevention dollars to support children and their families throughout the County (see appendix 8).

There is a long-standing history of collaboration between CWS, BHS, Probation, First 5, tribal partners, providers, and the community. This ongoing partnership will ensure the health and well-being of families countywide. San Diego may leverage opportunities to ensure that federal reimbursement, existing fiscal resources, and accompanying services are provided to children, youth and families who currently meet the eligibility of a FFPSA candidate. While some services are supported through existing funds, the opportunity to braid and/or blend fiscal resources has provided the County with the ability to examine the existing fiscal landscape for prevention and consider how changes might be made to maximize or leverage funds, while at the same time maintaining the required Maintenance of Effort criteria for certain federal and state funding sources. The County invests local funds that could be freed up if prevention dollars were shifted to prepare for FFPSA reimbursement.

Sustaining the fiscal fortitude to deliver a wide array of EBP supporting families is a critical component of implementing FFPSA countywide. Currently, the pilot projects implementing HFA and PCIT are supported, in full or in part with funds that are payors of last resort, including CalWORKs and Medi-Cal. However, throughout the County, there are other evidence-based services that are provided but lack the well-supported rating from the Title IV-E Prevention Services Clearinghouse creating limitations around what the service array may be. Determining how to leverage those additional evidence-based and culturally relevant programs is part of the planning for Phase 2 of implementation.

As collaboration has occurred with the County prevention partners (CWS, Probation, BHS, and First 5), identifying funds available to support implementation of FFPSA has been a primary focus with each program. Because there are multiple fund sources being leveraged to sustain or initiate a program, it is important to determine opportunities for leveraging CWS and Probation's State Block Grant funding. Recognizing that the State Block Grant funding expires as of June 2024, an emphasis has been on identifying additional funding to provide sustainability for Phase 1, as well as implementing additional resources to provide a comprehensive spending plan incorporating all agencies.

As the planning with the County prevention partners has come together, special attention has been placed on where funds are allocated and supporting child welfare services, in addition to, identifying funds considered as payors of last resort. CWS has made significant investments using a wide array of funding including: PSSF, CBCAP, CAPIT, Children's Trust Fund, and county funding. Great consideration has been given to how the existing prevention funds might be used in different ways to strengthen the prevention services and resources that have been provided and that are planned to be provided. In addition, BHS supports PCIT under the Medi-Cal plan, which limits the use of FFPSA. The County will closely monitor the use of available Medi-Cal funds to cover PCIT. When appropriate, funding will be available to supplement services, if and when, the current allocations cannot cover services to appropriate candidates needing services. Likewise, First 5 San Diego has five contracts with community based organizations that support delivery of services, pre-service and in-service training, and fidelity to the HFA model. First 5 will utilize the existing County funds in their allocation to cover the portion of allowable costs for the salaries and benefits of HFA staff. Probation relies on funding from JJCPA. Currently, Juvenile Probation contracts for FFT services for youth who meet the criteria for an FFPSA candidate.

San Diego anticipates utilizing the State Block Grant funding to invest in:

- ◆ Supported and promising evidence-based practices as well as culturally relevant services to provide an array of primary, secondary, and tertiary prevention services in throughout the county.
- ◆ Implementation of the County of San Diego's Prevention Hub.
- ◆ Training, coaching, and fidelity of Motivational Interviewing as a Cross-cutting Case Management evidence-based practice.

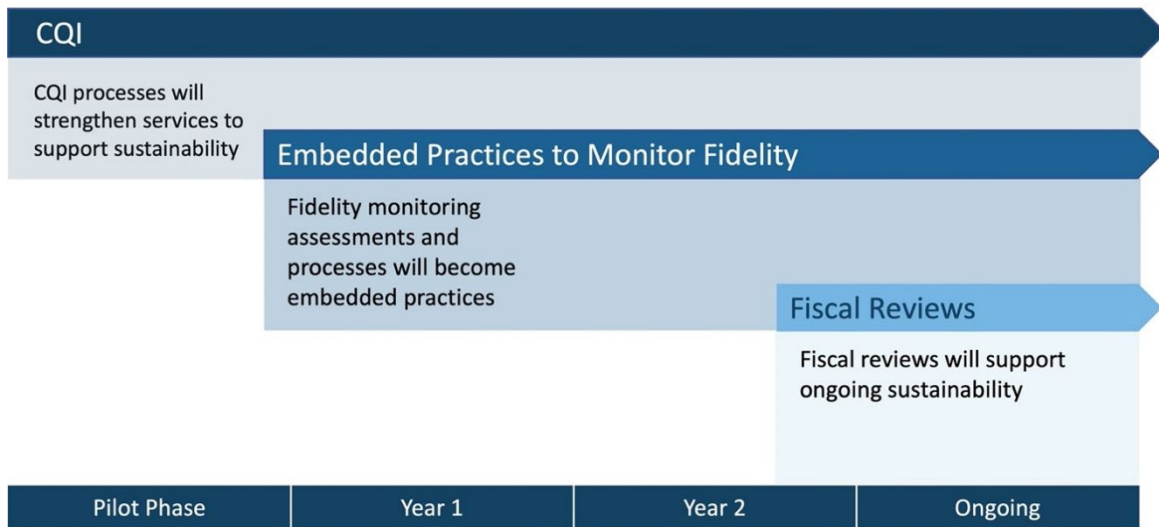
The County will leverage funding for prevention services, following the exhaustion of current state funding, through the continued reduction of the length of stay in foster care placement and the diversion of children into foster care through available prevention services. An examination of San Diego's funding landscape as it currently exists and how the County has addressed critical issues such as: child's entry into foster care; length of stay; referrals to divert involvement with CWS and the costs associated with a child's stay in out of home care creates a strong return on investment.

San Diego's dashboard reports the number of children in out-of-home placement in January of each year. In January 2021, the number of children in out of home placement, was 1,664 and in January 2022 the number is reflected as 1,667. While this reflects a .002% increase in placements, much of this is attributed to the pandemic and the difficulty of getting parents and families engaged due to the limited in-person contact with families. Regardless of the small reduction in the length of stay, the County was able to reduce expenditures by 11.1% between State Fiscal Year (SFY) 2021 and SFY 2022. Based on the costs associated for the SFY 2021, the total expenditures reflected a reduction of expenditures totaling \$7,966,720 (or 12% of the cost). The length of stay reported on January 2022 was 1,679 days. In January 2023, length of stay was 1,552 days, which indicates a 11.9% reduction. The estimated cost of care for SFY 2023 incurred by the County reflects a reduction of 11% from SFY 2022. The costs reflected by the 11.9% reduction in out-of-home care placements resulted in saving for the county that can be re-invested in prevention services. Based on the estimates of these two reporting periods, the ability of the County of San Diego to expand and reinvest funds into additional evidence-based programs is going to continue to support the County's commitment to keeping children in their home, safely, with parents and relatives.

This continued reduction of 1) the number of children placed in out-of-home care; and 2) the timely return of children to parents and guardians will support investments in Family First prevention services county-wide. Savings on the cost of foster care will significantly enable the County to provide an array of services that will support children and families throughout San Diego.

The County plans to ensure the sustainability of the services described in this CPP through a combination of three overlapping processes: CQI, embedded practices to monitor fidelity, and fiscal reviews. Beginning with the pilot process and continuing from there, practices to support sustainability will be integrated into CQI. In addition, assessments and processes to monitor model fidelity of implemented EBPs may be developed during the piloting and early implementation phase and may be in place with the third-party contractor by the end of the first full year of regular implementation. Finally, Title IV-E fiscal reviews may be developed that will support fiscal sustainability of the services in this plan.

Exhibit 7. Phases of Building Sustainability of FFPSA Implementation and Services



In addition to the CQI, embedded fidelity practices, and fiscal review processes mentioned above, the County will be piloting how the FFPSA gets integrated into the provision of evidence-based services such as FFT, HFA (through First 5, First Steps), and PCIT. FFT is a service provided through a contract with Probation to serve at-risk youth ages 11 to 18; HFA is a service provided through a contract with First 5 of San Diego, referred in the county as First Steps to provide in-home services to expectant families with children who are at risk for maltreatment or adverse childhood experiences; PCIT is a contract using blended funding between CWS and BHS to provide parents with coaching in behavior management and relationship skills for children ages 2 to 7.

Through this collaborative effort among departments, there may be an opportunity to further blend funding, ensure payor of last resort, and maximize resources for the sustainability of prevention services throughout the County. Once San Diego can draw down Title IV-E prevention dollars, some funding currently spent on FFPSA-eligible prevention services can be shifted to support other CPP efforts that cannot be funded via FFPSA because of criteria, eligibility, and requirements. As demonstrated below, the implementation of the County's CPP will be rolled out in stages over the course of the 3-year plan.

