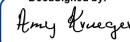
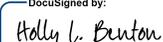




## COMPREHENSIVE PREVENTION PLAN

June 2023

<b>Title IV-E Agency Information</b>	County of Santa Barbara, Department of Social Services
<b>Submitting Authority</b>	Child Welfare Services
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<b>Signature of Child Welfare Services Representative</b>	<p><small>DocuSigned by:</small>    <small>99099901372A458</small>                      Amy Krueger, M.S.                      Deputy Director, Adult and Children's Services</p>
<b>Signature of Authorized Juvenile Probation Representative</b>	<p><small>DocuSigned by:</small>    <small>EB911590A3614F8</small>                      Holly L. Benton,                      Chief Probation Officer, County Probation Dept.</p>
<b>Signature of Authorized Behavioral Health Representative</b>	<p><small>DocuSigned by:</small>    <small>F0B84DE8F6814E7</small>                      Katie Cohen, Psy.D., LMFT                      Branch Chief of Clinical Outpatient Operations</p>

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## Introduction

“The solution to all adult problems tomorrow depends in large measure upon the way our children grow up today,” wrote anthropologist Margaret Mead.

Together for Children (TFC), a collaborative committee of nonprofit and Santa Barbara County leaders, aims to promote the well-being of children, families, and communities in Santa Barbara County so that all are thriving and safe, with equitable access to resources and opportunities.

Formed by Child Welfare Services in 2022 to meet the opportunity of the Families First Prevention Services Act (FFPSA), the collaborative earnestly took on the task of developing a comprehensive plan to promote community wellbeing and, most importantly, to prevent child abuse and neglect.

## Vision and mission

We developed a vision and mission that have guided our comprehensive prevention planning efforts. They will be our north star as we implement our plan in phases as we learn to improve outcomes for families and children and expand towards a full comprehensive prevention system.

Vision: Children, families, and communities in Santa Barbara County are safe and thriving and have equitable access to resources and opportunities.

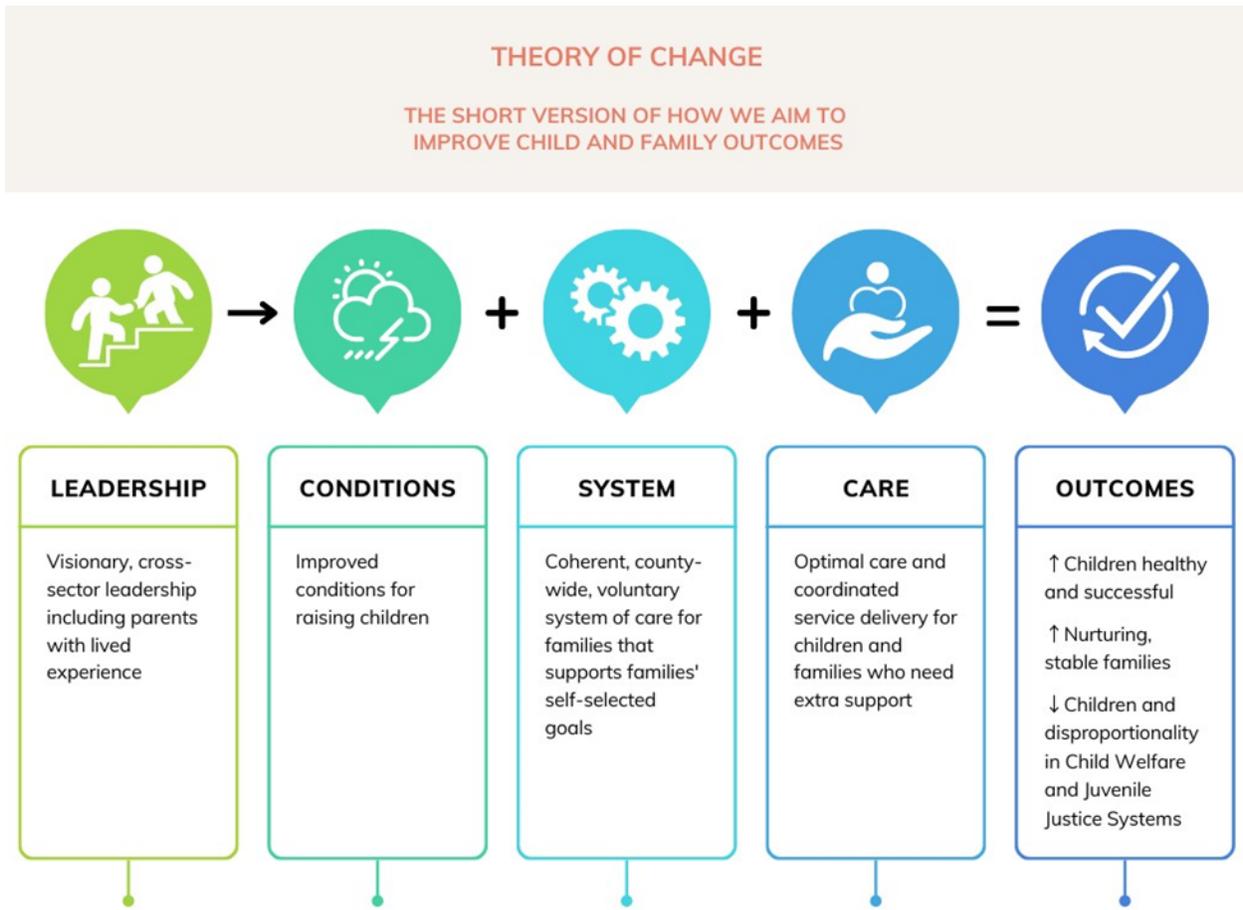
Mission: Engage a comprehensive, collaborative network that promotes well-being and addresses root causes of adversity and child maltreatment. Children and families who need extra support, including those who are system-involved, are nurtured and provided optimal care through coordinated service delivery.

## Theory of change

Preventing maltreatment requires new forms of collaborative leadership focused on ensuring that children’s families are healthy and that communities are strong. This theory led our approach and, like the vision and mission, is foundational to the rest of this document. Our Theory of Change is presented in Figure 1.

## Framework for fiscal impact

We intend to seize the opportunity to use the state block grant in ways that maximize the impact of the funds in the many years after they have been expended. We aim to build foundation, infrastructure, and sustainable strategies for primary prevention that result in systems change. To affect systems change that makes a difference over the long haul for children and families, the work must be collaborative, across sectors, and must address workforce issues that worsened with COVID-19. Pilots of direct service activities will serve the children most at risk and their families.



*Figure 1. Theory of Change*

Building on Santa Barbara County agencies' successful experience working collaboratively and in the context of change in the wake of the COVID-19 pandemic, this Comprehensive Prevention Plan (CPP) articulates our approach to improving our systems in pursuit of our mission. With faith in the generosity, collaborative spirit, and heart for children and families in our county, the ever-growing Together for Children team presents this plan for preventing child maltreatment in Santa Barbara County. It will continue to evolve as we work together, respond to additional information from CDSS and other contextual factors, learn from experience, and iterate forward.

### Demographic Profile

Santa Barbara County sits approximately 100 miles northwest of Los Angeles and approximately 300 miles south of San Francisco. The two neighboring counties are San Luis Obispo County to the north and Ventura County to the south.



*Figure 2. Santa Barbara County Regions*

## *Regions*

The county has four distinct areas: Santa Barbara Coast, Santa Ynez Valley, Santa Maria Valley and Lompoc Valley (see Figure 2).

### *Santa Barbara Coast:*

Located in the southern portion of the County, this area is bordered on the south by the Pacific Ocean and on the north by the Santa Ynez Mountain range, one of the few mountain systems in North America that run east-west rather than north-south. Because of the unique north and south borders, and its year round mild 'Mediterranean' climate, Santa Barbara has been described by many as the "American Riviera." The Santa Barbara Coast is considered South County.

### *Santa Ynez Valley:*

Located in the central portion of the County, nestled between the Santa Ynez and San Rafael mountain ranges, this area includes the communities of Buellton, Solvang, and Santa Ynez, as well as the Chumash Reservation. The Valley's climate has recently attracted many winemakers to the area, adding vast vineyards to the rolling hills that lead to the Los Padres National Forest. The Santa Ynez Valley is considered Mid-County.

*Santa Maria Valley:*

Located in the northern portion of the County, this area is bordered by San Luis Obispo County on the north. Much of the new development within the County has taken place here and, as a result, the area has experienced significant change in the past decade. The Santa Maria Valley is considered North County.

*Lompoc Valley:*

Located in the western portion of the County, this area includes Vandenberg Space Force Base, which is a major contributor to the economy. The Lompoc Valley offers small community living, a link to agriculture, and the economic engine of the nation's primary polar-orbit launch facility. The Lompoc Valley, for purposes of this plan, is considered North County.

*Population*

Between the 2010 and 2020 censuses, Santa Barbara County experienced a population increase of around 24,000 people, going from 423,895 residents in 2010 to 448,229 in 2020. Between 2015 and 2021, the child population went from 102,136 to 101,827, which was a slight decline of 309 children (see Table 1).

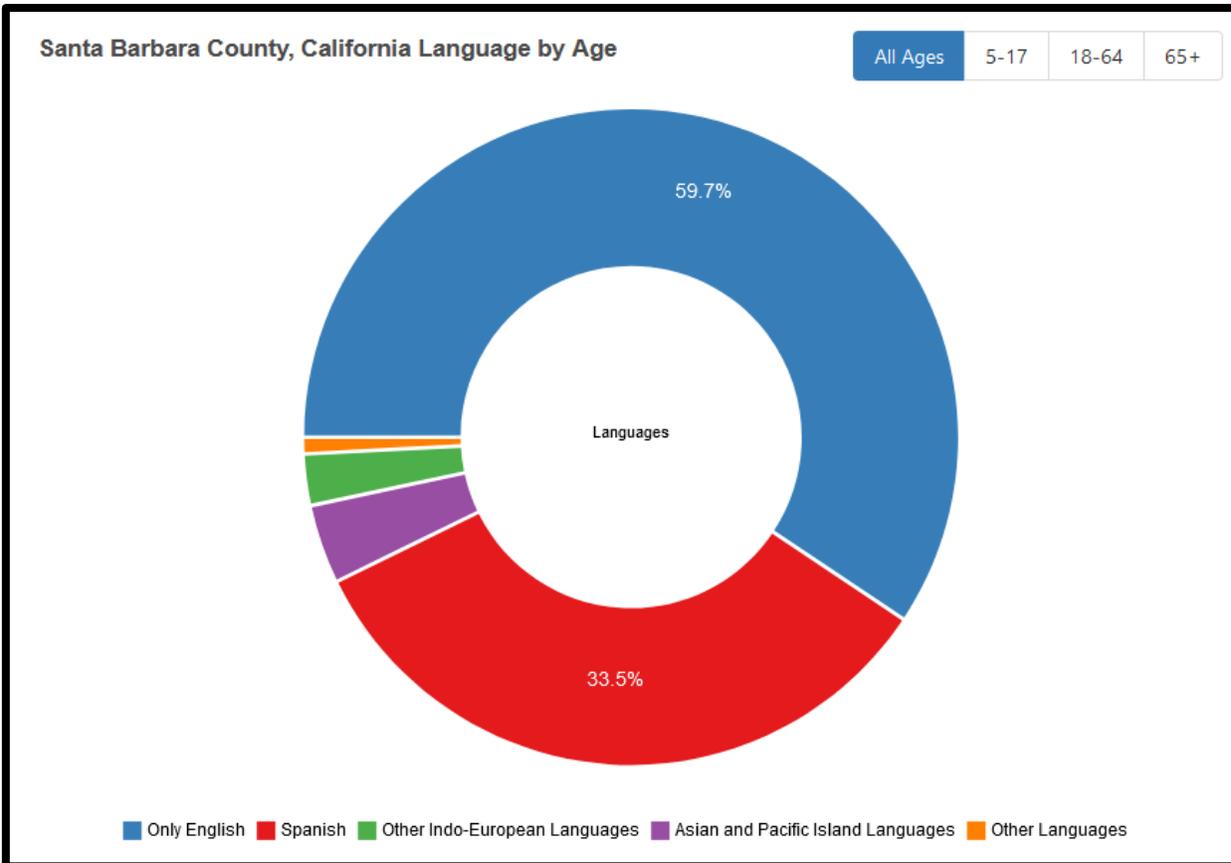
Santa Barbara County is populated by people of a number of different races and ethnicities, and the percentage of residents from minority groups has increased in recent years. In 2021, the white (non-Hispanic) group made up 42.7% of the population compared with 48% in 2010. In 2021, the largest racial or ethnic group in Santa Barbara County was the Hispanic/Latino group, which had a population of 210,764. Between 2010 and 2021, the Hispanic/Latino population had the most growth increasing by 28,457 from 182,307 in 2010 to 210,764 in 2021. Approximately 29,000 indigenous people live in Santa Barbara County, with over 90 percent of them living or working in Santa Maria. The primary language of the indigenous population is Mixteco, which has many different dialects depending on the region. In addition, Santa Barbara County has one federally recognized tribe, the Santa Ynez Band of Chumash Indians, whose tribal government is located in the Santa Ynez Valley.