Exhibit 8: Three-year Implementation Plan for Sustainability

Year 1

- ◆ Children and families known to CWS (hotline, ER) and Juvenile Probation
- ◆ Service delivery with cohort 1: FFT, HFA, PCIT
- ◆ Train Intensive Family Preservation Program (IFPP) and In-home Voluntary (IHV) Units in Motivational Interviewing
- ◆ Prevention Hub RFP process and procurement
- ◆ Fiscal: time study, allowable costs, invoicing
- ◆ Evaluation: monitoring of programs and CQI

Year 2

- ◆ Children and families known to CWS (IFPP, IHV)
- ◆ Service delivery EBP: MI
- ◆ Identify and prepare Cohort 2 pilot sites
- ◆ Stage Prevention Hub
- ◆ Fiscal: adherence to federal requirements that Title IV-E remains the payer of last resort
- ◆ Evaluation: adherence to model fidelity protocols and an assurance that the local Title IV-E agency will participate in state level fidelity oversight and coordination

Year 3

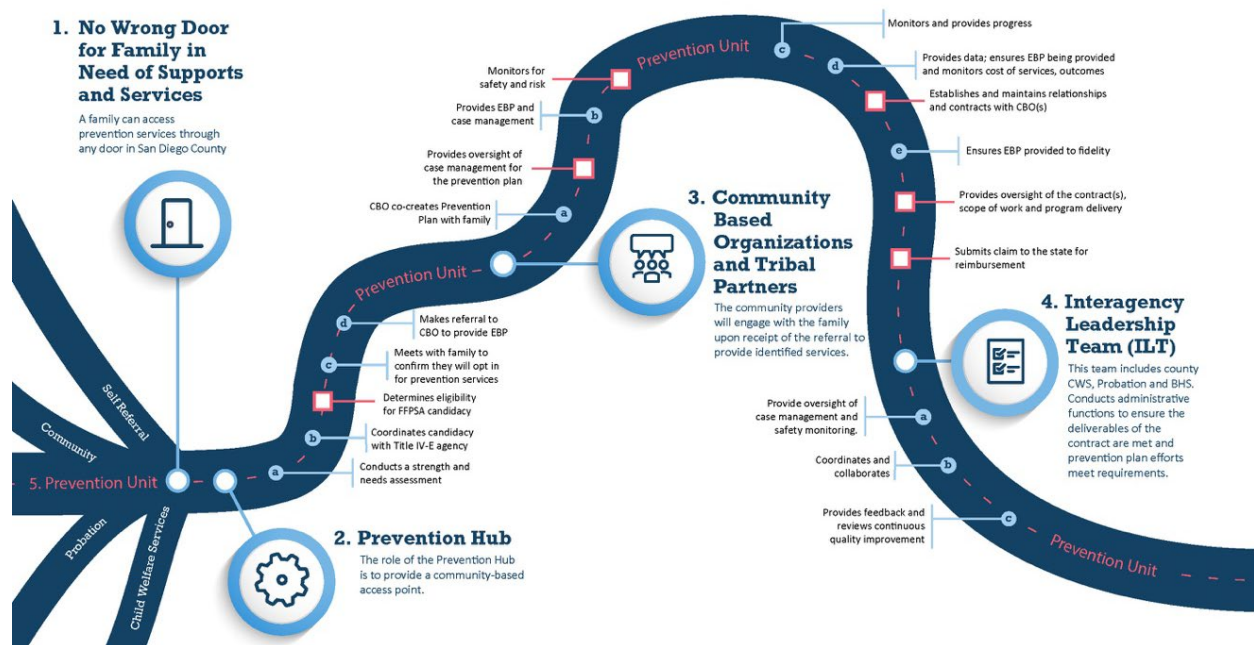
- ◆ Prevention Hub implementation
- ◆ Cohort 1 and 2 pilot sites
- ◆ All other eligible candidacy populations
- ◆ All well-supported EBPs provided in San Diego
- ◆ Fiscal: sustainability
- ◆ Evaluation: ongoing monitoring and CQI of the FFPS program

ADDITIONAL ASSURANCES

A1: Assurance of Child Safety Monitoring

The County of San Diego has developed the following graphic of the Prevention Pathway to demonstrate that there is “No Wrong Door” through which prevention services may be accessed (see appendices 9 and 10). The “No Wrong Door” approach is intended to provide an opportunity for families to access comprehensive prevention services throughout the County. Recognizing that FFPSA prevention services may not be a match for all children and families, there may be “off-ramps” that families can use to access other prevention services to best meet their needs or potential. Exhibit 9 is a graphic of the Prevention Pathway and what a family can anticipate experiencing if they choose to opt into prevention services.

Exhibit 9: Prevention Pathway



Child safety monitoring will take place throughout the Prevention Pathway as families engage with the Prevention Hub, CBOs, and tribal partners. The Prevention Hub will be responsible for conducting the strengths and needs assessment upon intake, interim (if appropriate), and at closure of the prevention plan.

The strengths and needs assessment will be used to determine how a family is functioning. The assessment tool will be completed by the Prevention Hub staff with families as early as possible, but only after sufficient family contact (preferably in their home environment) and supportive information has been obtained to assess the family’s strengths and needs. Prevention plans will be closely tied to the family’s strengths as well as the challenges identified during the assessment. Interim assessments may be conducted with the family periodically to assess for any new concerns and/or needs that may arise during the time the family is receiving prevention services. Assessment may be conducted at closure with the family at the end of the service period.

A2: Assurance to Meet the Workforce and Training Requirements

The County of San Diego will participate in all three tiers of the state's training series and will work with the state to ensure that the County's Training Unit is included in curriculum development, Training for Trainer sessions, and given access to e-Learnings and curriculum to upload to the County's Learning Management System. This will allow the County to facilitate training for its own staff. Training for community agencies will be coordinated as described in the state's training plan.

The California Prevention Plan describes the training requirements as follows:

"The state will roll out a training plan for a diverse audience of Title IV-E agency staff, local prevention service providers, and other prevention partners with three different tiers. Topics infused throughout all trainings will include trauma-informed practice, ICPM, diversity, equity and inclusion (DEI), tribal engagement, and the community pathway."

- ◆ **Tier 1:** Prevention Principles will outline foundational best practices that are necessary for prevention networks to move toward a system-wide shift of investing in prevention. This system-oriented training will target the widest audience, including local service provider staff, leadership on all levels, and cross-sector partners.
- ◆ **Tier 2:** There will be two types of Tier 2 trainings: one training will be for local prevention providers and prevention partners focused on the community pathway, while the other will be for Title IV-E caseworkers. Training specific to Title IV-E agency caseworkers will include tribal engagement, ICWA, and active efforts. This tier of trainings will include the specific details related to the delivery of FFPSA prevention services, and will be centered around the federal requirements related to determining candidacy, developing a prevention plan, and monitoring safety, etc. Tier 2 will also ensure that staff from child welfare, Juvenile Probation, tribal agencies, and local service providers who are part of the community pathway are qualified to develop prevention plans (including how to connect and engage with families and tribes, assess needs, and how families and tribes can access evidence-based services), understand when and how often to conduct risk assessments, monitor child safety, develop safety plans, and assess for continued appropriateness of prevention services.
- ◆ **Tier 3:** The EBP Webinars will provide comprehensive training to the Title IV-E agencies and local service providers on the EBPs listed in their CPP. Local cross-sector planning entities can use this information to further assess, select, and confirm which EBPs are appropriate to meet the needs of their eligible community candidates. The visual below depicts the topics within each tier of the training plan and the intended audience. Throughout this process, trainings will be created around the strengths and needs assessment, prevention planning, the data collection and quality assurance process, and fiscal reporting and claiming processes to be used to train future CBOs and agency staff on their roles and responsibilities to support the Prevention Pathway.

Proposed audience(s) for meeting the workforce development needs include agency staff (CWS, Probation, BHS, and First 5 San Diego); local prevention services and tribal providers; and other prevention partners, such as staff from the District Attorney's Office, law enforcement, schools,

and medical care providers. Workforce development will be in support of understanding the breadth of prevention resources available in the community, how to access and use the Prevention Hub, referral process and procedures, and mandated reporting and supporting. The County will ensure its workforce participates in the statewide training series through the coordination with the state outlined above along with any future guidance the state provides. The County will also ensure that contracted providers participate in the statewide training series that is related to their role. For EBP providers, this training requirement will be clearly articulated in their respective contracts, as well as the minimum qualifications that the practitioners must have to deliver the EBP services.

It is anticipated that the Mindful Interviewing for Cross-Cutting Case Management tool and training could commence in the summer of 2023 with the IFPP and Voluntary Services Units, and will expand to the Prevention Hub upon implementation. The County is researching training options to procure a contractor to offer MI training, leadership training, training for trainers, coaching, and use of the fidelity tool.

There will be specific training designed and delivered to meet fiscal and data collection and reporting requirements. An overview training will be developed on Title IV-E funding expectations, with an emphasis specific to the FFPSA.

Additional training will be designed and developed specific to the Prevention Hub implementation.

A3: Assurance of Adherence to Model Fidelity for EBPs and CQI

San Diego has a long history of implementing EBPs and monitoring model fidelity. With the Title IV-E waiver, San Diego strengthened its use of EBPs and has significant infrastructure for training, data collection, and fidelity monitoring for EBPs.

Three of the EBPs that are included in California's Five-Year Prevention Plan are currently being provided by CBOs in the County of San Diego: FFT, HFA, and PCIT. Initial piloting of service delivery of the EBPs will begin in early 2023 with three CBOs. In addition, CWS is training two of its units in the use of MI. This pilot, along with the MI training, will include initial efforts to monitor adherence to model fidelity and may serve as the basis for ongoing monitoring of model fidelity. A third-party contractor may lead this ongoing monitoring.

Purveyors of the EBP and/or a third-party contractor may be responsible for collecting initial certifications of fidelity from each of the CBOs and CWS implementing a relevant EBP as well as collecting data on fidelity indicators. This may include detailed information about initial training for all staff providing the service, as well as relevant staffing requirements, ongoing training requirements, and EBP-specific fidelity documentation. Key fidelity indicators for these four services are included in table 4. Purveyors of the EBP and/or a third-party contractor will review this information to ensure that model fidelity is adhered to on an ongoing basis and report this information to the Countywide ILT who may integrate this data into the CQI process.

Table 4: EBP Services Available in the County of San Diego and Relevant Fidelity Indicators

EBP Service, Description, Rationale, and Manual Version	Fidelity Indicators
<p style="text-align: center;"><u>Functional Family Therapy</u></p> <p>FFT is selected from the Mental Health EBP options. This program serves parents with children 11–18 years of age and may be appropriate for many probation minors, homeless/runaway children, and teens demonstrating behavioral issues. This program affords the opportunity for the entire family to receive mental health support.</p> <p>Version: Alexander, J. F., Waldron, H. B., Robbins, M. S., & Neeb, A. A. (2013). <i>Functional family therapy for adolescent behavioral problems</i>. Washington, D.C.: American Psychological Association.</p>	<ul style="list-style-type: none"> • Provider received and maintained required training (3 phases of training) • Meets staffing qualification requirements • Completion of Weekly Supervision Checklist • Supervisor completion of Global Therapist Ratings
<p style="text-align: center;"><u>Healthy Families America</u></p> <p>HFA is included as the EBP for the In-home Parenting Skills category. This program focuses on families with children ages 0 to 5. HFA reaches some of California’s most vulnerable candidates and has been adapted to meet the cultural needs of tribal families.</p> <p>Families will be enrolled into HFA per model fidelity requirements, including the majority of families being enrolled within the first three months of birth. In the County of San Diego, enrollment includes a small number of families receiving CalWORKs and are under 24 months of age.</p> <p>California intends to apply for use of the HFA Child Welfare Protocol in implementation of the HFA program. This will include local agencies submitting the request to HFA for consideration of adaptation to allow the use of the HFA Child Welfare Protocol for families referred through child welfare.</p> <p>Version: Healthy Families America. (2022). <i>Best practice standards</i>. Prevent Child Abuse America.</p> <p>Healthy Families America. (2022). <i>State/multi-site system central administration standards</i>. Prevent Child Abuse America.</p>	<ul style="list-style-type: none"> • Provider received and maintained required training • Meets staffing qualification requirements • 1:6 Supervisor to staff ratio • Meets caseload requirements • Performance on ratings of HFA Best Practice Standards • American Academy of Pediatrics oversees fidelity, standards, adherence, and accreditation
<p style="text-align: center;"><u>Motivational Interviewing for Cross-Cutting Case Management</u></p> <p>MI serves adults with children and youth of any age and is used in CWS and Juvenile Probation. The Title IV-E Prevention Services Clearinghouse reviewed studies of MI focused on illicit substance and alcohol use among youth and adults, and nicotine or tobacco use among youth under the age of 18. This broad applicability of MI across the lifespan makes it a good fit for serving families.</p> <p>Version: Miller, W. R., & Rollnick, S. (2012). <i>Motivational interviewing, third edition: Helping people change</i>. New York: The Guilford Press.</p>	<ul style="list-style-type: none"> • Will use the Motivational Interviewing Treatment Integrity instrument, which yields feedback that can be used to increase clinical skill in the practice of MI and measures how well a practitioner is using MI

EBP Service, Description, Rationale, and Manual Version	Fidelity Indicators
<p style="text-align: center;"><u>Parent-Child Interaction Therapy</u></p> <p>PCIT is a program for 2 to 7-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of parent-child relationships.</p> <p>Research indicates that PCIT is an effective intervention across genders and among different ethnic groups. The Title IV-E Prevention Services Clearinghouse summary of findings indicates that PCIT is effective in improving the behavioral and emotional functioning of children, overall family functioning and parenting practices and is considered one of the most well supported and effective EBPs in child welfare today.</p> <p>In PCIT, caregivers are taught specific skills to establish or strengthen a nurturing and secure relationship with their child, while encouraging pro-social behavior and decreasing maladaptive behavior. During weekly sessions, therapists provide live coaching to parents from behind a one-way mirror or in the same room if needed and coach caregivers in skills such as child-centered play, communication, increasing child compliance and problem solving.</p> <p>Master’s level therapists who have received specialized training provide PCIT services to children and caregivers.</p> <p>PCIT is rated as a well-supported practice because at least two studies with non-overlapping samples carried out on usual care or practice settings achieved a rating of moderate or high. Most families can achieve mastery of the program content in 12 to 20 1-hour sessions.</p> <p>Version: Eyberg, S. & Funderburk, B. (2011). <i>Parent-child interaction therapy protocol: 2011</i>. PCIT International, Inc.</p>	<ul style="list-style-type: none"> • Provider received and maintained required training • Meets staffing qualification requirements • Use of Eyberg Child Behavior Inventory and Dyadic Parent-Child Interaction Coding System, and Therapy Attitude Inventory

In addition to local fidelity monitoring efforts, the County will participate in state-level fidelity oversight and coordination. This may include providing timely submissions of relevant fidelity indicator data through the statewide automation system (assumed to be CWS-CARES).

As EBPs are added to California’s Five-Year Prevention Plan and as the County assesses EBPs in the Title IV-E Prevention Services Clearinghouse that are relevant to add to meet the service delivery needs of families, the County will ensure practices of fidelity are in alignment with the selected model(s).

A4: Coordination with the Local Mental Health Plan

In alignment with AB 2083 and Pathways to Well-Being, CWS and BHS are coordinating to ensure that the mental health needs of children involved with the child welfare system are met in a timely and effective manner. CWS and BHS are both departments within the San Diego County Health and Human Services Agency, which operates as an integrated agency. As part of an integrated agency, CWS and BHS have a long history of partnering on joint efforts to serve children, youth, and families. The two departments are leading efforts to develop services such as AB 2083, Continuum of Care Reform, and Therapeutic Foster Care while ensuring that the goals of child welfare and mental health align with what is best for children and families. This shared approach to working with children and families is also reflected in the local Mental Health Plan (MHP) as stated: MHP must adhere to the requirement that Title IV-E must be considered the “Payer of Last Resort,” meaning that Title IV-E will pay benefits secondary to all other public and private third-party payers who have an obligation to pay for such benefits. Based on this requirement, County of San Diego services provided under FFPSA that are Medi-Cal eligible and provided through a BHS contract shall be billed to Medi-Cal, making the Title IV-E the payor of last resort.

A5: Assurances of All Other Requirements Under the State Title IV-E Prevention Program Plan

In addition to following through with the above-mentioned assurances, San Diego will follow requirements as outlined for Title IV-E Prevention Program Plan.

For reference, please refer to page 53 for the signed FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES.

SUMMARY

The County of San Diego is well positioned to implement its CPP, including prevention services, due to the extensive collaboration and well-thought-out implementation of the chosen EBPs. The County is taking a “No Wrong Door” approach to service provision, which will allow any children and/or families in need of services to access them. Although not all children and families will be eligible for FFPSA services, all families will still be referred to the most appropriate services. San Diego County will continue to explore adding more organizations that provide EBPs to serve more children and families in need. The development of the Prevention Hub may provide a more streamlined access point for children and families in need and reduce the need for child welfare and/or juvenile probation involvement. Through a broad range of prevention services, the needs of children and families will be met at earlier stages and will, in most cases, prevent them from getting to a crisis point.

APPENDICES

Appendix 1: County of San Diego FFPSA Teaming Structure

Executive Team Meeting
Purpose: Provide weekly status updates on the FFPSA Part I implementation to San Diego CWS Executive Team. This is an opportunity for discussion, questions, next steps, and decision making.
Interagency Leadership Team
Purpose: Provide status updates on the FFPSA Part I implementation and to coordinate with other implementation teams around prevention; gain consensus on the CPP elements that need cross-sector decisions.
Backbone Committee Meeting
Purpose: A meeting for CWS, Juvenile Probation, BHS and First 5 San Diego to come together to provide oversight and guidance on the requirements needed to successfully implement FFPSA Part I. The Backbone Committee will be used as a space to share information about each team’s focus and to raise issues from each team for joint discussions, decision making, recommendation to leadership, and next steps.
San Diego Prevention Coordination Meeting
Purpose: Child Welfare, Systems of Care, PiP, and ICF meet monthly to lead and implement the broad array of prevention services that make up the CPP.
Peer-to-Peer Meeting
Purpose: To check in and coordinate on FFPSA implementation with other California counties to share lessons learned, training resources, and trouble shoot processes and procedures.
Countywide Implementation Team Meeting
Purpose: Focus on the development of an implementation plan for FFPSA Part I. This includes providing guidance and oversight on the pilot process of developing a community-based prevention pathway, researching best practices for implementation, and putting forth recommendations about policy and procedures.
Stakeholder Engagement Meeting
Purpose: To engage community partners and service providers within the County of San Diego with a focus on the lessons learned from the pilot, readiness, and strategic planning for implementation FFPSA Part I. This meeting is a parallel meeting to the Countywide Implementation Team Meetings. The goal of this team is to identify what is needed to build provider level capacity to support San Diego’s FFPSA Prevention Plan implementation.
Pilot Implementation Team(s) Meeting
Purpose: Focus on the <i>programmatic</i> development of the Prevention Pathway, integration of EBPs specific to FFPSA candidate populations and testing fiscal and data collection processes and procedures for claiming. This includes identifying the caseload and the number of children that could be served; referral process to CBOs for services; creating a family’s prevention plan.

Focus on the *fiscal* development of the Prevention Pathway. This includes identifying the specific codes for reporting; identifying where to free up funds; support the transitioning funds to support the implementation of a qualified residential treatment program; braiding and/or blending of funding; identifying allowable IV-E, Medi-Cal, and THA activities; finalizing the rate-setting scopes; and identifying how to claim for MI.

Throughout this process, trainings will be created around the strengths and needs assessment, prevention planning, data collection/quality assurance process, and fiscal reporting process to be used to train future CBOs and agency staff on their roles and responsibilities in support of the Prevention Pathway.

Fiscal Team Meeting (CWS, Juvenile Probation, BHS, First 5 First Steps)

Purpose: Create a fiscal pathway to maximize claiming of FFPSA Title IV-E funds and ensure processes and procedures are in place for contracting purposes, invoicing, and ensuring accountability to payor of last resort.

Additional Stakeholder Engagement Meeting

Purpose: To engage additional service providers and tribal partners within the County of San Diego to identify what EBPs they provide and how they might provide preventative services that are responsive to family's needs, culturally relevant, and linguistically responsive. Additionally, this engagement will identify what funds sources are used for these agencies and partners to provide EBPs and to explore how partners might be engaged with providing support to San Diego's Prevention Pathway.

Prevention Hub Subcommittee Meetings

Purpose: To identify the scope of work, roles, and responsibilities for the Prevention Hub and staff. The Prevention Hub will be an access point, resource, and referral navigator for the community. This will include identifying the necessary staffing, contract, and process to pay for the Hub. The Prevention Hub will field calls of mandated supporters to assist them in finding resources for families. The Prevention Hub will also be responsible for conducting a strengths and needs assessment and coordinating with Title IV-E agencies on approving candidacy. This Hub can also be a thought partner for mandated supporters to think through whether they should make a call to the hotline or not.

Evaluation Meeting

Purpose: The purpose of the evaluation meeting will be to identify the number of children that can be served by the prevention process. This will include identifying the number of children known to the agency and those who may not be known to the agency. This team will also create the CQI process, the data collection process, data reporting needs, data-sharing agreements, and evaluation process.