According to the US Census, 59.7% of Santa Barbara County residents speak only English, while 40.3% speak other languages. The non-English language spoken by the largest group is Spanish, which is spoken by 33.51% of the population (see Figure 3). It is estimated that the Mixteco speaking population in Santa Barbara County is approximately 25,000 (Data source: <https://mixteco.org>), or about 6% of Santa Barbara County's population.

California Child Welfare Indicators Project (CCWIP)  
 University of California at Berkeley  
 California Department of Social Services, Research and Data Insights Branch  
 2021 California Department of Finance Child Population  
 Santa Barbara

Age Group	Ethnic Group						Total
	Black	White	Latino	Asian/P.I.	Nat Amer	Multi-Race	
Under 1	104	2,149	2,575	263	23	196	5,310
1-2	216	4,405	5,205	517	42	377	10,762
3-5	161	5,031	10,195	552	39	421	16,419
6-10	304	8,481	17,679	912	48	774	28,198
11-15	330	8,076	17,948	865	84	1,011	28,314
16-17	199	4,390	7,254	534	43	404	12,824
Total	1,334	32,532	60,856	3,643	279	3,183	101,827

**Table 1. 2021 Age by Ethnic Group**  
 Data Source: 2021 - CA Dept. of Finance: 2010-2060 -  
 Pop. Projections by Race/Ethnicity, Detailed Age, & Sex at Birth.



**Figure 3. Languages Spoken in Santa Barbara County**  
 Data source: US Census 2019 ACS 5-Year Survey (Table S1601)

## *Economy*

Agriculture plays an important role in the County's economy. The Santa Maria area is home to an increasing number of vineyards, wineries and winemakers, and is centrally located to both the Santa Ynez and Foxen Canyon areas of Santa Barbara County's wine country. The agricultural areas surrounding the city are some of the most productive in California, with primary crops including strawberries, wine grapes, celery, lettuce, peas, squash, cauliflower, spinach, broccoli and beans. Many cattle ranchers also call the Santa Maria Valley home.

Tourism is a key economic impact sector that yields significant revenue, employment and tax benefit for Santa Barbara County. According to the 2016-17 Santa Barbara South Coast Visitor Profile Study, the Santa Barbara South Coast region (including Santa Barbara, Goleta, Montecito and Summerland) welcomed 7.2 million visitors annually, which equated to 28,000 visitors a day. Tourism-related revenue totaled approximately \$1.9 billion in visitor spending annually, supporting 13,000 tourism-related jobs.

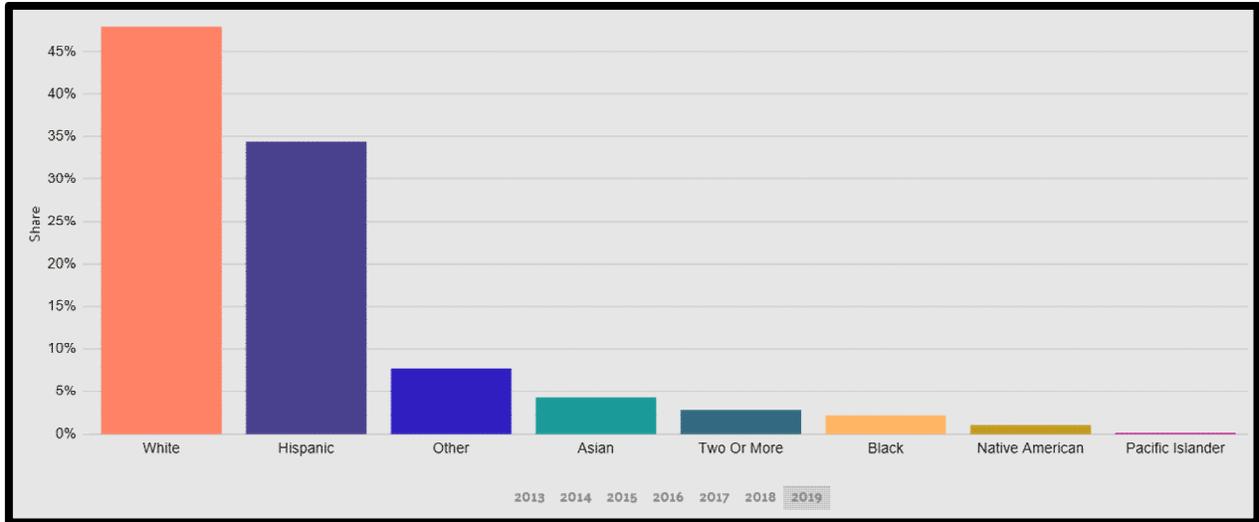
The economy of Santa Barbara County employs 215,000 people. The largest industries in Santa Barbara County are Educational Services (26,009 people), Health Care & Social Assistance (24,510 people), and Accommodation & Food Services (21,706 people), and the highest paying industries are Professional, Scientific, & Technical Services (\$91,793), Utilities (\$77,077), and Information (\$66,632).

## *Income and Poverty*

The median household income in Santa Barbara County is \$75,653, which is \$4,787 lower than the median California household income and \$9,941 greater than the US median household income. 13.5% of the population for whom poverty status is determined in Santa Barbara County (57.6k out of 425k people) live below the poverty line, a number that is higher than the national average of 12.3%. The most common racial or ethnic group living below the poverty line in Santa Barbara County is White, followed by Hispanic and Other.

Housing is one of the most significant issues facing Santa Barbara County. High housing costs impact the ability of residents to pay for other basic needs, and they contribute to commute patterns, overcrowding, and homelessness. High rental and home ownership prices cause financial strain throughout the county. The U.S. Census Bureau estimates the median property value in Santa Barbara County was \$610,300 in 2021— 2.5 times larger than the national average of \$244,900. The homeownership rate in Santa Barbara County is 52.6%, noticeably lower than the national average of 64.6%.

The cost of housing varies widely in the different regions of Santa Barbara County. In 2021, the median value of owner-occupied housing in the city of Santa Barbara was \$1,130,900, while it was \$353,100 in Lompoc, and \$376,100 in Santa Maria. The median rent price was \$2,038 in the city of Santa Barbara, \$1,294 in Lompoc, and \$1,583 in Santa Maria.



**Figure 4.** Poverty by Race and Ethnicity

Data Source: [https://datausa.io/profile/geo/santa-barbara-county-ca/#poverty\\_ethnicity](https://datausa.io/profile/geo/santa-barbara-county-ca/#poverty_ethnicity)

## Cross-sector Collaboration, Partner Engagement, and Governance Structure

At the start of the planning process, Child Welfare System (CWS) envisioned a prevention team and invited participation from a wide-ranging group of representatives from County departments, the Santa Ynez Band of Chumash Indians, community-based organizations (CBOs) who work across the county with children and families, and parents with lived experience. Committed representatives began meeting regularly, first twice a month, then monthly from January through the submission of this plan. Because of existing relationships and fruitful collaborative work in the past, our members are consistently and whole-heartedly engaged.

Representatives from the following are actively involved in Together for Families:

- Department of Social Services, CWS
- Child Abuse Prevention Council (CAPC) including Parent Voice participants
- Probation Department
- Santa Ynez Band of Chumash Indians
- County Office of Education and Children & Family Resource Center
- Department of Behavioral Wellness
- Public Health Department
- Department of Social Services, CalWORKs
- Tri-Counties Regional Center
- Network of Family Resource Centers

- Community based organizations:
  - CALM
  - Children’s Resource & Referral
  - CommUnify
  - Cottage Health
  - Family Service Agency of Santa Barbara County
  - Good Samaritan Shelter
  - Isla Vista Youth Projects / LEAP
  - North County Rape Crisis and Child Protection Center
  - Santa Ynez Valley People Helping People

Using the model of the *Who is at our Table?* tool in the [Community Engagement Toolkit](#) of the Collective Impact Forum, we surveyed the members of the leadership team. Nineteen teammates completed the survey. Results indicate that approximately 40% of the team are currently parenting children, most are white, half the team or their close family member has been involved in CWS or Juvenile Justice, half of the team or their parenting partner have utilized public benefits, and 75% have faced challenges due to domestic violence, mental illness, or substance abuse. North County was the geographical area of need determined by our needs assessment. Of our team, 42% live in North County, and 68% work exclusively or in part in North County (see Figure 5 below).

**Who is at our Table?**

Currently parenting a child		37%
Lives in north county		42%
Works in north county		68%
Works directly with families facing challenges		32%
Black, Latino/a/x or mixed race		40%
Have been involved with CWS or JJ*		53%
Have received public benefits*		47%
Faced DV, mental illness, or substance abuse		74%

n=19

\* self or close family member

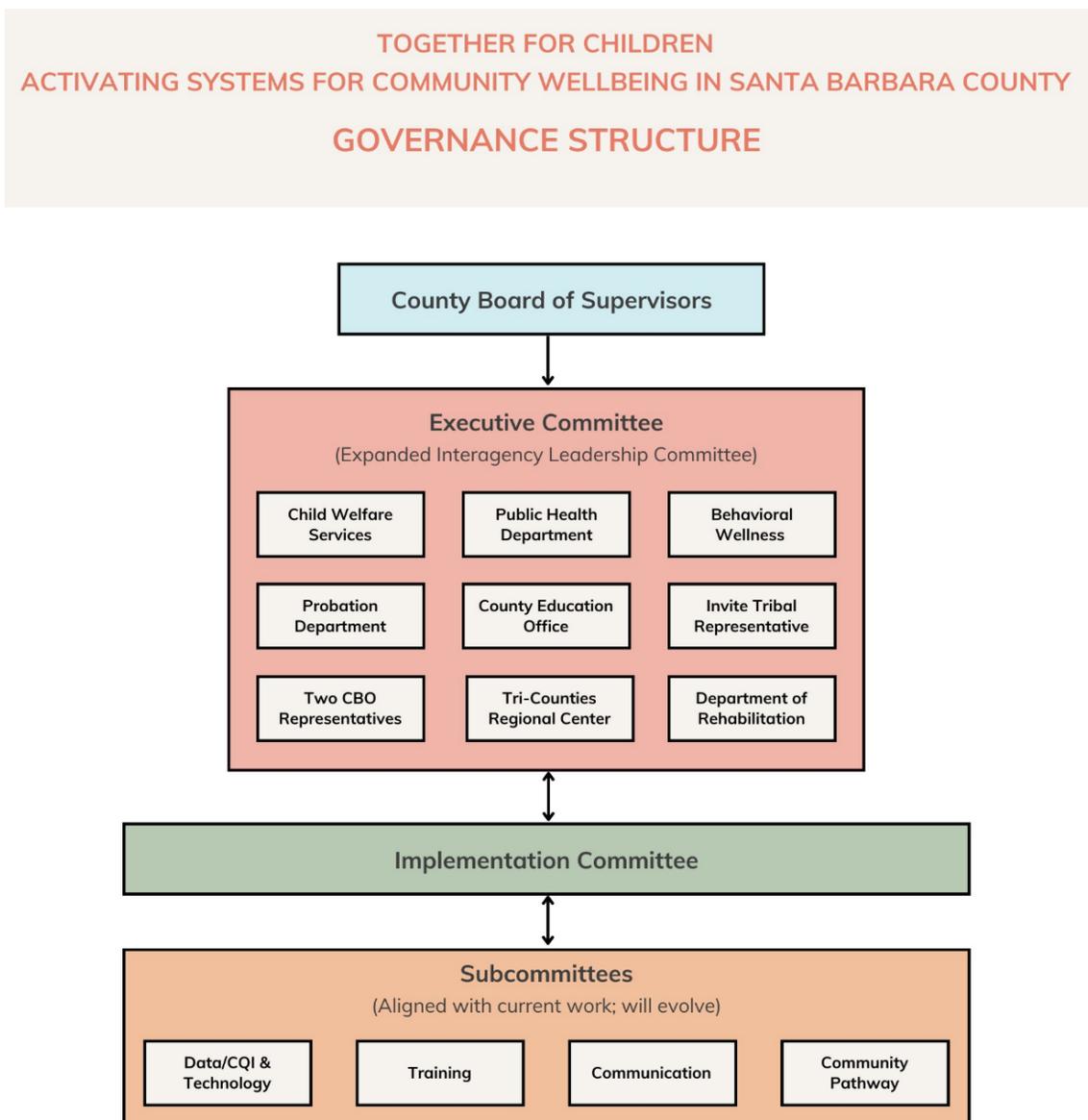
**Figure 5.** Characteristics of Comprehensive Plan Leadership Team

In addition to collaboration within the team, we held focus groups with people with lived experience, in English and Spanish, and reviewed notes from focus groups and stakeholder meetings held for the County Self-Assessment, which included parents with lived experience, youth with lived experience, resource parents, and CWS staff. We also spoke at length with leaders and staff from CBOs, County departments, CAPC, a school district, and the County Education Office.

## Governance Structure

Piece by piece, and sometimes with additional ad-hoc meetings, we completed the Governance Charter in January 2023. It is presented in its entirety in Appendix A. The purpose of the Charter is to provide clarity and accountability through documentation regarding the planning and implementation of this CPP. This reference guide will continue to be used to align all those directly and indirectly contributing. It also serves as an introduction for new members to the committees and subcommittees. It will continue to evolve and serve us in the plan implementation and maintenance phases.

Figure 6 presents the governance structure as it will be during the implementation phase.