Appendix 2: Cross-Sector Collaboration and Partnerships

Child Welfare Services	
Kimberly Giardina, Director Alfredo Guardado, Assistant Director Laura Krzywicki, Deputy Director Diana Shreckengost, Program Manager Krystal Glowack, Policy Analyst Antonia Torres, Program Manager	Kevin Hauck, Contracts Melissa Roberts, Administrative Analyst Alex Kahn, Chief of Operations Samuel Murray, Budget Fiscal Manager Verona Hines, Principle Administrative Analyst
Juvenile Probation Department	
Tabatha Wilburn, Deputy Chief Probation Officer Delona King, Division Chief, Placement Frank Andrade, Retired Supervising Probation Officer	Annick Vilmenay, Contracts Manager Tomasz Bulicki, Administrative Analyst, Contracts Todd Cloaninger, Supervisor, Contracts
Karl Peralta, Budget Manager	
Behavioral Health Services	
Yael Koenig, Deputy Director Amanda Lance-Sexton, Assistant Medical Services Administrator Shannon Jackson, Behavioral Health Program Coordinator	Amelia Guingab, Departmental Budget Manager Raul Loyo-Rodriguez, Departmental Budget Manager Michael Miller, Behavioral Health Program Coordinator
First 5 of San Diego	
Alethea Arguilez, Executive Director Lanette Javier, Program and Evaluation Administrator	Hunter Watson, Program Manager Supervisor Juanita Garcia, Project Coordinator First 5 First Steps
Office of Equitable Communities – Community Health and Engagement Team	
Liki Porotesano Community Health Program Specialist	Sarah Garlejo Community Health Promotion Specialist II
Partners in Prevention	
Aimee Zeitz, YMCA	Lexi Palacio, YMCA
Community-Based Organizations	
Cheryl Rode, San Diego Center for Children Aisha Pope, San Diego Center for Children Valerie Brew, SBCS Tandy Perry, SBCS Michelle Favella, SBCS Martha Ramirez, North County Lifeline Lisa Conradi, Chadwick Center	Caroline Wessel, Home Start, Inc. Shannon Throop, SAY San Diego Shirin Strauss, Palomar Health Laura McClarin, Fred Finch Gina Mittal, Jewish Family Service Randy Valderrama, Vista Hill
Lived Expertise	
Simone Hidds-Monroe, Just in Time for Foster Youth (FAYCES)	Marina Armas, SBCS Parent Partner Avelina Dahdah, SBCS Parent Partner
County Staff with lived experience contributed to the development of the Prevention Hub Scope of Work through participation in the Prevention Hub Subcommittee. Participant list is confidential.	
Tribal Partners	
Angelica Heredia, Southern Indian Health Council Bobby Sue Althaus, Santa Ysabel Karan Kolb, Indian Health Council	Brianna Sandoval, Aaron Laff, Sycuan Season Goodpasture, Pala

System of Care: Interagency Leadership Team	
<p>Hon. Ana Espana, Juvenile Division Judge Kimberly Giardina Director of CWS Yael Koenig Deputy Director, BHS Gabby Ohmstede, Director of Client Services, San Diego Regional Center Bruce Peterson Executive Director Student Services, County Office of Education Kate Kinnamont, Associate Executive Director, San Diego Regional Center</p>	<p>Toussaint Wade Operations Manager, Department of Rehabilitation Tabatha Wilburn Deputy Chief Juvenile Probation Deise Huffhines Assistant Chief Probation Officer Lori Clarke, Steve Hornberger and Jordan Parnes, Social Policy Institute, SDSU School of Social Work Jennifer Cannell Pyle and James Coloma (ICF)</p>
San Diego County Office of Education	Violeta Mora
Program Evaluator	Jennifer Kennedy, AAP for Healthy Families America
Regional Center	San Diego Regional Center
Child Abuse Prevention	Child and Family Strengthening Advisory Board
ICF: FFPSA Implementation Team	
<p>James Coloma, Project Director Jennifer Cannell Pyle, Implementation Project Lead Kay Casey, Fiscal Expert</p>	<p>Kristen Usher, Evaluation Expert Lindsay Lafferty, Implementation Expert</p>

COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Appendix 3: Primary Languages Spoken in San Diego

The County of San Diego is committed to providing culturally accessible and appropriate services throughout the county. In addition to English, access to services will be provided in the following languages:

1. Arabic
2. Chinese (Mandarin)
3. Korean
4. Persian (incl. Farsi, Dari)
5. Somali
6. Spanish
7. Tagalog (incl. Filipino)
8. Vietnamese

Children | Primary Language

Spanish	1,457
Arabic	53
Other Non-English	30
Vietnamese	19
Cantonese	14
Farsi	13
Mandarin	12
American Sign Language	9
Tagalog	7
Russian	6
French	5
Korean	4
Sign Language (Not ASL)	2
Japanese	2
Samoan	1
Romanian	1
Other Chinese	1
Cambodian	1

Father | Primary Language

Spanish	787
Other Non-English	18
Tagalog	16
American Sign Language	13
Arabic	12
Vietnamese	5
Lao	5
French	2
Thai	1
Sign Language (Not ASL)	1
Polish	1

Mother | Primary Language

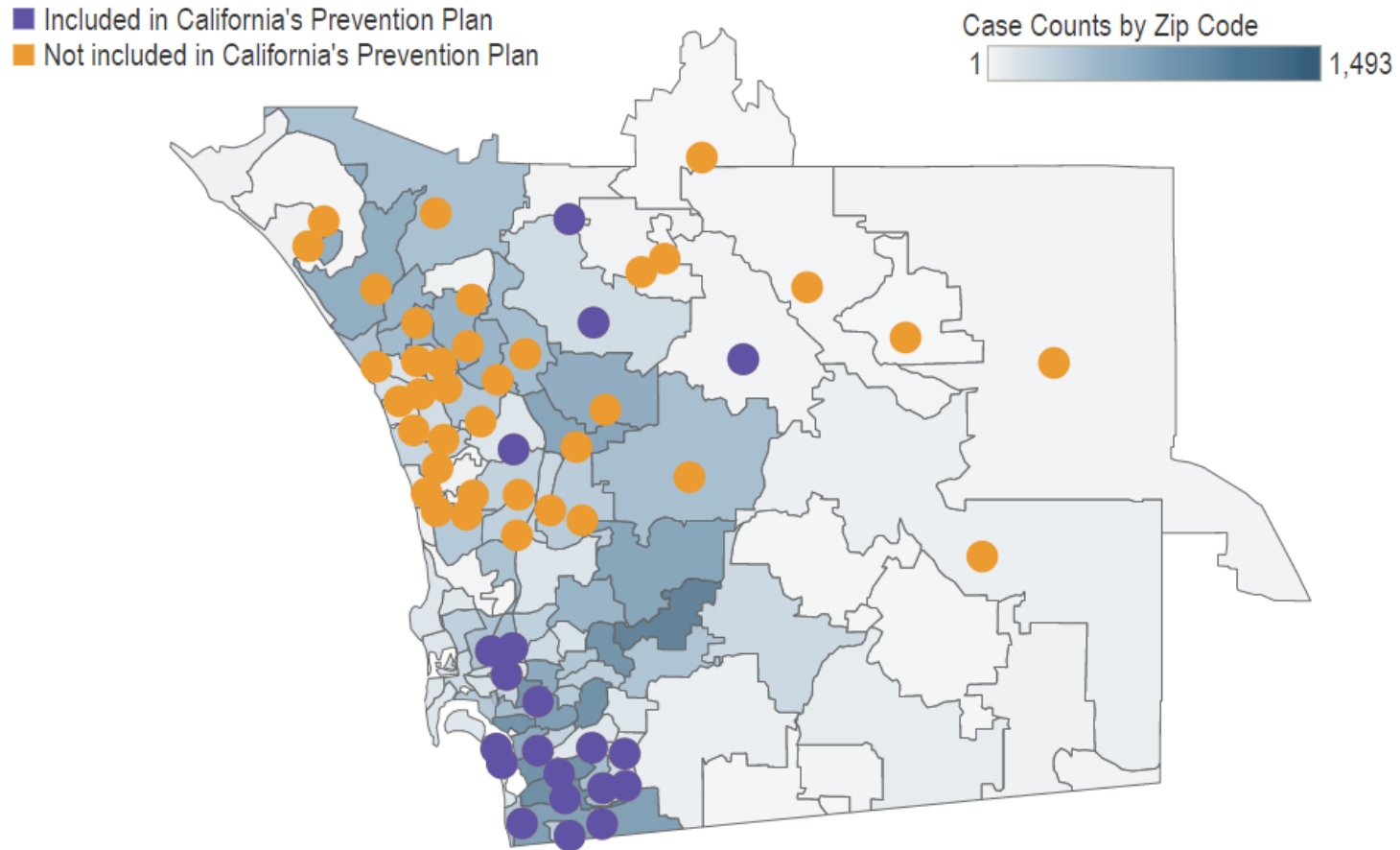
Spanish	754
Other Non-English	18
American Sign Language	13
Tagalog	12
Arabic	11
French	7
Vietnamese	6
Hebrew	3
Cambodian	3
Samoan	2
Lao	2
Korean	2
Russian	1

COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Appendix 4: Primary Location of CBOs Providing EBPs Overlaid with Case Counts



Source: Potentially FFPSA-eligible families known to CWS between July 2021 and June 2022

COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Appendix 5: Existing Well-Supported EBPs Provided Through CBOs in the County of San Diego



Chadwick Center for Children & Families/ Rady Children's Hospital

Fred Finch Home Start

Indian Health Council

Jewish Family Service

North County Lifeline

Pala Social Services

Palomar Health

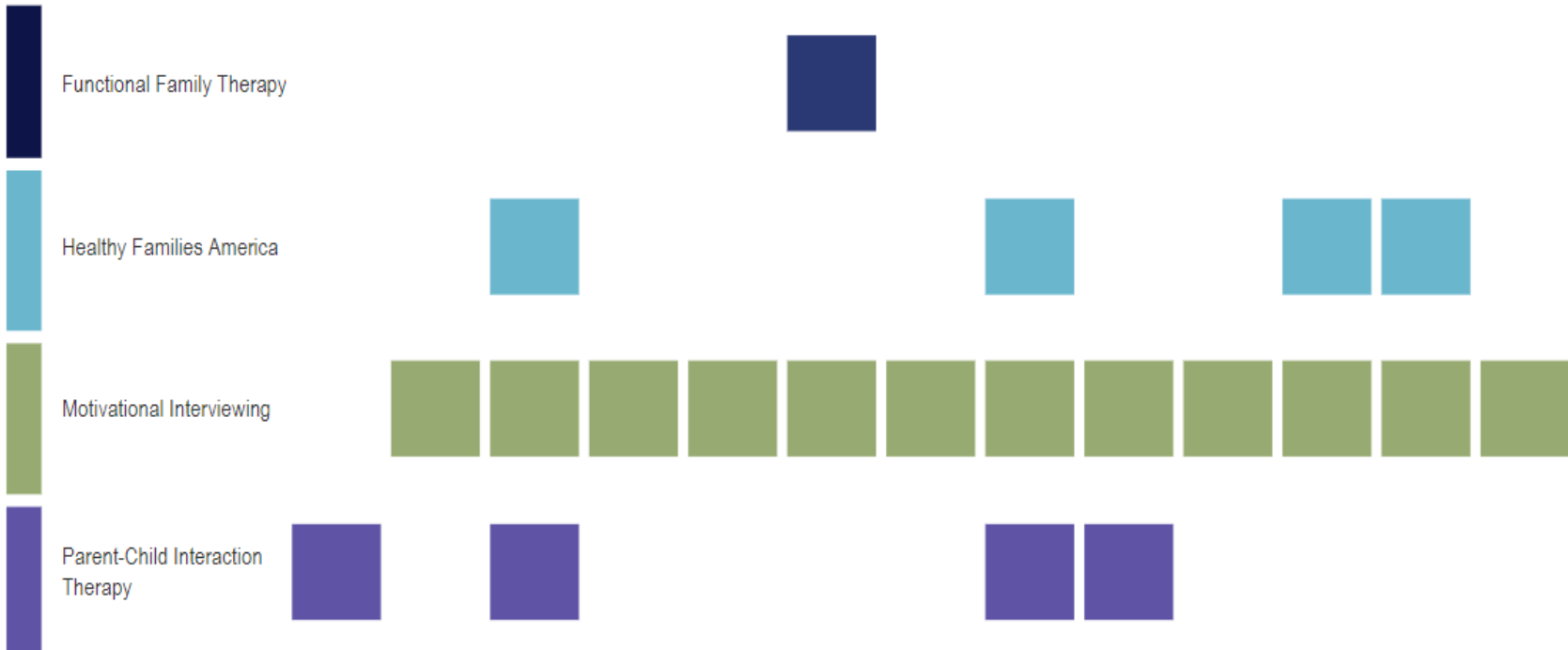
San Diego Center for Children

Santa Ysabel Social Services

SAY San Diego

SBCS

Vista Hill



Source: Potentially FFPSA-eligible families known to CWS between July 2021 and June 2022

COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Appendix 6: County of San Diego FFPSA Readiness Assessment – Aggregated Themes

Component	Strengths and Facilitators	Challenges/Areas to Develop	Possible Strategies and Next Steps
Motivation	<ul style="list-style-type: none"> ◆ CBOs reported alignment between current services offered and the FFPSA. ◆ Overall, agencies stated a desire to work with families sooner to help effect change. ◆ Staff reported a belief that the ability to provide preventative services earlier would result in better outcomes for the family. ◆ Staff reported that providing prevention services would create a more rewarding work environment. 	<ul style="list-style-type: none"> ◆ No common challenges were identified. 	<ul style="list-style-type: none"> ◆ Provide messaging to CBO staff and leadership about the FFPSA and how it changes service provision.
General Capacity	<ul style="list-style-type: none"> ◆ Several CBOs have established partnerships and contracts with school districts to provide preventative services. ◆ CBOs can track demographics, service plans, program participation, and evaluation/outcomes, completion, and reentry. ◆ Most used assessment tools include: <ul style="list-style-type: none"> ▲ Protective Factors survey ▲ Adverse Childhood Experiences Score test ▲ Substance Disorder Risk and Resiliency tool ◆ The CBOs have experience with EBPs and assessing fidelity when required by 	<ul style="list-style-type: none"> ◆ Many CBOs maintain a waitlist for services. Waitlists are prioritized based on contract language: <ul style="list-style-type: none"> ▲ 1. Child welfare dependency/court involved ▲ 2. Voluntary child welfare ▲ 3. Prevention ▲ 4. Community walk-ins and referrals ◆ Many CBOs identified recruiting and retaining qualified staff as recurring challenges. 	<ul style="list-style-type: none"> ◆ Additional billing and supports need to be put in place to help support the FFPSA requirements. ◆ A unified data system would need to be established for participating CBOs to streamline data entry and reporting specific to the FFPSA. ◆ Waitlists are an opportunity to expand services to draw down FFPSA Title IV-E funds.

COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Component	Strengths and Facilitators	Challenges/Areas to Develop	Possible Strategies and Next Steps
	<p>the contract and accompanied by adequate funding to maintain fidelity to the identified model.</p> <ul style="list-style-type: none"> ◆ Many of the CBOs have a CQI process or departments. ◆ The CBOs providing Children and Family Services (CFS) collaborate and communicate about waitlists to refer families to CBO partners. There is good communication and collaboration among the CFS providers. 		
FFPSA-Specific Capacity	<ul style="list-style-type: none"> ◆ All CBOs that participated in the readiness assessment reported providing MI as an EBP, which is included in California’s state FFPSA plan. ◆ Three CBOs are providing Healthy Families America (First 5 First Step) to model fidelity. ◆ Two CBOs provide PCIT. An additional two organizations have provided PCIT previously and with funding, staffing, and fidelity support and resources would consider providing it again. ◆ Of the CBOs that participated in the readiness assessment, many reported that they provide EBPs that are not in California’s FFPSA plan. See Matrix for a comprehensive list of current EBPs provided in San Diego. 	<ul style="list-style-type: none"> ◆ No CBO reported currently assessing fidelity of MI, but CBO staff have been trained in this intervention. ◆ Staff reported that EBPs are expensive to implement and monitor to fidelity. ◆ Historically, funding is available for the initial implementation of an EBP but not for ongoing fidelity monitoring, coaching, and training. ◆ EBPs often require masters-level clinician engagement, which can be a limitation for staffing. ◆ FFPSA parameters and data needs should be clarified to ensure appropriate staffing. ◆ CBOs will need to build out new data elements for reporting. 	<ul style="list-style-type: none"> ◆ Establish process for No Wrong Door. ◆ Ensure eligibility and referrals are timely to meet the current need(s) of the family. ◆ Contract language would need to change to meet the needs of prevention and community families. ◆ ICF is working on establishing a rate-setting process for EBP services being provided by the FFPSA. ◆ More staff, development of processes, and change in expectations of prioritizing families would provide more of a focus on how to fund preventive services to expand the services being offered earlier to families.

COMPREHENSIVE PREVENTION PLAN
*The County of San Diego: Moving Toward a
 Comprehensive Prevention Plan*



Component	Strengths and Facilitators	Challenges/Areas to Develop	Possible Strategies and Next Steps
	<ul style="list-style-type: none"> ◆ Six out of nine CBOs reported use of Efforts to Outcomes to collect data. 		<ul style="list-style-type: none"> ◆ A fiscal reporting structure needs to be created. ◆ Fiscal staff would need to be trained on policy and procedures aligned with fiscal reporting. ◆ A data infrastructure needs to be created to capture the data elements required for the FFPSA. ◆ Data-sharing agreements need to be updated to share information. ◆ Funding is needed to support the rigor required for monitoring EBPs to fidelity. ◆ Training and technical assistance are needed to support the implementation of San Diego's prevention plan.

COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



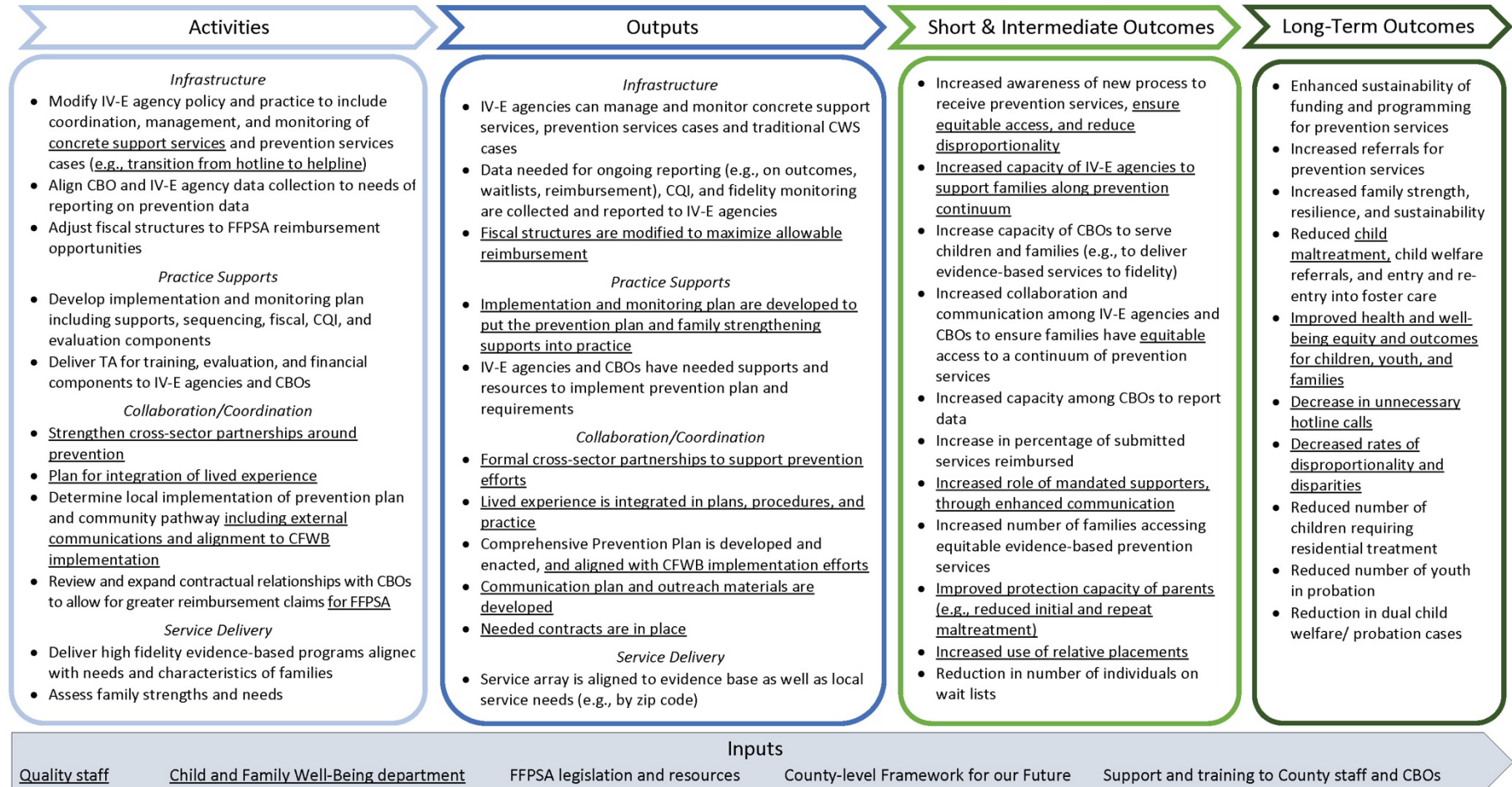
Appendix 7: Prevention Services in the County of San Diego: General Logic Model