**Figure 6.** Governance Structure during Implementation Phase

During the implementation phase, the Executive Committee will be the existing Interagency Leadership Team with the addition of a representative from the Santa Ynez Band of Chumash Indians and two CBO representatives. The CBO representative will be selected by the Implementation Committee during a regular meeting for a two-year term. Nominations will be sought, and the nominee who receives the most votes will be the representative. The Executive Committee will meet monthly at first, but the meeting schedule will adjust as needed to be efficient and respectful of people's time.

The Executive Committee:

- Reviews data and recommendations prepared by Implementation Committee
- Sets direction and removes obstacles
- Enables designees on other committees
- Manages funding opportunities toward sustained priorities
- Reports to the County Board of Supervisors

The Implementation Committee will be led by the CWS leads and will include subcommittee leads. The Implementation Committee manages the planning and execution of the work, while coordinating the responsibilities and deliverables of subcommittees.

The purpose of the subcommittees will be to advise and report to the Implementation Committee. Subcommittee membership is comprised of leaders and/or staff responsible for completion of work, and advisors with lived experience. The subcommittees' responsibilities for elements of the driver diagram will be explicit, and timelines and people accountable for completing tasks associated with those responsibilities will be articulated.

During the implementation phase, our Child Abuse Prevention Council (CAPC) will again review the driver document, identify their part in CPP, and begin operating as a subcommittee. Other networks become subcommittees as connections to CPP in their work are identified and articulated; both responsibilities and benefits to operating as a subcommittee should be clear.

We aim to authentically include parent voice in prevention planning and implementation. The Santa Barbara CAPC, standing on the shoulders of the Ventura County CAPC, has developed a Parent Voice program and is building a cohort of parents ready and supported to contribute in meaningful engagement opportunities. Parents will be provided stipends to support their participation. San Luis Obispo County is also part of the Parent Voice efforts, and together we have formed a Tri-Counties Parent Voice Leadership Council.

Through the governance structure, our Title IV-E agencies will ensure that cross-sector collaboration is central to ongoing monitoring of the FFPSA Program. The evaluation and monitoring plan will be finalized after this plan is approved. Subcommittee membership will be finalized, and steps will be taken to ensure that multiple sectors and parents with lived experience are represented. Responsibilities and timelines associated with the evaluation and monitoring plan will be agreed upon with the subcommittees, Implementation Committee, and Executive Committee.

Furthermore, the governance charter establishes a procedure for annually seeking feedback about risks to the collaborative process:

“Standard procedure will include an annual review of progress by each subcommittee and committee. This annual review will be shared with the Implementation and/or Executive Committee. It will include perceptions of risk to the collaborative process and/or barriers to the achievement of intended outcomes. The annual review will also include consideration of how the governance structures and/or decision-making processes could be improved. We aim to resolve concerns where they originate. In addition, committee and subcommittee members will be reminded that they can reach out to the Child Welfare Services Deputy Director with concerns at any time by email or phone.”

## Tribal Consultation and Collaboration

The Santa Ynez Band of Chumash Indians (The Tribe) is the only federally recognized Tribe in Santa Barbara County. The County is connected through the Chief Health Officer of the Tribal Health Clinic and the Director of Community and Social Services. The County is also seeking additional connections. The Tribal Health Clinic provides a holistic approach to care through four primary areas of service delivery: primary care including pediatrics; primary dental care; behavioral health; and social services.

Behavioral health care coordination includes referrals to a variety of organizations for needs around housing, food, employment, finances, adult education, and cultural connections with nearby indigenous groups to expand traditional beliefs and customs. In addition, the Clinic offers adult and youth talking circles, school outreach, parental support groups, mental health workshops, transportation, and annual Native Wellness Gatherings for both youth and families. Some of these services have recently expanded or been added as a result of increased prevention and early intervention (PEI) funding from the Behavioral Wellness Department.

Outreach to the Santa Ynez Band of Chumash Indians led to initial meetings, both in person and over Zoom. These meetings built a relationship with the relatively new Chief Health Officer and renewed a relationship with the Tribe's Director.

Materials about services offered by the Tribal Health Clinic are included in our community asset lists. The [Community Wellness Report 2020](#) produced by American Indian Health & Services was also helpful for understanding community context. A representative of the Chumash Tribe contributes to the Implementation Committee. The Chief Health Officer met with CWS leadership to review the draft CPP, and his suggestions were incorporated. While attempts to hold a focus group of Tribal parents during the needs assessment were unsuccessful, we have developed a strategy that may be useful for advertising future opportunities, screening for Tribal membership, and distributing incentives to participants.

The Tribe will refer qualifying families to the Community Pathway starting in the first phase of implementation. Working with the Tribe, we will develop a procedure for communicating with tribal families when tribal children are referred to the Community Pathway.

Together for Children both appreciates the Tribe's contributions and involvement and hopes to continue to learn and strengthen both the relationship and strategies for meeting the needs of tribal families with cultural humility and respect. Opportunities for ongoing collaboration include sharing updates about assets and gaps in the services available, changes in community conditions on the reservation and other communities, and possibilities for collaborative grant or funding opportunities.

We adhere to the Indian Child Welfare Act (ICWA) when designing programs that impact tribal children, youth, and families. Formal policy emphasizes the County's responsibility to inquire of Indian heritage and tribal enrollment, notice the Tribe, document ICWA activities, and obtain Court orders that ICWA does or does not apply. CWS social workers begin to ask about Native American heritage at the child abuse and neglect reporting hotline and intake level. Social workers are also instructed to ask about Native American ancestry continuously throughout their investigations. ICWA inquiry continues as CWS initiates Juvenile Court involvement or opens a Voluntary Family Maintenance case. Social workers and administrative staff make contact with relatives when conducting relative assessments and gathering information to determine if ICWA applies to a child. If the family indicates they may have Native American ancestry, CWS asks for the tribal information, contacts all relatives who may have more information, contacts the tribe of which the family has indicated they are or may be an enrolled member, and contacts the Bureau of Indian Affairs to determine tribal membership. CWS often learns early in the process that the family has tribal membership and reaches out to involve the tribe in any court proceedings and Child Family Team (CFT) meetings.

## Integrated Core Practice Model

The group agreements in the Governance Charter (see Appendix A) include a commitment to the Integrated Core Practice Model (ICPM):

We commit to the ICPM; its principles, including the [leadership behaviors](#) that guide our collaborative prevention work:

1. Be open, honest, clear and respectful in your communications.
2. Be accountable.
  - a. Model accountability and trust by doing what you say you're going to do, being responsive, being on time and following federal and state laws.
  - b. Be aware of and take responsibility for your own biases.
3. Create a learning environment.
4. Engage staff in implementation and system improvement.
5. Show that you care.

6. Recognize staff strengths and successes.
7. Seek feedback.
8. Promote advocacy.
  - a. Provide frequent and regular opportunities for Tribes, agency partners, staff, youth, families, and caregivers to share their voice.
9. Advocate for resources.
10. Build partnerships.
11. Work with partners.
12. Model teaming.
13. Listen and provide feedback.
14. Hold each other accountable.
15. Monitor organizational effectiveness.
16. Monitor practice effectiveness.

We aim to be “fundamentally changing the way staff engage with, view, and relate to every child and family and move from working in an individual system or agency with responsibilities and mandates to working within a team environment that commits to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families” (p. 43, [The California Integrated Core Practice Model for Children, Youth, and Families](#)).

Santa Barbara County utilized the ICPM as a guide to develop our CPP. Community partners, government agencies, representatives of the Chumash Tribe, and parents with experience with CWS were invited to participate in our collaborative effort to assess the County’s needs, prioritize desired outcomes, and build a system that supports vulnerable children. By using the ICPM, we determined which groups should be targeted for prevention services and how to best deliver those services. Below we relate the categories of model observable behaviors, including Enhanced Practice Behaviors, to the process of developing the CPP and to the activities planned for implementation.

## Foundational

In Santa Barbara County, we fostered a culture of transparency and authenticity among the community partners engaged in the implementation team, stakeholder engagement sessions, and regular meetings. We aimed to gather valuable input and to deliver timely updates. We worked towards maintaining accountability by openly reporting progress toward planned timelines and appreciating those who contributed, and integrating evaluation components into the driver diagram. As a team, we held ourselves responsible for our statements and actions during planning meetings, emphasizing the importance of individual accountability.

This practice behavior will continue in our work with families who will participate in the Community Pathway and receive prevention services. The Community Pathway employs evidence-based practices that focus on reducing risk factors and strengthening protective factors in families.

## Engagement

We maintained strong and efficient communication with stakeholders and community partners during the development of our CPP. Nearly all members actively contributed to shaping the vision for the Community Pathway and other components of the plan.

We prioritized the well-being of families by adopting trauma-informed approaches and ensuring that the resources and support they receive align with their identified needs. Additionally, we established in our plan a referral system in which organizations serve as access points to actively involve families in the process of requesting and receiving services. Furthermore, we intend to use an approach grounded in research on motivation and executive functioning to most effectively support our families in goal setting, goal achievement, learning from setbacks, and building on successes.

## Assessment

Data from various databases, including CWS, Behavioral Wellness, Probation, Santa Barbara County Education Office, and the County, were analyzed and presented to the Together for Children prevention planning team. The team deliberated on the findings and worked together to identify the target populations and develop an assessment process for services through the Community Pathway. Throughout every phase of planning, we actively incorporated the valuable input of partners with lived experience. Parent partners, who are integral members of our prevention planning team, made significant contributions to the development of our prevention plan. When considering prevention services, families will have the option to access their record on an online referral platform and work with a Navigator to identify their specific service requirements, encouraging self-advocacy.

## Teaming

The development of our prevention plan was consistent with the ICPM teaming model. Multiple teams collaborated closely to ensure effective coordination of planning and implementation activities. Going forward, the Interagency Leadership Team, CAPC, and Together for Children Prevention Planning leadership teams will convene on a regular basis to actively participate in the final design, pilot testing, and subsequent implementation of the Community Pathway and other prevention-focused activities. It is important that our team remains representative of many sectors and stakeholder groups. The Together for Children team includes representatives from Tri-Counties Regional Center, Santa Barbara County Education Office, Family Service Agency, First 5, Network of Family Resource Centers, Probation, CAPC, LEAP, CalWORKs, CWS, Good Samaritan Shelter, CommUnify, Department of Behavioral Wellness, CALM, North County Rape Crisis and Protection Center, as well as others that may be identified along the way.

During the planning process, Santa Barbara County actively sought input and feedback from our participants regarding strategies for our prevention plan. Valuable suggestions were incorporated, notably around enhancing services and outreach to the Mixteco and Spanish-speaking population, as well as addressing the needs of rural residents. Participants highlighted the

importance of improving communication and collaboration among agencies, as well as the provision of aftercare services, substance abuse treatment, and housing assistance as key prevention measures.

## Service Planning and Delivery

The incorporation of evidence-based practices (EBPs) is crucial in upholding fidelity with ICPM standards. The implementation of the Community Pathway including EBPs along with other planned activities will facilitate service coordination among providers while ensuring oversight and monitoring by CWS. The Community Pathway will encompass multiple service delivery methods, including comprehensive case management, referrals to economic assistance programs, and connections to community-based organizations. Navigators will collaborate with families to assess their goals and desired support, and identify the service provider(s) that can best meet their needs. They will facilitate referrals to appropriate services, provide comprehensive case management and coordination through multidisciplinary teaming services, and provide oversight to ensure the family's needs are adequately addressed.

## Transition

An objective of the Community Pathway is to prevent or minimize the involvement of CWS and Juvenile Probation in families' lives. The Community Pathway seeks to foster self-advocacy and executive functioning skills and to establish a network of natural support that families can rely on to safeguard the well-being and safety of their children.

## Needs Assessment

The needs assessment focused on three areas of inquiry. The three areas of inquiry and conclusions from the needs assessment are described briefly below.

### Areas of Inquiry

*Understand patterns and trends in the characteristics of children who enter foster care.*

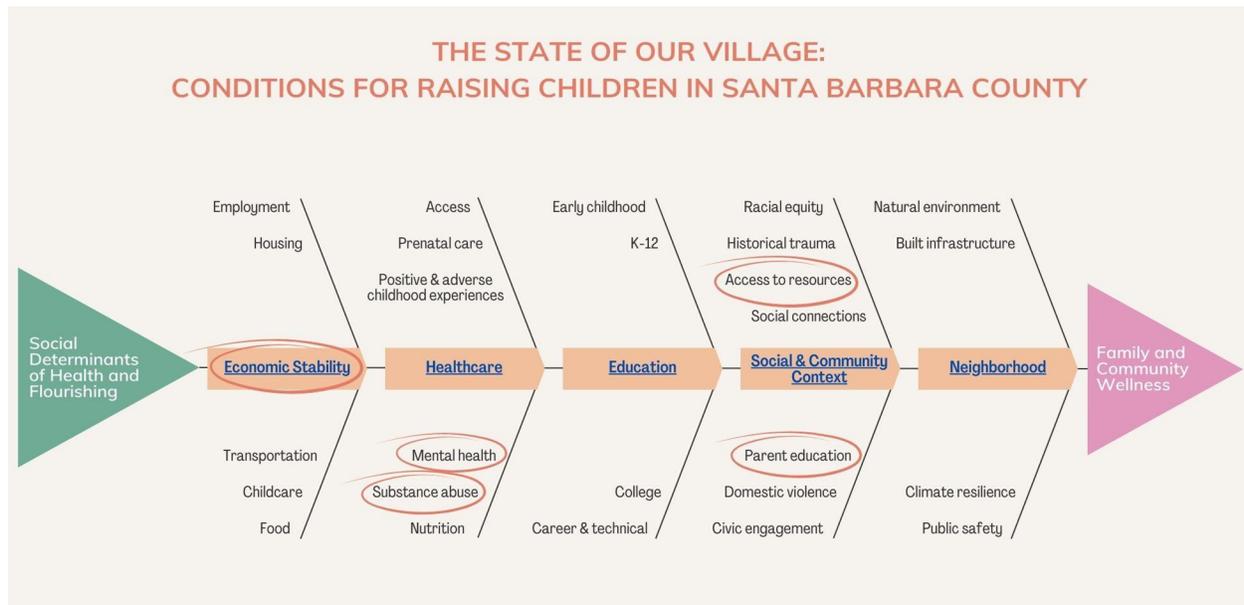
We aim to reduce the number of children entering foster care. If there are commonalities among the children in foster care or how they arrived there, we might be able to address those factors at the secondary and primary level, disrupt the patterns, and thereby reduce the number of children going into foster care. In addition, if there are trends in a factor over time, we might be wise to investigate further to see if a different intervention is needed. See data reviewed, methodology, and findings for children in foster care in Appendix B

*Understand what people with lived experience and those serving children and families with challenges recommend about improving conditions and supports for families.*

See the list of focus group and interview data reviewed, methodology, and findings around parents', youths', and providers' experiences in Appendix C.