Prevention Services in the County of San Diego: General Logic Model

Theory of Change: Expanded prevention services and increased equitable access – through restructured operations, additional fiscal resources, increased family support services, and a collaborative vision for a better way forward for child and family well-being – will lead to the strengthening of families through an increase in family protective factors and a decrease in the likelihood of child maltreatment and involvement with child welfare services for children throughout the County of San Diego.

Protective Factors

Child Maltreatment



COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Appendix 8: Fund Sources for Prevention Services

This table reflects the steps to receive prevention services, the actions needed, and the funding sources available.

Steps to Receive Prevention Services	Actions	Fund Sources
<ul style="list-style-type: none"> ◆ No Wrong Door for Family in Need: <ul style="list-style-type: none"> ▲ Self-referrals ▲ Community (church, school, Boys & Girls Clubs, etc.) ▲ Probation ▲ CWS 	<ul style="list-style-type: none"> ◆ Receipt of a referral from a partner agency to triage the family and the situation. ◆ Determination made on whether the situation should be passed on to the Prevention Hub. 	<ul style="list-style-type: none"> ◆ OCAP funding ◆ PSSF: <ul style="list-style-type: none"> ▲ Family Support ▲ Family Preservation ◆ CBCAP ◆ CA CAPIT
<ul style="list-style-type: none"> ◆ Prevention Hub – Provides a community-based access point: <ul style="list-style-type: none"> ▲ Conduct a strengths and needs assessment ▲ Coordinate candidacy with Title IV-E agency ▲ Determine eligibility for FFPSA candidacy ▲ Meet with the family to confirm they will opt in for prevention services ▲ Make referral to CBO for provision of evidence-based program 	<ul style="list-style-type: none"> ◆ County staff will: <ul style="list-style-type: none"> ▲ Establish eligibility based on candidacy ▲ Confirm the family is willing to participate in services 	<ul style="list-style-type: none"> ◆ FFPSA administrative costs: <ul style="list-style-type: none"> ▲ Establish eligibility ▲ Assessing the family’s functioning ▲ Case management ▲ Information and referral
<ul style="list-style-type: none"> ◆ Engaging and overseeing the family in FFPSA: <ul style="list-style-type: none"> ▲ Create a prevention plan with the family (CBO and County) ▲ Provide oversight of case management for the prevention plan ▲ Provide an EBP and case management ▲ Monitor for safety and risk 	<ul style="list-style-type: none"> ◆ Work with the family to create a prevention plan outlining the requirements to maintain the child in the home. ◆ Ensure that case management services are supporting the family. ◆ Referral to an EBP for the family. ◆ Review and assesses that there is no safety or risk to the child. 	<ul style="list-style-type: none"> ◆ FFPSA administrative costs: <ul style="list-style-type: none"> ▲ Establish eligibility ▲ Assessing the family’s functioning ▲ Case management ▲ Information and referral ◆ FFPSA services cost: <ul style="list-style-type: none"> ▲ Providing the EBP ▲ Assessing ongoing case management

Steps to Receive Prevention Services	Actions	Fund Sources
<ul style="list-style-type: none"> ◆ CBO begins engaging with the family upon receipt of the referral to provide identified services: <ul style="list-style-type: none"> ▲ Provides data ▲ Ensures EBP being provided and monitors costs of services, outcomes ▲ Establishes and maintains relationships and contracts with providers of services ▲ Ensures EBP provided to fidelity ▲ Provides oversight of the contract scope of work ▲ Oversees program delivery ▲ Submits claim to the state for reimbursement 	<ul style="list-style-type: none"> ◆ CBO actions: <ul style="list-style-type: none"> ▲ Ensure collection and data on FFPSA is maintained ▲ Submit timely invoices with data requirements included ▲ Conduct internal monitoring of compliance with contract requirements ◆ CWS/Probation/BHS/ First 5 actions: <ul style="list-style-type: none"> ▲ Contract monitoring and oversight ▲ Review and assessment of fidelity to the model used ▲ Ensure services and resources are provided to the family 	<ul style="list-style-type: none"> ◆ FFPSA administrative costs are claimed for: <ul style="list-style-type: none"> ▲ Data collection and reporting beyond the child’s eligibility for FFPSA ▲ Verification and documentation of program eligibility ▲ Additional activities may include: <ul style="list-style-type: none"> ▪ Referral to services ▪ Preparation and participation in judicial determinations ▪ Development of case plan ▪ Rate setting ▪ A proportionate share of agency overhead
<ul style="list-style-type: none"> ◆ County Interagency Leadership Team: <ul style="list-style-type: none"> ▲ Conducts administrative functions to support contract requirements ▲ Ensures the prevention plan effort are meeting requirements 	<ul style="list-style-type: none"> ◆ Supports the service of seeks to serve children and youth in foster care who have experienced trauma: <ul style="list-style-type: none"> ▲ Coordinate and collaborate with involved partners and agencies ▲ Provide feedback and reviews CQI 	<ul style="list-style-type: none"> ◆ FFPSA Administrative Costs are claimed for: <ul style="list-style-type: none"> ▲ Provide oversight and management of contract ▲ Work closely with CBOs providing technical assistance and support ▲ Ensure consistent and ongoing quality improvement ▲ Assess when termination is needed either voluntarily or involuntarily

COMPREHENSIVE PREVENTION PLAN

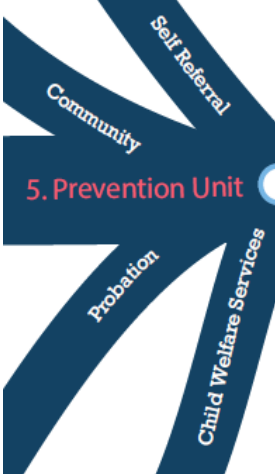
The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Appendix 9: County of San Diego Prevention Pathway

1. No Wrong Door for Family in Need of Supports and Services

A family can access prevention services through any door in San Diego County



2. Prevention Hub

The role of the Prevention Hub is to provide a community-based access point.



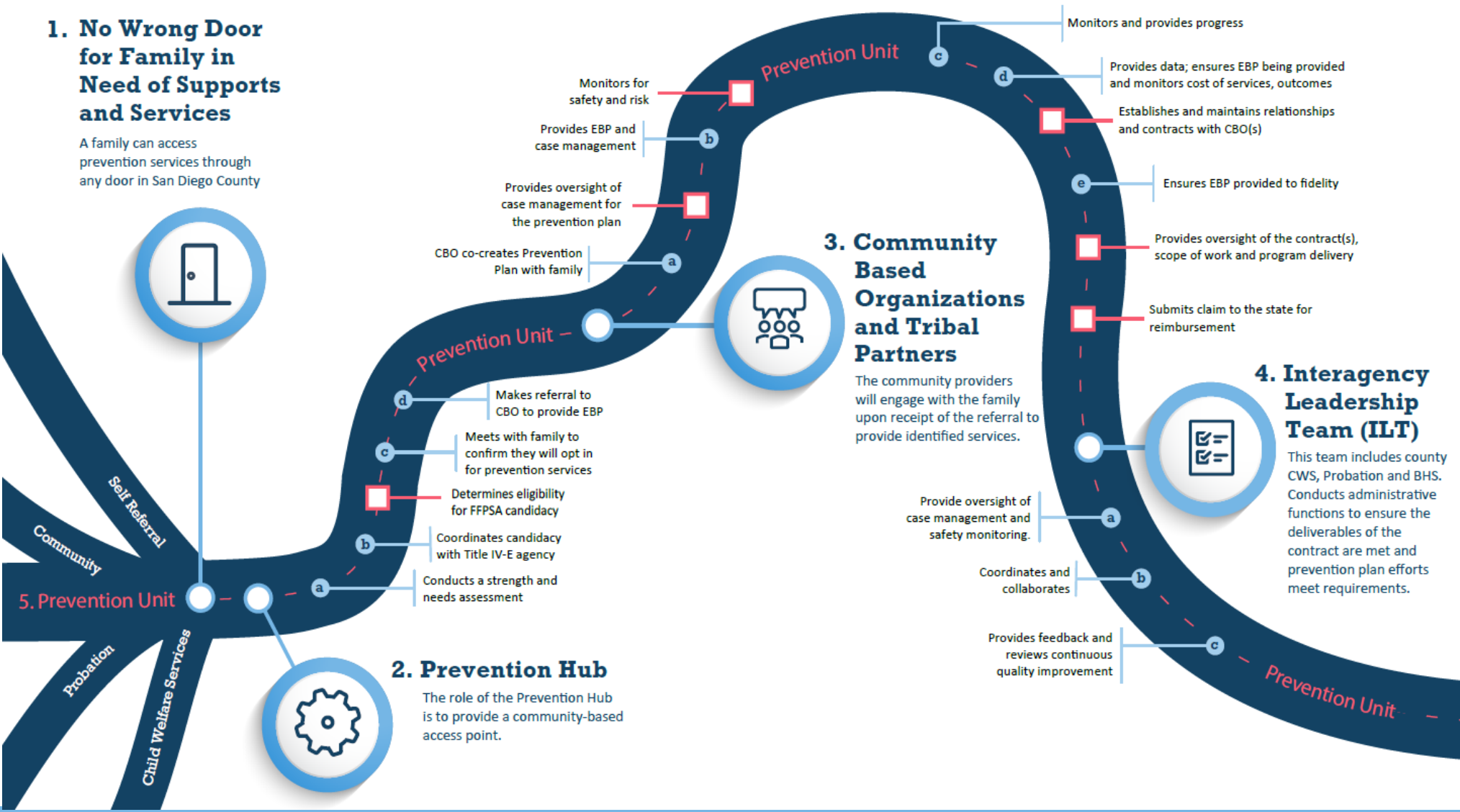
3. Community Based Organizations and Tribal Partners

The community providers will engage with the family upon receipt of the referral to provide identified services.



4. Interagency Leadership Team (ILT)

This team includes county CWS, Probation and BHS. Conducts administrative functions to ensure the deliverables of the contract are met and prevention plan efforts meet requirements.



Appendix 10: County of San Diego Prevention Pathway Narrative

Ways to Enter the Prevention Pathway

A family is identified as in need of services and supports due to a child who is at imminent risk of entering foster care but who can remain safely in the child's home or in a kinship placement as long as eligible prevention services to prevent the entry of the child into foster care are provided. The child and family enter through any of the following doors detailed below.

1. No Wrong Door for Family in Need of Supports and Services

A. Family can access prevention services through any door in the County of San Diego:

1. Self-referral
2. Referral from the community
 - ◆ Medical professionals
 - ◆ Faith-based organization
 - ◆ Schools
 - ◆ Legal partners
 - ◆ Tribal Partners
 - ◆ Another community-based provider
3. Entrance from Probation
 - ◆ Referral from current probation caseload (traditional path to services)
 - ◆ Referral from district attorney diversion program
4. Entrance from CWS
 - ◆ Hotline call or Investigation (traditional path to services)
 - ◆ Referral from current CWS caseload for voluntary cases, cases moving from Family Reunification to Family Maintenance or Family Maintenance to case closure, or closure due to adoption
 - ◆ Referral from district attorney diversion program for dual status or crossover youth

B. Once the door is open, a family will have access to the Prevention Hub.

- ◆ The Prevention Hub will conduct a strengths and needs assessment, should the candidate be eligible, submit to the Title IV-E agency for candidacy approval, confirm with the family that they want to opt in for prevention services, and then make and provide a warm hand off with the family to the appropriate services and evidence-based practice.
 - ▲ If a family already has a point of contact relationship with a service provider or tribal partner, that entity will remain the point of contact with the family to ensure efficient and timely assessment.
 - Note: if that provider or partner provides the appropriate EBP to meet the family's needs, the family will be referred to receive services from the entity where the relationship already exists.
 - If the family opts out, the family will be referred to any other supportive services to ensure family is connected to the service that best meets their needs.

2. Prevention Hub

- ◆ The Prevention Hub will increase access to primary, secondary, and tertiary prevention services throughout the County. The goal of the Prevention Hub includes shifting the system to focus on prevention and voluntary services, reducing children in foster care with a focus on reducing racial disparities.
- ◆ It includes shifting from “mandated reporters” to “community supporters” and “hotline” to “helpline” so that the entire community focuses on a better way for child and family well-being.
- ◆ San Diego plans to transform work with families to gain their trust and increase engagement with social workers who will focus entirely on enhancing protective factors, not removing children.
- ◆ The role of the Prevention Hub is to provide a community-based access point to ensure consistency in assessing if a family meets the eligibility criteria for as defined by the FFPSA candidacy populations.

The Prevention Hub will conduct a strengths and needs assessment:

- a. If a child and/or family does not meet FFPSA eligibility criteria, the family will be referred for other supportive services to meet their current need(s).
- b. If the child and/or family meet the criteria as assessed by the family strengths and needs assessment for FFPSA prevention services, the information is forwarded to the County prevention staff to assesses if the family meets the criteria for “imminent risk” as defined by FFPSA eligibility and determines FFPSA Title IV-E candidacy within 48 hours.
- c. Once candidacy is approved by the County prevention staff, the Prevention Hub meets with the family and confirms the family agrees to opting into FFPSA prevention services.

The Prevention Hub will refer and connect the child and/or family to the appropriate contracted community-based provider or tribal partner to provide the EBP that meets the identified prevention needs of the family and provide ongoing safety and risk monitoring.

3. CBOs and Tribal Partners

The CBO or tribal partner will complete further assessment and co-create a prevention plan with the family based upon the strengths and needs assessment conducted by the Prevention Hub and available EBP to meet the identified needs. The providers will:

- a. Co-create Prevention Plans with family
- b. Provide appropriate EBP and case management
- c. Monitor safety and risk and provide progress updates to the Title IV-E agency
- d. Provide data; EBP being provided, cost of services, outcomes, invoices
- e. Be responsible for ensuring EBP done to fidelity

4. Interagency Leadership Team (ILT)

The ILT will oversee administrative functions to ensure the deliverables of the contract(s) are met and prevention plan efforts meet requirements.

- a. The team is made up of cross-sector partners including CWS, Probation, BHS, Regional Center, San Diego County Office of Education and links with the following partners: various CBOs, District Attorney’s Office, System of Care, PiP Network, area tribes, and individuals with lived experience.

- b. The ILT is responsible for the oversight of case management and safety monitoring of the children and family during the period of the prevention plan.
- c. The ILT will collaborate and coordinate between the Prevention Hub, and participating service providers and tribal partners.
- d. The ILT will meet quarterly to provide feedback and review CQI needs.

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES



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



Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES

County of San Diego

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),

Kimberly Giardina, Director Child Welfare Services
Tabatha Wilburn, Deputy Chief Juvenile Probation

(Name(s) of participating child welfare services and/or probation agency) is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring Assurance

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

Kimberly Giardina, Director Child Welfare Services
Tabatha Wilburn, Deputy Chief Juvenile Probation

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

Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child’s tribe.

Workforce Development and Training Assurance

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

Kimberly Giardina, Director Child Welfare Services
Tabatha Wilburn, Deputy Chief Juvenile Probation

(Name(s) of participating child welfare services and/or probation agency) assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community-based and Title IV-E pathways.

Trauma-Informed Service Delivery Assurance

Kimberly Giardina, Director Child Welfare Services
Tabatha Wilburn, Deputy Chief Juvenile Probation

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

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

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California

WIC sections 16587(d)(10) and 16587(d)(11)(A), the

Kimberly Giardina, Director Child Welfare Services
Tabatha Wilburn, Deputy Chief Juvenile Probation

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

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor’s Executive Order N-16-22, and consistent with California Five-

Year Prevention Services State Plan, the

Kimberly Giardina, Director Child Welfare Services
Tabatha Wilburn, Deputy Chief Juvenile Probation

(Name of participating

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

Assurance of Coordination with Local Mental Health

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

Kimberly Giardina, Director Child Welfare Services
Tabatha Wilburn, Deputy Chief Juvenile Probation

section 16588(f)(3), the (Name of participating child welfare services and/or probation agency) assures the establishment of a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Assurances Signatures

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

(Date) (Signature of Authorized CWS Representative)

(Date) (Signature of Authorized Probation Representative)

COMPREHENSIVE PREVENTION PLAN

The County of San Diego: Moving Toward a Comprehensive Prevention Plan



Addendum to the County of San Diego’s CPP:

TARGET CANDIDACY POPULATION(S) and NEEDS ASSESSMENT

Child Welfare Services, in partnership with ICF, conducted extensive engagement with community partners, tribal members, individuals with lived experience, and providers across the County to identify populations at imminent risk of entering foster care and to match Evidence Based Practices (EBP) that could meet the population’s needs. This process involved engaging the County-wide

Implementation Team to review relevant EBPs and make recommendations for which services would meet the needs of children, youth, and families in the County. Through capacity and readiness assessment analysis, the County-wide Implementation Team determined that each candidacy population could be at high risk of entering foster care and benefit from the FFPSA parenting, mental health and/or substance use prevention services included in California’s Prevention Plan, as well as non-FFPSA prevention services. This helped prepare the County to commit to serving all FFPSA candidacy populations and identify 3 Community Based Organizations (CBO) that were already implementing 3 EBPs outlined in California’s Prevention Plan.

The following CBOs are the identified prevention services pilot sites: North County Lifeline (NCL), SBCS, San Diego Center for Children (SDCC). NCL provides Functional Family Therapy (FFT) with a focus on the target population of 11- to 18-year-old youth who have been referred by juvenile probation. SBCS delivers Healthy Families America (HFA, via First 5, First Steps) beginning prenatally or within three months of birth. This program is designed to serve the families of children who have increased risk for maltreatment or other adverse childhood experiences. San Diego Center for Children is implementing Parent-Child Interaction Therapy (PCIT) for families with children who are between 2 and 7 years old and experience emotional and behavioral problems that are frequent and intense. All the EBPs are available in English and Spanish and have the capacity to increase service delivery throughout the county. These 3 EBPs provide family-centered services

EXHIBIT A: FFPSA ELIGIBLE CANDIDATE POPULATIONS

1. Children with a substantiated or inconclusive disposition, but no case opened
2. Probation youth subject to a petition under section 602 of the W&I Code
3. Children and families receiving voluntary or court-ordered Family Maintenance
4. Children whose guardianship or adoption arrangement is at-risk of disruption
5. Children who have siblings in foster care
6. Pregnant and parenting youth in foster care
7. Native American children identified by a tribe
8. Homeless or runaway youth
9. Substance-exposed newborns
10. Trafficked children and youth
11. Children exposed to domestic violence
12. Children whose caretakers experience substance use disorder
13. LGBTQ youth
14. Children or youth experiencing other serious risk factors combined with family instability or safety threats

identified as strongly needed in the County that, when assessed, will strengthen families, and provide services to most children and youth in the candidate populations to prevent entering the child welfare and probation system.