*Understand the state of conditions for raising children in Santa Barbara County.*

To capture the range of what a primary prevention effort that helps families avoid significant challenges would need to take into account, we developed a diagram using the [social determinants of health](#) framework. We drew on the County of Santa Barbara's work toward a community health dashboard to organize conditions that enable family and community wellness. We represented the range of factors relevant to primary prevention and current county-level reports on work on factors for each social determinant. Following are the diagram, and links to county-level reports on conditions for economic stability.



**Figure 7.** *The State of Our Village: Conditions for Raising Children*

### Links to County-Level Data Reports on Economic Stability

Information on multiple categories:

- [UCSB Economic Forecast Project](#) (website)
- [A Snapshot of Poverty in Santa Barbara County](#) (2013)

Employment:

- [SBCAG Report](#) (2015)

Housing:

- [SB Homelessness Point-in-Time Report](#) (2022)
- [Cottage Population Health Housing Report](#)
- [SB County Health Status Report](#) (p. 20, 21) (2016)

Transportation:

- [SBCAG State of the Commute](#) (2014)
- [SB County Health Status Report](#) (p. 9) (2016)

Childcare:

- [SBCCPC Early Care & Education](#) (2020)

Food:

- [Food Insecurity Report](#) (2019)

## Conclusions

The leadership team reviewed data and worked in small groups to discuss and document implications for prevention efforts. The following conclusions, which are relevant for all levels of prevention, are reflected in the plan to spend the state block grant.

### *Demographics*

- *BIPOC communities*, particularly Latinx, and families living in poverty are disproportionately represented in the CWS system and should be targeted for prevention. The majority of children are removed from their homes because of neglect (73% - 96% over the last 5 years), and neglect is often related to poverty.
- *Families in need* should be targeted for prevention during pregnancy or as early as possible in a child's life. More children are removed from their homes in their first years of life than once they age into upper elementary, middle, and high school.
- *North County* – the Lompoc Valley and Santa Maria Valley regions – should be geographic areas of focus. Recently, Lompoc has the highest percentage of substantiated referrals and substantiated cases that resulted in voluntary maintenance, court cases, or additional case management. In addition, Investigations in the Lompoc and Santa Maria offices of CWS are increasingly more likely to result in detentions compared to the Santa Barbara office.

### *Areas of Priority Need*

Four areas of priority need can be identified (circled in red in Social Determinants of Health (SDOH) framed conditions for raising children diagram):

- Navigation to community and economic resources like CalFresh, HEAP, and food distributions
- Mental health care for adults and children
- Parent education, especially education around parenting skills and Adverse and Positive Childhood Experiences screening and intervention
- Substance abuse prevention for adults and children

### *Other conclusions*

Other conclusions are as follows:

- More linguistically and culturally relevant services are needed, especially for Mixtec and Latinx communities.
- North County is underserved and this should be rectified.
- To be effective when needs arise, we should intervene as early as possible and provide enough support.
- We need stronger connections at all levels: parent voice, social connections of families, family-provider teams, relationships across agencies and sectors.
- A right-sized, well-trained, trauma-informed workforce is needed (and currently inadequate) to meet needs.
- Improved data on gaps, inequities, and disproportionality is needed to improve decision-making.

The conclusions drawn from the three areas of inquiry informed our strategy for service and asset mapping and ultimately led to the selection of both target candidacy populations and grant activities.

## Target Candidacy Populations

With phased-in implementation, Santa Barbara County intends to serve all eligible FFPSA candidacy groups, and children and families who do not meet candidacy requirements but may benefit from prevention services. As will be described in the Activities section below, initial efforts will focus on Latinx and Mixtec low-income families in North County. Ultimately, we intend for all populations to be served fully.

Although prevention services will be implemented in phases, we do not want children and families to have to wait to receive services in a later phase. All children and families known to CWS and Juvenile Probation in need of services will be assessed for FFPSA. For now, families that do not meet FFPSA candidacy will be referred to CBOs through the existing Differential Response

program. As the Differential Response program evolves to be the Community Pathway, families that do not meet FFPSA candidacy will be referred to the Community Pathway.

As will be further described in the Activities section, the first phase will be a pilot with children and families known to CWS and Probation. The second phase will add other groups known to CWS and begin to provide services to candidates known by other service providers but not CWS or Probation. Our intention is to expand in the future to accept referrals of children and families with any level of need from all interested access points, and self-referrals. This will require blending and braiding of multiple funding sources and cross-sector alignment.

### Phase 1

- Children with substantiated or inconclusive disposition, but no case opened. This includes children from multiple candidacy groups.
- Youth in probation subject to a petition under section 602.
- Native American children identified by a tribe.

### Phase 2

- Children who have siblings in foster care.
- Children and families receiving Voluntary or Court-Ordered Family Maintenance. (We will determine how to improve the current case management process so that all components of care in the Community Pathway are included.)
- Children whose guardianship or adoption arrangement is at risk of disruption.
- Children whose caretakers experience substance use disorder.
- Children or youth experiencing other serious risk factors combined with family instability or safety threats.

### Phase 3

- Substance-exposed newborns.
- Children exposed to domestic violence.
- LGBTQ youth (experiencing challenges).

### Future Vision

- All candidacy groups including homeless or runaway youth and trafficked children and youth.

## Service and Asset Mapping

Starting with the knowledge held by leadership team members, following their leads, and making additional inquiries, we identified preventative services in the five social determinants of health and four areas of priority need– navigation, mental health care, parent education, substance abuse prevention (see [Current Assets: Mental Health Care](#) for example) – and providers of approved EBPs (see chart below). These asset lists of programs and services include the organization that offers it, the location(s) where it is delivered, and often the number of individuals served, whether there is a waitlist, eligibility criteria, cost to family, funding, and outcome measures.

Working with the assets lists, the leadership team identified gaps in services related to services provided, locations delivered, target populations, access, or other factors. The results of these analyses of the asset lists reinforced the conclusions from the needs assessment.

In addition, the leadership team brainstormed ideas for activities that could close gaps identified in assets in the four priority areas. This produced lists of activities for consideration for funding. As will be described in the Activities section below, navigation will be addressed, and the asset lists will be useful in that effort. Furthermore, the asset lists can be easily shared with other efforts in the county.

## Service Examples

The following are examples of services, selected for inclusion here because they are notable parts of the foundation we will build on to create the Community Pathway and provide training for those providing services in it.

### *Differential Response*

In 2005, Santa Barbara County CWS adopted the Differential Response model for responding to reports of child abuse and neglect. Differential Response, known locally as Front Porch, offers an expanded set of responses that allows families to access support at the first signs of trouble. Social workers refer families to partner agencies in the community who work with them to address challenges that place their children at risk for abuse and neglect. Families can be provided with focused mental health services as well as other resources like CalWORKs, CalFresh, and Medi-Cal and are empowered to find solutions that will improve their lives and decrease the likelihood of future intervention from CWS. In 2020-21, CWS referred 455 families to the Differential Response program and 378 were successfully contacted by the community agency for referrals to resources and/or case management services.

### *The Child Abuse and Neglect Prevention Collaborative*

Comprised of Family Resource Centers (FRCs) administered by five CBOs, and a CBO that is focused on preventing and healing childhood trauma, the collaborative serves families across the county. They provide concrete supports, case management, parenting education, home visitation

(both Healthy Families America and Parents as Teachers), mental and behavioral health care (including Parent-Child Interaction Therapy), and community engagement & parent leadership activities. Funding for services is at least 18 months long and comes from the Santa Barbara County Promoting Safe and Stable Families (PSSF), Community-Based Child Abuse Prevention (CBCAP), The American Rescue Plan Act of 2021-CBCAP (ARPA-CBCAP) and Child Abuse Prevention, Intervention and Treatment (CAPIT) allocations, as well as the Santa Barbara County Children’s Trust Fund (CCTF). The collaborative will serve approximately 1050 unduplicated families across the county.

The FRCs in the collaborative have adopted [Goal4It!](#) by Mathematica, “a science-informed approach to achieving economic independence by activating motivation and commitment to change.” The Goal4It! approach, which involves changing both service to clients and interactions within the adopting organization, is consistent with Motivational Interviewing and includes specified practices and tools.

#### *Approved EBPs currently provided to fidelity*

In large part through DSS/OCAP funding as explained above, Parent-Child Interaction Therapy, Healthy Families America, and Parents as Teachers are currently provided in Santa Barbara County. All are provided to fidelity as judged by the purveyors. Given that there were 5,692 allegations of child abuse or neglect and 4,184 investigations in 2021, serving a total of 127 families with approved EBPs (see chart below) is inadequate.

<b>Service</b>	<b>Organizations that offer</b>	<b>Locations offered</b>	<b>Approx # served per year by all providers</b>	<b>Current funding sources</b>
<b>Parent-Child Interaction Therapy (PCIT)</b>	CALM (CBO) UCSB	In person throughout county and telehealth	49	DSS OCAP, Behavioral Wellness, Cottage Hospital, private pay for 15 of 49
<b>Healthy Families America (HFA)</b>	CALM (CBO) Public Health	Home visiting throughout county	45	ECMH, DSS OCAP, CA Home Visiting Program
<b>Parents as Teachers (PAT)</b>	FSA (CBO) CCP (CBO)	In person throughout county and virtual	33	DSS OCAP, private foundation

*Table 2. Current approved EBP coverage*

### *CWS cultural broker program*

The action steps in the recently submitted System Improvement Plan (SIP) center on the adoption of a cultural broker program to improve services to the Mixteco and other indigenous language speaking populations. CWS will research best practices, train, hire and initiate this program over the next four years.

### *Online closed-loop referral platform*

[Connect SBC](#), a white label of [FindHelp](#), is being implemented in Santa Barbara County. A web-based platform for sending referrals across agencies, closing the loop with the outcome of referrals, FindHelp allows both families and providers to track referrals and progress. Primarily for the Adverse Childhood Experiences-focused Pediatric Resilience Collaborative at this point, it has been adopted by the Public Health Department, a hospital, large medical clinics, and approximately 15 CBOs. We know of no other closed-loop referral platforms that have been adopted in our county.

### *Network of Family Resource Center's Learning Management System*

The Santa Barbara County Network of Family Resource Centers adopted a Learning Management System about a year ago, and is steadily adding online courses. CalTrin has shared the courses they are able to, and others have been developed including the Introduction to Family Strengthening and Support series of four courses in English and Spanish, three ACEs 101 courses in English and Spanish, and a course for parent educators/facilitators.

The conclusions from the needs assessment and the results of service/assets mapping led to the selection of grant activities and the design of the phases of implementation.

## **Activities and Evidence-Based Practices**

After gathering the list of activities that had been proposed during the steps above, focus groups of parents, the leadership team, and other experts provided feedback on which activities were realistic, in keeping with priority concerns, and likely to be effective. After adjustments and refinements over several meetings, the leadership team agreed on the activities to be pursued with the state block grant.

A Community Pathway is our primary strategy for moving resources upstream and transforming the child welfare system to center on the well-being of children, families, and communities. To be piloted in stages and expanded over time, the Community Pathway will allow us to shift resources toward reaching families earlier to meet needs and prevent child maltreatment with as little formal systems involvement as possible. And, when maltreatment does occur, the Community Pathway can be a part of supports to families while keeping them together. Three approved EBPs will be offered as part of the Community Pathway.

In addition to the Community Pathway, alignment activities were selected to address the need to coordinate cross-department and cross-sector efforts to ensure consistency of quality and sustainability of services. The alignment activities focus on resource navigation practices across departments and agencies; sustainable funding for the Community Pathway, and addressing workforce issues.

The Community Pathway, selected EBPs, alignment activities, and plans for implementation are described further below.

## Community Pathway

By co-creating the Community Pathway with contracted CBOs and parents from communities disproportionately represented in the child welfare system and by ensuring services and EBPs provided are culturally and linguistically relevant, we aim to increase equity and reduce disproportionality and the number of system-involved families. The Santa Barbara Community Pathway and its implementation over the next three years are represented in Figure 8 below.

When creating the Community Pathway, we will leverage existing programs and what we have learned from them as described above in the Service and Asset Mapping section including Differential Response, a coming Cultural Broker program, Family Resource Centers and a collaborative that includes them, a Learning Management System, and three EBPs that are already provided. We intend to build on the existing trusted relationships with CBOs in our communities throughout the county to create the Community Pathway.

Community Pathway access points will be, at first, CWS and Juvenile Probation then other child-serving organizations such as schools and Behavioral Wellness. We aim to continue adding access points after the state block grant period, for example, health clinics, preschools and self-referrals.

Providers at the access points will refer to care management organizations, and parents will be able to refer themselves in the future. Providers at these CBOs, using the Goal4It! approach, will work with parents over a number of months to develop an individualized approach to family development. Goal4It! is “a coaching practice model built on the science of self-regulation, goal attainment, and behavioral theory.” Employing a four-step process routinely and over time, parents will ideally explore and decide on goals, engage in supported pursuit of goals meaningful to them and integrate learning from successes and failures, and incorporate additional goals.

Although the specifics will meet each family’s needs and interests, we expect that providers in the care management organizations will have a variety of opportunities in their service tool belts: a localized inventory of economic stabilizers like CalFresh and food distributions, EBPs as appropriate (see next section for more), other parenting and healthy relationship classes, mental and physical health treatment, employment readiness, and volunteer opportunities such as Promotores de Salud and civic engagement. In addition, for families funded by FFPSA, there will be periodic assessments of child risk and safety monitoring as well as a family prevention and safety plan.

Care management organizations' navigation and referral tracking will be aided by the online closed-loop referral platform FindHelp. Deepening implementation of FindHelp in our county by bringing on more providers and sending more referrals through the platform will allow providers and parents alike to see referrals and responses to them, thereby increasing transparency and families' ability to take responsibility. Indeed, as more service providers use FindHelp, it will become more useful to residents who would like to self-refer to services. Also, as implementation of FindHelp deepens, we will have county-level data about the types of support people are looking for in Santa Barbara County.

Navigation and case management in the Community Pathway will be designed to be comprehensive, culturally and linguistically appropriate, research-informed, individualized, and respectful of parents as the leaders of their families. Navigation is provided in many sectors in many contexts including medical care, behavioral health care, homelessness, and social services for low-income residents. Figure 9 explains the "gold standard" we plan for the Community Pathway in relation to other types of navigation.

The Community Pathway will be piloted and implemented in phases; this is outlined in the prevention level row of Figure 8 and Implementation Phases section below as well. Year 1 will include a pilot for families with substantiated or inconclusive disposition but no case opened, youth in probation subject to a petition under section 602, and any qualifying referrals from the Chumash Tribe. After initially piloting the Community Pathway with families with unsubstantiated or inconclusive investigations and no case opened and probation youth, in Year 2 CWS will compare the services provided in the Community Pathway with the case management services they provide for those in Voluntary and Court-ordered Family Maintenance. A decision will be made to either enhance the services provided by CWS so that they meet the "gold standard" or to refer to and stay in communication with care management organizations. Year 3 plans include taking referrals of children, including older children believed to be at risk of abuse or neglect, from access points in other sectors such as Behavioral Health medical clinics, or Tri-Counties Regional Center.

TOGETHER FOR CHILDREN IN SANTA BARBARA COUNTY  
 COMPREHENSIVE PREVENTION PLAN 2023-26

CONTINUUM OF PREVENTION & EARLY INTERVENTION SERVICES

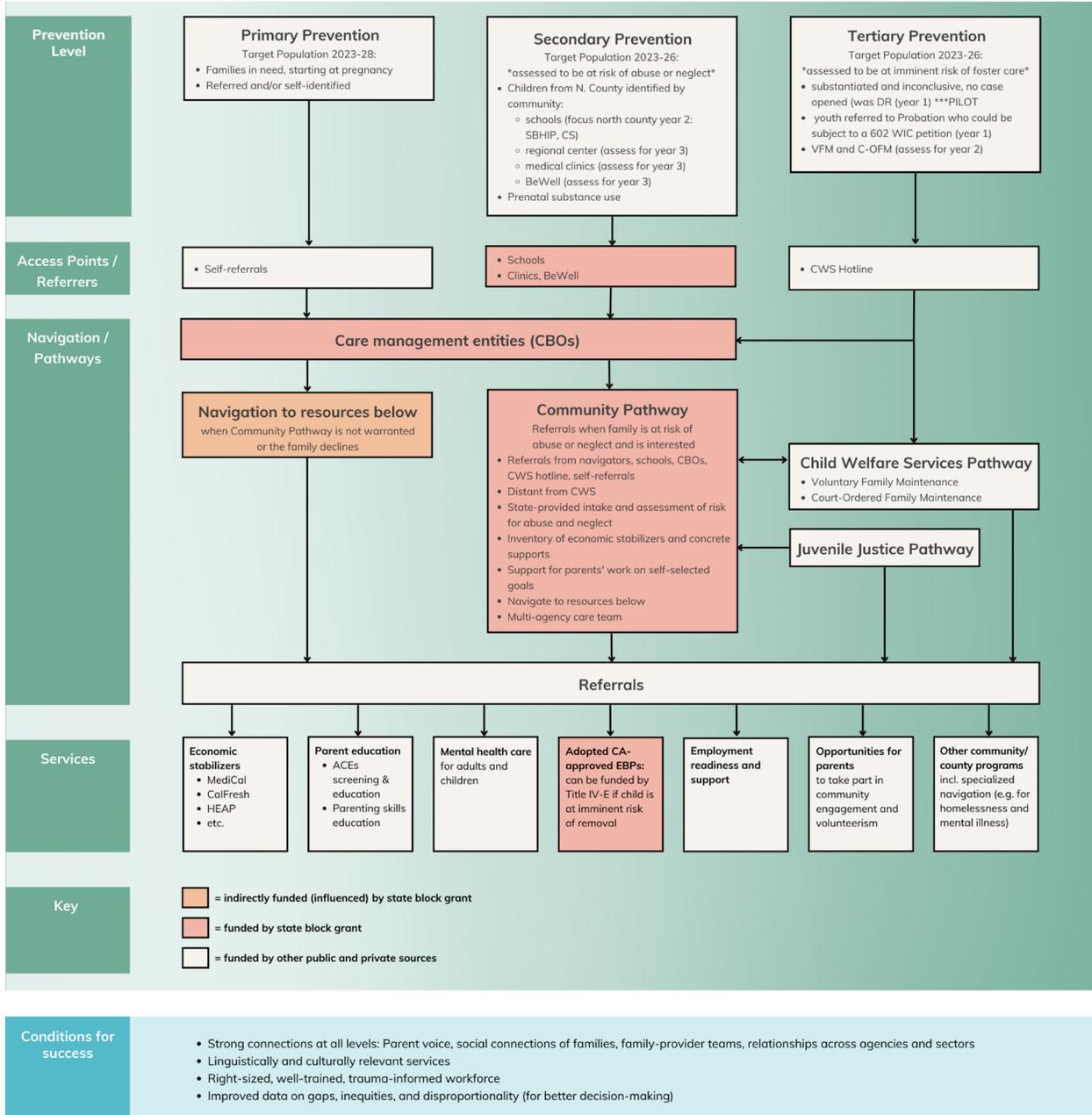


Figure 8. Community Pathway

Definitions: Navigation Types					<b>GOLD STANDARD</b>
	Information & Referral	Navigation	Specialized* Navigation or Case Management	Case Management	Community Pathway
Staff member helps parent connect to services	✓	✓	✓	✓	✓
Can connect to multiple services from multiple agencies, if eligible	✓	✓	✓	✓	✓
Intake process required		✓	✓	✓	✓
Staff member and parent is aware of outcomes of referrals to services (referral tracking, did it)		✓	✓	✓	✓
Parent can see status of referrals online.	✓	✓	✓	✓	✓
Parent relationship with staff member lasts at least 3 months			✓	✓	✓
Thorough inventory of financial supports and access support to reduce family stress			✓	✓	✓
Coaching toward achievement of parent-selected goals (addresses executive			✓	✓	✓
Ability for providers from different agencies, specialized navigators, and parent to team (requires parent permission)			✓	✓	✓
Parent can reconnect in future as needs arise	✓		✓	✓	✓
Available to everyone, can self-refer	✓				✓
<b>Notes</b>					
A yellow check indicates that the item may not be available or may have restrictions on who can access it.					
Many navigators also provide services they refer to, such as support groups and education.					
* Examples of specialized navigation services include coordinated entry for people experiencing homelessness and Help Me Grow for young children with possible developmental delays.					

Figure 9. Types of Navigation

## Evidence-based Practices

Informed by the needs assessment and assets lists, we identified three evidence-based practices that are both appropriate if modified to be culturally and linguistically appropriate, make wise use of existing resources in Santa Barbara County, and are eligible for funding under FFPSA Part 1 (see Figure 10). The three selected EBPs are Parent-Child Interaction Therapy (PCIT), Parents as Teachers (PAT), and Healthy Families America (HFA).

PCIT, PAT, and HFA were selected for two reasons. First, after adjusting where needed to be culturally and linguistically relevant, these EBPs align with the findings and conclusions of the needs assessment. We concluded that families should be served as early as possible. HFA and PAT serve expectant parents and families with newborns, and all three serve families with very young children (PCIT serves families with children aged 2 to 7). In addition, we concluded to provide enough support when needs arise, and all three are multi-month or multi-year (HFA) interventions. Finally, each of the three EBPs includes services in the priority areas identified in the needs assessment:

- Navigation to community and economic resources like CalFresh, HEAP, and food distributions (PAT, HFA)
- Mental health care for adults and children (PCIT)
- Parent education, especially education around parenting skills and Adverse & Positive Childhood Experiences screening and intervention (PAT, HFA, PCIT)
- Substance abuse prevention for adults and children (PAT, HFA)

The second reason these EBPs were selected is that more families can be served and training costs reduced because they are already being provided to fidelity in our county. Furthermore, at least some providers would like to expand. An RFP to be disseminated in fall 2023 will invite any providers of PCIT, PAT, and HFA to propose expansions of the provision of EBPs they have experience providing to fidelity. Providers will be expected to adjust to ensure that services provided are culturally and linguistically appropriate for all participants.

After the transition to a system of reimbursement for Title IV-E spending is complete and the overall funding picture more clear, we may revisit the EBPs and support the provision of approved EBPs that are not currently provided. We intend to consider Motivational Interviewing for inclusion in Year 3.

Name of EBP	Service Type(s)	Target Population	Program Description
<b>Parent-Child Interaction Therapy (PCIT)</b>	Mental Health Programs and Services	2-7 year-old children with emotional/ behavioral problems that are frequent and intense, and parents or caregivers	PCIT aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. Therapists use “bug-in-the-ear” technology to provide live coaching to parents or caregivers usually from behind a one-way mirror.
<b>Parents as Teachers (PAT)</b>	In-Home Parent Skill-Based Programs and Services	New and expectant parents. Programs often target families in possible high-risk environments. Designed to serve diverse families with diverse needs.	PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT includes personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks.
<b>Healthy Families America (HFA)</b>	In-Home Parent Skill-Based Programs and Services	New and expectant families with children at-risk for maltreatment or adverse childhood experiences.	Goals of HFA include: 1) Cultivate and strengthen nurturing parent-child relationships, 2) Promote healthy childhood growth and development, and 3) Enhance family functioning by reducing risks and building protective factors.  Families are linked to medical providers and other community services as needed.

*Figure 10. Title IV-E Prevention Service Clearinghouse Approved EBPs*

### Alignment Efforts: Navigation, Workforce, and Funding

One of our activities is to share learnings and materials developed to encourage positive ripple effects from Together for Children’s work. During the implementation period, we will host and promote three efforts to encourage alignment and sustainability in services for children and families. They are described below.

#### *Navigation Summit*

The work of navigators and case managers with different job titles, in different organizations in different sectors has much in common. We will share the best practices developed for the Community Pathway at a navigator summit that will involve agency leaders in hopes that others serving these candidacy groups may benefit and improve their service provision. Moreover,

experienced leaders assert that navigators are more likely to successfully refer families to providers – including other navigators and case managers - whom they know.

### *Addressing workforce challenges*

Together for Children will convene annual cross-sector conversations about strategies for addressing workforce shortages and wellness. The simple purpose will be to bring disparate efforts around the county to light, and to look for synergies and additional efforts that could be pursued. These conversations, for example, could include an assessment of efforts to support the wellness of the family-facing workforce that will be shared with County leaders, those contributing to Together for Children committees and subcommittees, and anyone interested.

### *Alignment of cross-department and cross-sector funding and resources*

Universal prevention involves addressing the conditions that impact social determinants of health (SDOH). Well aware that no agency or the entire County apparatus could address all of the conditions, we will convene and share materials we have developed in an effort to amplify and celebrate existing efforts impacting SDOH and encourage both alignment and additional investment.