While the 3 EBPs will help strengthen families, the County continued to identify gaps in services available for some of the candidate populations. These gaps included ages 8-10 years and culturally responsive services. Therefore, the County is expanding services to families beyond well-supported to include supported and promising practices for a broader range of practices in its CPP to ensure services are culturally responsive and appropriate to serve the County’s diverse populations at all ages (Table A).

Table A: Title IV-E Prevention Service Clearinghouse Approved EBPs

EBP	Title IV-E Prevention Service Area	Target Population and Age Group	Description and Average Service Duration	Funding
<p>Eye Movement Desensitization and Reprocessing (EMDR)</p> <p>Supported</p>	<p>Mental Health Services</p>	<p>Designed to treat individuals of all ages.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1 – 14</p>	<p>Treatment for children and adults is aimed at minimizing distress associated with traumatic memories and other adverse life experiences. The length of treatment must include at least two sessions but depends on the specific problem and client history.</p>	<p>When determined appropriate, efforts to leverage FFPSA funding for service, administration, training, and management of fidelity.</p>
<p>Family Spirit</p> <p>Promising</p>	<p>Mental Health Services</p>	<p>Designed to serve young American Indian mothers ages 14–24 who enroll during the second trimester of pregnancy.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 6, 7, 13, 14</p>	<p>The goal of the program is to address intergenerational behavioral health problems and promote positive behavioral and emotional outcomes among mothers and children. Designed to serve mothers for as long as possible, from 28 weeks gestation until 3 years postpartum. Other family members can participate in the</p>	<p>Currently through contracts with CWS, the program is funded with Promoting Safe and Stable Families (PSSF) and County Funds.</p>

EBP	Title IV-E Prevention Service Area	Target Population and Age Group	Description and Average Service Duration	Funding
<p>Functional Family Therapy*</p> <p>Well-supported</p>	<p>Mental Health Services</p>	<p>Designed to serve 11- to 18-year-old youth who have been referred by juvenile justice, mental health, school, or child welfare systems.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 13, 14</p>	<p>program lessons alongside mothers.</p> <p>FFT is a family intervention program for dysfunctional youth with disruptive, externalizing problems. FFT has been applied to a wide range of problem youth and their families in various multiethnic and multicultural contexts; 12 to 14 one-hour weekly sessions are recommended (but can be more or less intense) and can be provided in a clinical, school, or home-based setting.</p>	<p>The County of San Diego Juvenile Probation currently funds FFT with Juvenile Justice Criminal Prevention Act.</p>
<p>Healthy Families America (HFA)*</p> <p>Well-supported</p>	<p>Parenting Support Services</p>	<p>Families are eligible to receive services beginning prenatally or within three months of birth.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1, 3, 4, 5, 6, 7, 9, 11, 14</p>	<p>Program aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. Families are offered weekly home visits for a minimum of 6 months after the birth of the baby.</p>	<p>First 5 of San Diego funds HFA with a combination of County funds received through taxes and CalWORKS. CalWORKS will be maintained with the Maintenance of Effort.</p>

EBP	Title IV-E Prevention Service Area	Target Population and Age Group	Description and Average Service Duration	Funding
<p>Incredible Years – School Aged Basics</p> <p>Promising</p>	<p>Mental Health Services</p> <p>Parenting Support Services</p>	<p>Designed for parents of children 6–12 years old.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1, 3, 4, 7, 11, 14</p>	<p>Program typically targets higher risk populations and parents of children diagnosed with problems such as oppositional defiant disorder and attention deficit hyperactivity disorder. Parents typically receive 12 to 20 2-hour weekly group sessions.</p>	<p>Currently being funded through Behavioral Health. Opportunity to explore blended funding. Utilize existing funding source(s) for sustaining current capacity. Funding has been braided with CWS to cover administrative and training costs.</p>
<p>Intensive Care Coordination Using High Fidelity Wraparound/High Fidelity Wraparound</p> <p>Promising</p>	<p>Mental Health Services</p> <p>Prevention Plan Management</p>	<p>Designed toward children and youth birth to age 21.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1 – 14</p>	<p>Uses an individualized, team-based, collaborative process to provide a coordinated set of services and supports targeted toward children and youth with complex emotional, behavioral, or mental health needs, and their families. Multiple phases of service delivery lasting from Phase 1 to the determination services are no longer needed.</p>	<p>Currently BHS funds services through Medi-Cal. Upon a rating from FFPSA clearing house, the opportunity will be to braid funding with CWS to access FFPSA costs.</p>
<p>Motivational Interviewing for Cross-Cutting Case Management*</p> <p>Well-supported</p>	<p>Mental Health Services</p> <p>Substance Use Services</p> <p>Parenting Support Services</p> <p>Prevention Plan Management</p>	<p>Designed to promote behavior change for all ages, with a range of target populations and for a variety of problem areas.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria</p>	<p>Particularly effective for engagement models and shows effectiveness with adolescents. Can be administered in 1 to 3 sessions for clinical uses but can be used in practice as</p>	<p>Currently, MI is not maintaining fidelity to the model. In Probation, where it is being used, County dollars support the cost.</p>

EBP	Title IV-E Prevention Service Area	Target Population and Age Group	Description and Average Service Duration	Funding
		of the EBP (see Exhibit A for eligible populations): 1 – 14	primary method to engage and manage family prevention plans, can be delivered in any setting.	
Parent-Child Interaction Therapy (PCIT)* Well-supported	Mental Health Services	PCIT is typically appropriate for families with children who are between 2 and 7 years old and experience emotional and behavioral problems that are frequent and intense. Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1, 3, 4, 5, 6, 7, 11, 13, 14	PCIT is a program for children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem solving. Delivered in 12 to 20 weekly one-hour sessions delivered in a clinical setting.	County of San Diego BHS currently funds PCIT. By braiding funding between BHS and CWS, the costs of all support for services, administration, and training.

EBP	Title IV-E Prevention Service Area	Target Population and Age Group	Description and Average Service Duration	Funding
<p>SafeCare Supported</p>	<p>Parenting Support Services</p>	<p>Designed for parents/caregivers of children 0–5.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations):: 1, 3, 4, 5, 6, 7, 11, 12, 14</p>	<p>In-home behavioral parenting support program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. The service is for high-risk populations (e.g., substance-exposed newborn, family with previous child welfare experience). Weekly sessions for 18 to 20 weeks of services.</p>	<p>Currently Safe Care is supported with an array of funding from the County including, Child Abuse Prevention and Treatment (CAPIT), PSSF, Community Based Child Abuse Prevention (CBCAP), and County funds.</p>
<p>Trauma-Focused Cognitive Behavioral Therapy [TF-CBT] Promising</p>	<p>Mental Health Services</p>	<p>Designed to serve children and adolescents ages 3–18 and their parent/caregiver.</p> <p>Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1 – 14</p>	<p>TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. Caregivers are included in treatment if they did not perpetrate the trauma and child safety is maintained. Recommended delivery in clinical settings but can be delivered in the home or community living based on client</p>	<p>Although each of the CBOs provided TF-CB, currently it is not a EBP that is on California's CPP, therefore exploration of this program upon higher rating in the Title IV-E Clearinghouse.</p>

EBP	Title IV-E Prevention Service Area	Target Population and Age Group	Description and Average Service Duration	Funding
			needs. Recommended service provision of 12 to 18 weeks.	
Triple P + Pathways/Level 4 Group Promising	Mental Health Services Parenting Support Services	Designed for children ages 0–12 experiencing other serious risk factors combined with family instability who prefer group services. Of eligible FFPSA candidates, these are the populations that meet the criteria of the EBP (see Exhibit A for eligible populations): 1 – 14	Triple P-Group is for parents who are interested in promoting their child’s development or who are concerned about their child’s behavior. Delivered in five 2-hour group sessions plus telephone consultations.	Currently BHS funds services through Medi-Cal. Upon a rating from FFPSA clearing house, the opportunity will be leveraged to claim services, administration, and training.

Child Abuse Prevention Council (CAPC) Role in San Diego

The Child and Family Strengthening Advisory Board (CFSAB) is engaged and has a strong leadership role in supporting efforts to prevent and respond to child abuse and neglect. The mission of CFSAB is to encourage cross-sector collaboration and transparent monitoring of the County of San Diego child welfare system to ensure the safety and well-being of children and families. The efforts focus on strengthening families by identifying and addressing the needs of children and youth who are in the public charge as well as those whose safety and welfare may be at risk. The CFSAB consists of twenty-one (25) voting members representing a broad cross-section of community and stakeholders. Please refer to Table B below for membership.

In addition to the CFSAB, the Partners in Prevention (PiP) collaboration absorbed the operational duties of the Child Abuse Prevention Coordinating Council and enhances the ability of the County to prevent and respond to child abuse and neglect. PiP is stewarded by YMCA Childcare Resource Services in partnership with Child Welfare Services, San Diego State University’s Social Policy Institute, Harder and Company Community Research, and encompasses many cross sectors partners as well as community members and those with lived child welfare experience.

Table B: Child & Family Strengthening Advisory Board

Child & Family Strengthening Advisory Board	
Two (2) members of the Board of Supervisors	Congregate care provider
Three (3) Supervisorial District representatives	Court Appointed Special Advocate
Presiding Judge of the Juvenile Court or designee	Legal counsel for minors in juvenile court
Health and Human Services Agency Director or designee	Legal counsel for parents in juvenile court
Child Welfare Services Director or designee	San Diego County Office of Education
Chief Probation Officer or designee	Juvenile justice community-based organization
First 5 San Diego Executive Director or designee	Children’s health care professional
Former Foster Youth	Social Worker
Foster Parent Association	Two (2) individuals with lived experience who reflect over-represented populations in the system with a preference for former foster youth
Foster Family Agency	Representative from Polinsky Children's Center
Representative from San Pasqual Academy	