We plan to use two pieces of work developed during the implementation phase that flow from the SDOH framework and explain where the Together for Children team is focusing resources and where more resources are needed. We represented the range of factors relevant to primary prevention and current county-level reports on work on those factors in Santa Barbara County *The State of Our Village: Conditions for Raising Children in Santa Barbara County* (see Figure 7). A brief evolved from this work, *Recommendations to Improve Conditions for Raising Children in Santa Barbara County* (see Appendix D).

The brief indicates which recommendations will be addressed, directly or indirectly, with state block grant funds. This was a springboard for initial conversations about alignment during the planning phase. The result of these initial conversations and the spending plan for the state block grant will be discussed in the Spending and Sustainability Plan section below.

## **Implementation Phases**

The phases below represent our plans, and they are likely to evolve as more information is available and more experience gained.

### *Year 1*

- Evolve governance including parent voice as planned, calendar meetings and draft agendas.
- Write requests for proposals (RFPs) and contracts (care management organizations and EBP providers).

- With contracted partners and CWS staff, write procedures for referrals, Community Pathway, data collection/Continuous Quality Improvement (CQI) plan.
- Develop training plan including CDSS-provided trainings and associated implementation plan.
- Begin pilot with families with substantiated or inconclusive disposition but no case opened, youth referred to Probation who could be subject to a 602 WIC petition, as well as any qualifying referrals from the Chumash Tribe.
- Host convening around workforce wellness and shortages.
- Create CQI plan.

### *Year 2*

- Annual review of governance structure, evolve and make expectations clear.
- Review CQI data to date.
- Review fidelity checks for EBPs.
- Plan expansion of Community Pathway to 1) serve those in Voluntary and Court-Ordered Family Maintenance and 2) address secondary prevention: referrals of children believed to be at risk of abuse or neglect from access points in North County (perhaps elementary schools).
- With partners, plan and host navigator summit to encourage communication, consistency of process, best practices.
- Provide any supplemental trainings and account for training needs as a result of staff turnover.
- Develop plan for alignment efforts: program and funding collaboration, alignment, and sustainability.

### *Year 3*

- Annual review of governance structure, evolve and make expectations clear.
- Review CQI data to date.
- Share progress with Board of Supervisors.
- Continue expanding Community Pathway and pilot acceptance of referrals, including those of older children, believed to be at risk of abuse or neglect from access points in additional sectors (consider synergistic opportunities with Behavioral Wellness, medical clinics, or Tri-Counties Regional Center).

- Consider adding Motivational Interviewing EBP.
- Host convening around workforce wellness and shortages.

### *Future vision*

- Expand to accept referrals from all interested access points, of children and families with any level of need, and self-referrals.

## Driver Diagram

The driver diagram, created in stages during the planning process, serves as a summary of our plan. Early on, we came to agreement about the short- and long-term outcomes we are striving for and described the qualities of leadership, types of resources, and characteristics of activities that would be needed to achieve those outcomes. Later, activities were added and short- and long-term outcomes were specified accordingly. In its current form, it specifies the Theory of Change for the next three years.

Building on Santa Barbara County agencies' successful experience working collaboratively, in the context of change in the wake of the COVID-19 pandemic, the driver diagram (see Appendix E) articulates the following approach to improving our systems in pursuit of our mission to promote wellbeing and address root causes of adversity and child maltreatment. It describes the activities and intended outcomes for children and families and shows how Together for Children's efforts align with the intent of Families First legislation in California and the United States. Every Together for Children subcommittee and not-yet-aligned group within the County can review the driver diagram to see how their work aligns and where they would like to take responsibility for implementation efforts including deliverables.

## Spending and Sustainability Plan

The County of Santa Barbara provides funding for services to children and their families through federal, state, and county sources. Santa Barbara County invests in prevention efforts through services and programs such as the CalWORKs, Linkages, CalWORKs Family Stabilization Services, CalWORKs Housing Services Program, Child Welfare Bringing Families Home Program, and Child Welfare Differential Response/Front Porch, and realignment funds to operate a robust Voluntary Family Maintenance program.

As was shared in the Services and Assets section of this plan, funding from the OCAP was awarded to align with this plan, still under development at the time. The Child Abuse and Neglect Prevention Collaborative of six CBOs will serve approximately 1050 unduplicated families across the county. They provide concrete supports, case management, parenting education, home visitation (both Healthy Families America and Parents as Teachers), mental and behavioral health

care (including Parent-Child Interaction Therapy), and community engagement and parent leadership activities. Sources used for these grants are

- Santa Barbara County Promoting Safe and Stable Families (PSSF)
- Community-Based Child Abuse Prevention (CBCAP)
- American Rescue Plan Act of 2021-CBCAP (ARPA-CBCAP)
- Child Abuse Prevention, Intervention and Treatment (CAPIT) allocations
- Santa Barbara County Children’s Trust Fund (CCTF)

Santa Barbara County anticipates utilizing the State Block Grant, \$2,188,637 between Juvenile Probation and Child Welfare Services’ allotments, to invest in

- Development of the Community Pathway including grants to care management organizations, access points, and providers of selected EBPs to provide an array of culturally relevant services
- Alignment activities: Resource navigation practices across departments and agencies, addressing workforce issues, and sustainable funding for the Community Pathway.
- Continuous quality improvement efforts

Unresolved questions about the future funding available through Title IV-E challenges planning for sustainability and make conversations about sustainability even more pressing. Several strategies are being pursued. Partner CBOs and County departments aim to maximize reimbursement offered through managed care plans, the county mental health plan, and other potential sources. Future funds for Community Schools, SBHIP, and First 5, for example, might be used to sustain the Community Pathway. We will maintain existing conversations and intend to more broadly share the advantages of aligning and reinforcing strategies so they sustain and remain consistently available to families.

Notable efforts toward budget and program alignment around a Community Pathway began during the planning phase. A spreadsheet, a modification of the template provided by CDSS for the CPP, was developed to support thinking about current cross-department and cross-sector alignment around the activities (see snippet below for example). Meetings were held with ten department and program leads, some accompanied by fiscal leads, to fill in and discuss ways to improve the spreadsheet. This process was explained as a “crawl” step that will move toward walking and then running as we gain more experience, build the muscle of working together to not only recognize and align processes around similar services, but to sustain important programs and services.

Indeed, leaders who participated in these meetings pointed out that alignment is the way to truly achieve “no wrong door” to comprehensive services and braid funding to sustain critical services. In addition, we may be able to better show the impact of investments by working together. Others who are seeking sustainability have asked to use the information we gathered, even though it is a nascent effort.

In the implementation phase, we will delve deeper into the fiscal alignment work to pursue sustainability. Efforts may include a better accounting of funding streams across the county, discussing the use of master contracts, and identifying and eliminating overlaps in service provision.

A	Q	R	S	W	X	Y	Z	AA	AB	AC	AD	AE
County Department or Agency	County of Santa Barbara BeWell Department											
Service	CalWORKS			Mental Health Services Act			MediCal Reimbursable			Mental Health Student Services Act		
Funding source	CalWORKS			MHSA and 2011 realignment			MediCal			BeWell and SBCEO: MHSSA		
End date of funding source	Ongoing			ongoing			ongoing			2026		
Description	Notes from Frank Mejia 5/12/23: Fra			Some contractors do prevention. Nat			No prevention allowed; overlap with			Funded through 2026, but tapers at e		
	Budget	# Served	Notes	Budget	# Served/yr	Notes	Budget	# Served	Notes	Budget	# Served	Notes
<b>Community Pathway:</b>												
Access points/referrers training												
Care management (includes support with parent selected goals over many months)		1200						1200				
Navigation services										\$1,728,000	100	432,000/yr
Title IV-E approved EBPs												
Income: Cash, items or expense coverage		2900						2900				
Inventory of economic stabilizers & concrete supports; support with access												
Parenting, healthy relationship classes			ID need, if	\$250,000	150	Parenting e						
Home visiting: Healthy Families America												
Home visiting: Parents as Teachers												
Home visiting: Other												
Mental health treatment: PCIT												
Mental health treatment for adults: Other			yes, aided	\$20,534,100	16,000-x c							
Mental health treatment for children			Exploring e	\$7,483,100	x	Estimate #				\$425,000	100	Not treatm
Parapro mental health treatment for children											100	Provided
Employment readiness services			yes, aided	\$10,000		Much more						
Volunteer opportunities for parents												
Other services and supports for parents			housing stabilization									
Uses FindHelp												
<b>Ancillary Services:</b>												

Figure 11. Spreadsheet Example Snippet

## Appendices

### Appendix A. Governance Charter

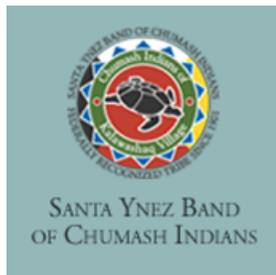
The full original file follows. It may also be downloaded as a PDF file from [https://www.google.com/url?q=https://drive.google.com/file/d/1s581Q\\_05AdFe2hwYsH5OizsGNzYvmcm/view?usp%3Dsharing&sa=D&source=docs&ust=1688420133258188&usq=AOvVaw319LsMJ-63YjSbGZEjIXZ0](https://www.google.com/url?q=https://drive.google.com/file/d/1s581Q_05AdFe2hwYsH5OizsGNzYvmcm/view?usp%3Dsharing&sa=D&source=docs&ust=1688420133258188&usq=AOvVaw319LsMJ-63YjSbGZEjIXZ0).



# Together for Children: Activating Systems for Community Wellness in Santa Barbara County

## Governance Charter

January 2023



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## DRAFT Governance Charter

### 1.0 Governance Body Teaming Guidelines

The following Group Agreements were developed and adopted by the Implementation Team:

- **Plan for respectful efficiency.** We share responsibility for our group process and its outcomes. Meeting organizers will do their best to ensure everyone's time is well used by, for example, sending reminders and agendas ahead of time. Meeting participants will share questions and suggestions so that organizers can best prepare and adjust course in response to the group's wisdom.
- **Participate and engage.** Consistency allows us to build trust and function more effectively. Understandable conflicts will arise. Members may send a representative who can participate and inform the member who must miss a meeting. Members also may review the documents linked to in the meeting agenda. Please let Barb or Maria know if your representative will attend.
- **Hold a collective mindset and bring hope for systems change.** Loosen or take off your organizational hat and draw on your creativity, knowing that together we can accomplish more than any of our organizations can alone.
- **Know when to step up and when to step back.** Everyone's input is valuable. Honestly share your thoughts and expertise, and speak succinctly to provide space for others. Seek clarity when meaning isn't clear, and be open to learning and willing to embrace some discomfort in order to learn. Take responsibility for what you say and do: acknowledge intent but focus on and attend to impact.
- **Practice self-care.** Feel free to stand up, turn off your video, and take breaks as you need them.
- **Stay open to emergence.** We are trying things on and it is OK to change your mind. Share learnings and opportunities within and outside of this group.
- **Maintain confidentiality.** Anyone who comes to the meeting is free to use information from the discussion, but is not allowed to reveal who made any comment without consent.

- **We commit to the** Integrated Core Practice Model (ICPM); its principles, including [leadership behaviors](#), guide our collaborative prevention work:
  1. Be open, honest, clear and respectful in your communications.
  2. Be accountable.
    - a. Model accountability and trust by doing what you say you are going to do, being responsive, being on time and following federal and state laws.
    - b. Be aware of and take responsibility for your own biases.
  3. Create a learning environment.
  4. Engage staff in implementation and system improvement.
  5. Show that you care.
  6. Recognize staff strengths and successes.
  7. Seek feedback.
  8. Promote advocacy.
    - a. Provide frequent and regular opportunities for Tribes, agency partners, staff, youth, families, and caregivers to share their voice.
  9. Advocate for resources.
  10. Build partnerships.
  11. Work with partners.
  12. Model teaming.
  13. Listen and provide feedback.
  14. Hold each other accountable.
  15. Monitor organizational effectiveness.
  16. Monitor practice effectiveness.

We aim to “fundamentally changing the way staff engage with, view, and relate to every child and family and move from working in an individual system or agency with responsibilities and mandates to working within a team environment that commits to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families” (p. 43, [The California Integrated Core Practice Model for Children, Youth, and Families](#)).

## 2.0 Program Name and Tagline

Together for Children  
Activating Systems for Community  
Wellbeing in Santa Barbara County

Juntos por la Niñez  
Activando Sistemas para el Bienestar  
Comunitario en el Condado de Santa  
Bárbara

## 3.0 Purpose of the Governance Charter

The purpose of this Charter is to provide documented clarity and accountability regarding the group that will oversee the planning of Together for Children and to describe how the work to produce the Comprehensive Prevention Plan will be governed. It is used to align all those directly and indirectly contributing; as a reference guide during the project; and to communicate with those outside the program as well as an introduction for new members to the committee and its work. Furthermore, it will continue to serve us in the plan implementation and maintenance phases; adjustments are described in the Governance Structure section below.

## 4.0 Purpose of the Project

The purpose of the project is to create and implement a Comprehensive Prevention Plan (CPP) that will be used as a cross-County blueprint for the implementation of a prevention program over the coming years. It will be submitted in fulfillment of the State Block Grant funding requirement. Our purpose will be met in keeping with the vision and mission we have developed and agreed upon:

**Vision.** Children, families, and communities in Santa Barbara County are safe and thriving and have equitable access to resources and opportunities.

**Mission.** We engage a comprehensive, collaborative network that promotes wellbeing and addresses root causes of adversity and child maltreatment. Children and families who need extra support, including those who are system-involved, are nurtured and provided optimal care through coordinated service delivery.

## 5.0 Scope of Work

The development of the Comprehensive Prevention Plan will be driven by Child Welfare. County Departments including Probation, Behavioral Wellness, Public Health, First 5, and CalWORKs will align and support the selected initial target populations for the prevention program and be actively involved in the planning process.

Non-County Partners who will provide input and feedback include but are not limited to County Education Office, Juvenile Court Partners, The Network of Family Resource Centers, as well as community-based organizations and service providers. Our local Chumash Tribe will be encouraged to be actively involved in the planning process. The Chumash tribe will be

engaged through standard County protocols established by the County Tribal Relations Division (ICWA). (See Tribal Outreach section below.) The CAPC, parents with lived experience, leaders and staff of county agencies, and CBOs who work with our target demographics will be asked to share the needs they see for primary, secondary, and tertiary prevention and to respond to early plan ideas. Maria Chesley Consulting will be employed to support the planning process and early implementation.

As described further in 9.0 Governance Structure below, we will organize into an Executive Committee, an Implementation Committee, and subcommittees. The people in these committees will evolve throughout the planning phase and again in the implementation phase.

We aim to be respectful of current and previous work in our county around primary, secondary, and tertiary prevention. Recognizing that sectors have different perspectives on our community, we will approach data collection and review openly. The 2023 Community Self-Assessment as well as other reports and data already produced in the county will be leveraged to the extent possible. Moreover, at every step we will draw on existing relationships, collaborative networks, and programs to continue building a cohesive and efficient plan across the county.

We will develop and articulate a logic model that outlines short and long-term outcomes we seek, as well as the leadership and practice drivers that can create needed change and result in the desired outcomes. Priorities for initial work will be identified from the logic model.

The consultant will lead an assessment of needs and assets including the use of the approved Evidence-based Practices (EBPs) as well as other existing prevention efforts in our county. Subcommittees will take this information into account as they recommend activities including those that would require funding.

The implementation committee/large leadership team will be a part of the plan's development at every step. In the final stage, members will be invited to review the CPP in its entirety and submit ideas for improvement. Each submission received will be considered and communication about decisions about changes will be communicated with the submitter. The final decisions and approval of the plan for submission will be made by the CWS leads who are serving as the executive committee during the planning process. The submitted plan will be distributed to the full team.

While developing the plan, we will have an eye on the future. Governance structures, decision-making processes, the logic model, subcommittees in the governance structure, funded activities and more will evolve as we gain experience and see the impacts of the work. The processes described in this governance charter will be carried over into the implementation phase as described in other sections.

## 6.0 Success Factors

During the planning phase, we will know we are successful when we achieve:

- Timely delivery of a comprehensive, phased, cross-agency plan
- On-time submission of the plan to CDSS

- Inclusion of input and feedback from the local Santa Ynez band of the Chumash Tribe, community leaders, people with lived experience, all relevant agencies, CBOs and providers
- The plan will be thoughtful and provide a framework for a successful, phased prevention program
- All information, data and reports will be thoroughly researched

Success during the implementation and maintenance phases is represented in our logic model.

## 7.0 Stakeholders

**Representatives** from the following are actively involved in Together for Families:

Child Welfare Agency

Child Abuse Prevention Council (CAPC) including Parent Voice

Probation Department

Santa Ynez Band of Chumash Indians

County Office of Education and Health Linkages

Department of Behavioral Wellness

Public Health Department

CalWORKs

Tri-Counties Regional Center

Network of Family Resource Centers

Community based organizations:

North County Rape Crisis and Child Protection Center

Family Service Agency

Isla Vista Youth Projects / LEAP

Santa Ynez Valley People Helping People

CALM

Good Samaritan Shelter

Cottage Health

Children's Resource & Referral

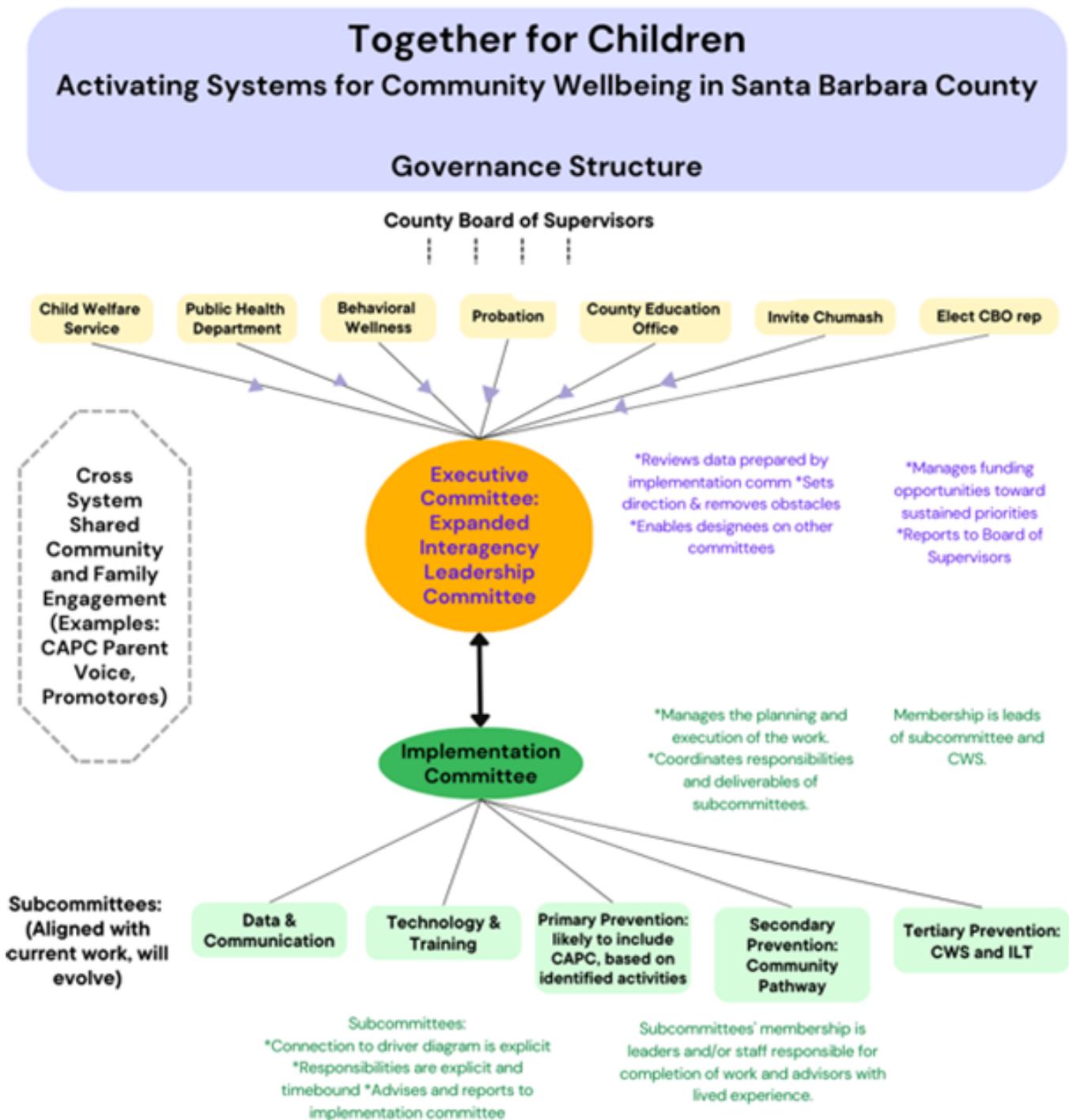
**Parents with lived experience.** We aim to authentically include parent voice in prevention planning and implementation. The Santa Barbara CAPC, standing on the shoulders of the Ventura County CAPC, has developed processes and is building a cohort of parents ready and

supported to engage in meaningful engagement opportunities (MEOs). Parents will be compensated for their time with stipends provided to support their participation. Also, we use the [Community Engagement Toolkit](#) to support our work to authentically and equitably include families in this work.

## 8.0 Tribal Outreach

Outreach to the Santa Ynez Band of Chumash Indians has led to initial and ongoing meetings, both in person and over zoom. A representative of the Tribe is an active participant in the Implementation Committee. We adhere to local Indian Child Welfare Act (ICWA) when designing programs that impact tribal children, youth, and families.

## 9.0 Governance Structure



During the planning phase, the small leadership team of CWS leads is serving as stand-in for the executive committee, and the implementation committee is composed of representatives of each of the organizations listed in the stakeholder section. This large implementation committee divides into subcommittees. Part of the subcommittees' work is to determine the ideal composition of their subcommittees during the implementation phase and to make plans to reach out to additional agencies and people with lived experience who could improve their subcommittee's effectiveness.

During the implementation phase, the executive committee will be the existing ILT with the addition of a Chumash Tribe and CBO representative. The CBO representative will be selected by the implementation committee during a regular meeting for a two-year term. Nominations will be sought, and the nominee who receives the most votes will be the representative.

The executive committee will meet monthly at first, but the meeting schedule will adjust to meet the needs while being as efficient and respectful of people's time as possible.

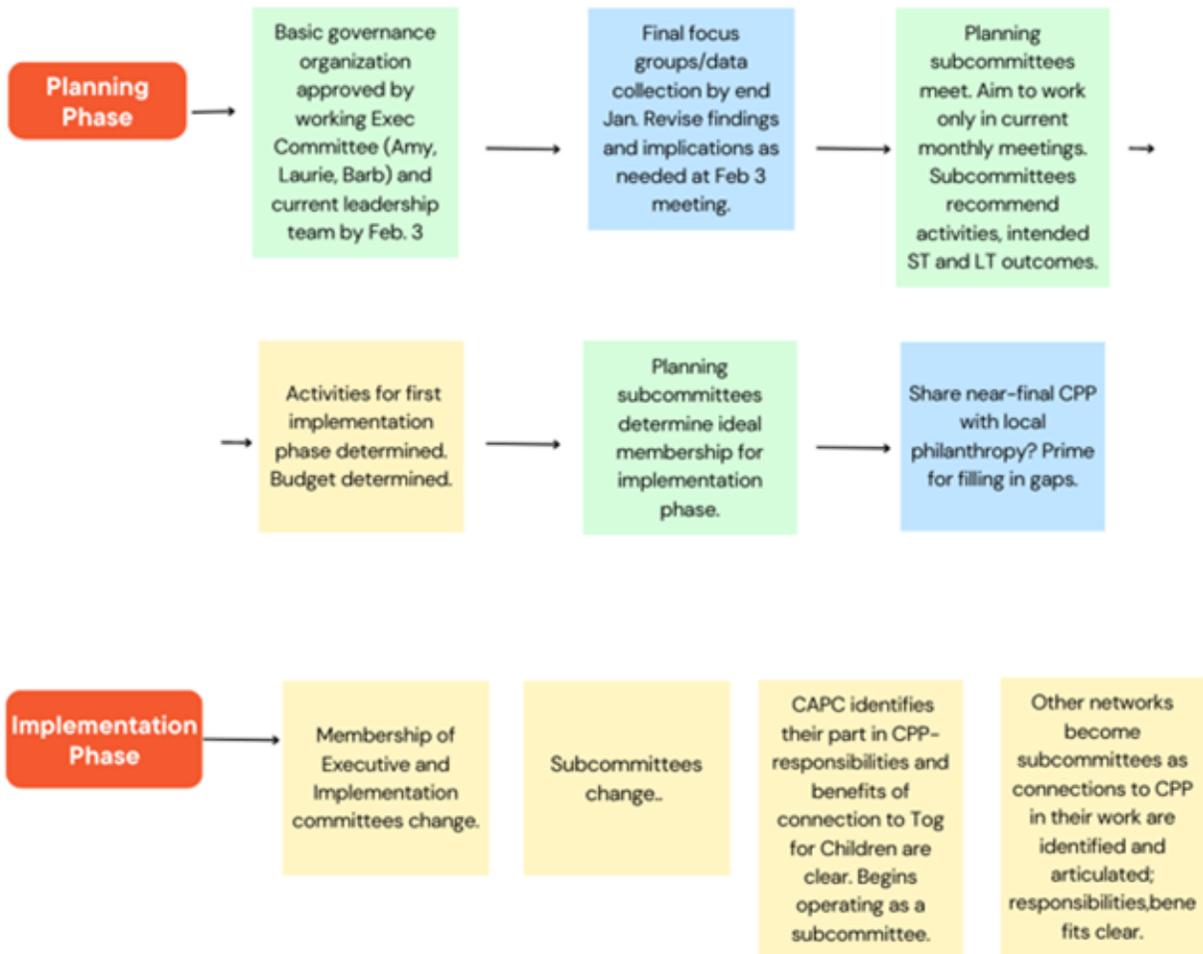
The implementation committee will be led by the CWS leads and will include subcommittee leads.

The chart below further describes the evolution of governance and organization from planning to implementation phase.

# Together for Children

## Activating Systems for Community Wellbeing in Santa Barbara County

### Roadmap for planning through the start of implementation



### 10.0 Meetings

The prevention leadership team, which serves as the implementation committee during the planning phase, meets twice a month before the deadline for the comprehensive prevention

plan was extended from January to July 2023. CWS leads meet separately with consultant Maria Chesley. In December, the meeting structure below was adopted.

The Implementation Committee meets on the first Friday of each month for 90 minutes. Whole group and subcommittee meetings are usually included in the meeting time. Meetings are planned and facilitated by Maria Chesley. The agenda template includes grounding documents: our mission and vision, links to the working agreements and logic model, and the goals for that day. Meetings, especially at the start of planning, include ample time for relationship building. They often include opening reflections designed to bring contributor's personal motivations for the work and invitations to think expansively and outside of usual roles. This approach and schedule will continue during the implementation phase.

Voluntary ad-hoc meetings to plan around specific topics are sometimes held between meetings. For example, ad-hoc meetings around governance structure and name/tagline were held. CAPC, CWS Stakeholders, and Network of Family Resource Centers meetings are held regularly and decisions made in these meetings will be brought to the Together for Children governance as appropriate. During the planning phase, meeting agendas and/or discussions will inform the prevention planning process as sensible.

During the planning phase, the Executive Committee meets on the third or fourth Monday of the month for 90 minutes. Meetings are planned and facilitated by Maria Chesley. Email exchanges and work on shared google documents between meetings keeps the work moving forward. During the implementation phase, the Executive Committee will become the ILT with the addition of a representative from the Santa Ynez Band of Chumash Indians and a CBO. All standing meetings are held on zoom.

## 11.0 Issues and Escalations

Standard procedure will include an annual review of progress by each subcommittee and committee. This annual review will be shared with the Implementation and/or Executive Committee. It will include perceptions of risk to the collaborative process and/or barriers to the achievement of intended outcomes. The annual review will also include a consideration of how the governance structures and/or decision making processes could be improved. We aim to resolve concerns where they originate. In addition, committee and subcommittee members will be reminded that they can reach out to the Child Welfare Services Deputy Director with concerns at any time by email or phone.

Concerns raised will be discussed by the committee and action will be taken as appropriate. At the very least, the person or subcommittee that raised the concern will receive a response.

## 12.0 Member Roles and Expectations

During the planning phase, Consultant Maria Chesley organizes meetings of committees, subcommittees, and ad hoc meetings. Agendas she drafts are reviewed by Barb Finch, who sends them out by email. All materials, including agendas, data, and draft plan components, are maintained in Maria Chesley Consulting's google drive and are shared with the members of the relevant committee or subcommittee. Meetings are not recorded. Targeted notes are taken in shared google documents.

Amy Krueger is responsible for the budget and for representing this work to the DSS and BOS and securing appropriate approvals for the comprehensive prevention plan.

Leads will be responsible for ensuring that their subcommittee's responsibilities, which will be explicit and will likely include both activities and recommendations around specific decisions, are met in a timely fashion. The consultant will provide coordination, process, and product monitoring.

### 13.0 Decision-Making

The usual cadence for decision-making is

1. Build background and brainstorm on the topic. Offer an invitation to join an ad-hoc workgroup between regular meetings.
2. Review a draft at the next meeting. Review the strategy for making the decision recommended by the ad-hoc workgroup or consultant. Most used strategies:
  - a. Consensus. Check for consensus that the decision/product is "good enough." Consider asking for a temperature check (thumbs up, down, or in between) early in the discussion; this can illuminate differences and inform the discussion and the amount of time spent on discussion.
  - b. Vote. Majority rules.
3. In the event that a decision is not clear:
  - a. If consensus is not reached, possibly hold an additional ad-hoc workgroup meeting. Review revisions at the following meeting and again check for consensus.
  - b. Eliminate options that did not receive many votes and vote again.

If a decision cannot be made at the subcommittee level, it escalates to the implementation committee. If a decision cannot be made at the implementation committee level, it escalates to the executive committee. The CWS lead, Amy Krueger, will make decisions as needed if the executive committee is unable to agree that an option is "good enough."

### 14.0 Deliverables & Timeline

<b>Comprehensive Prevention Plan (CPP) Development Project Deliverables &amp; Activities</b>	<b>Approximate Completion</b>
Governance design	February 15, 2023
Data collection and analysis completed	March 15, 2023

Activities determined and logic model completed	April 15, 2023
Budget determined	May 15, 2023
CPP drafted for team review	June 1, 2023
Submission of CPP	June 26, 2023
<b>Comprehensive Prevention Plan Initial Implementation Project Deliverables &amp; Activities</b>	<b>Approximate Completion</b>
Support to DSS and partners in preparation and implementation	ongoing
Regular implementation progress and review meetings with team	ongoing
Implementation review meetings with other stakeholders	October – December 2023

## 15.0 Success Metrics

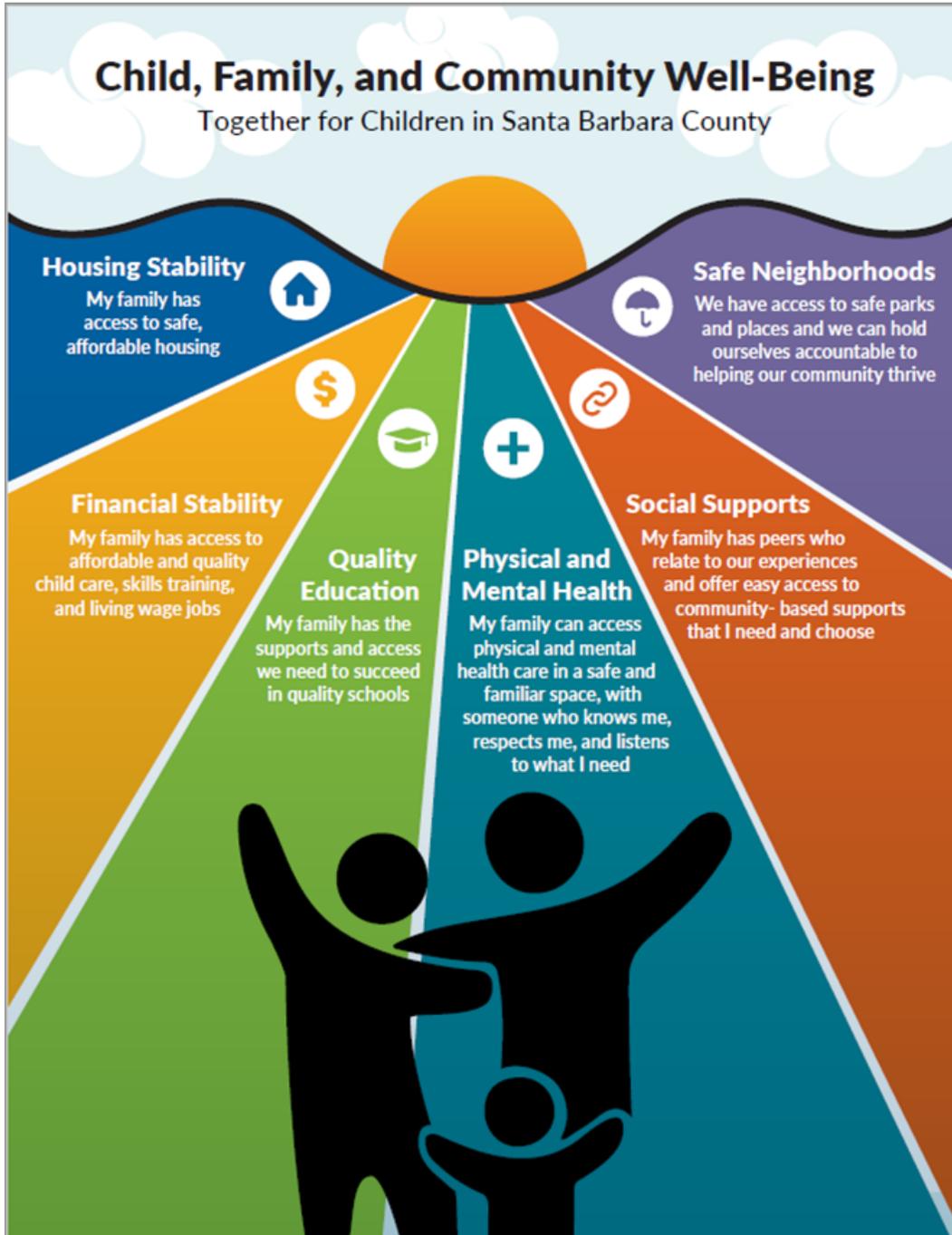
The project will be considered successful when the comprehensive prevention plan (CPP) is approved by the CDSS. This comprehensive prevention plan will have been developed with representatives of the local Tribe or Chumash Indians and community stakeholders and will be based on accurate and timely data.

## 16.0 Communications

Existing strong relationships built through existing networks and collaborative work in Santa Barbara County allowed a large multi-sector leadership committee to form quickly to work on the comprehensive prevention plan. As the planning phase ends and the implementation phase begins, we will enact plans to expand the membership of subcommittees in an attempt to bring missing voices to the table.

Assets from the communications toolkit such as the one below will be helpful in this and other ways as we move from planning into implementation. For example, we aim to strategically invite more existing networks and initiatives to align with Together for Children. CAPC is actively building a parent voices program; an ACEs screening, intervention, and education program is growing; and a cross-sector effort to improve the child care system in our county is in the works. These efforts and more are represented in this current CPP implementation committee. As we transition to implementation, however, members will formally invite these and other networks to consider where they see themselves in the logic model and how they could align with and contribute to Together for Children. As these are made explicit and

deliverables and shared messaging are agreed upon, the organizational structure will be expanded. Also, we will use the messaging and graphics in communications with funders who may be interested in helping to fill in gaps and contribute to conversation about alignment, maintenance of effort, and sustainability over time.



## Appendix B. Data review: Children in Foster Care

### *Data reviewed and methodology*

After brainstorming a list of demographics and nature of CWS concerns, we sought data that could help us understand commonalities among children in foster care and their life situations. A small team reviewed data about children in foster care from multiple sources: County Self-Assessment, California Child Welfare Indicators Project (CCWIP), CWS/CMS, Safe Measures, internal detention logs and tracking systems, Santa Barbara County Education Office for information about IEP prevalence. Census data was used for mapping and to calculate regional proportionality. We sought the wisdom of the CWS leadership team about factors for which there was not existing data. Findings were summarized and included links to relevant data displays. The CWS leadership team reviewed the findings for reasonableness, and then the findings and associated data displays were shared with the larger leadership team. For each finding, the leadership team discussed implications for all levels of prevention for consideration when selecting activities.

### *Findings*

What we found by reviewing existing data about kids in foster care in Santa Barbara County:

1. The number of children with first entries into foster care has trended very slightly down since 2010, although it was lower in 2015-17. The past 3 years have held steady at 218 or 219 children entering foster care for the first time.
2. The data show that the number of Latino children with first entries into foster care has risen noticeably over the past five years, BUT there are challenges with the entry of ethnicity data in the child welfare system ( approximately 15% are missing).
3. The children with first entries into foster care are disproportionately Latino.
4. More children are removed from their homes in their first years of life than once they age into upper elementary, middle, and high school.
5. The majority of children are removed from their homes because of neglect (73% - 96% over the last 5 years).
  - a. Breaking down neglect: Data indicate caretaker absence/incapacity is the primary reason for removal in a sizable proportion of cases. (Caretaker absence is usually a result of a parent's inability to make safe arrangements for a child because of parental incarceration or substance abuse or kids being cared for by a relative or a friend because of incarceration or substance abuse. Can be caretaker incapacity.)
6. Both the number of investigations and the number of detentions (child removed from home \*per county definition) have risen between 2015 and 2022. Investigations in the Lompoc

and Santa Maria offices of CWS are increasingly more likely to result in detentions compared to the Santa Barbara office.

7. Between September 1, 2021, and September 30, 2022, compared to Santa Ynez Valley, Santa Maria, and Santa Barbara, Lompoc had the highest percentage of referrals that were substantiated (7.1% compared to 2.4 - 3.4%) and the highest percentage of substantiated cases that resulted in voluntary or court cases or referrals that needed additional case management (4.5% compared to .5 - 3.1%).
8. Because children for whom cases are opened are disproportionately from Santa Maria and Lompoc, it seems reasonable to assume that children in foster care are too (based on May 2021- May 2022.) *\*Unlike the finding above which is only counts, this finding takes the percentage of population into account.*
9. Although the data are not apples to apples, it appears that children in foster care are not glaringly over-represented in the population that has IEPs (Individualized Education Plan, aka special education). (When comparing the % of children who currently have IEPs to the % of children who have ever had IEPs, it is reasonable to expect that the percentage of children who have ever had an IEP will be higher.)

#### *What we found by talking with CWS experts*

10. Substance abuse is a factor in at least 75% of removals (foster care placements). Majority of neglect cases involve parental substance abuse.
11. Domestic violence is a contributing factor in approximately 30% of removals (foster care placements) and it seems to be increasing. Substance abuse is more often a factor.
12. The majority of the kids in foster care come from low-income families.
13. Referrals from law enforcement result in removals more often than those from other sources.
14. More often than not, children are detained from families who have been involved with CWS at least a couple of times - they have had interventions. Social histories indicate parents experienced trauma as children.

#### *Other findings*

15. Detentions have remained relatively consistent despite the number of referrals dropping noticeably during the pandemic. Teachers and others may be reporting concerns that are not child abuse.
16. Data collection issues make it difficult to characterize the families whose children have been taken into foster care for a number of reasons. For example:
  - a. We cannot easily pull data at the family level because detentions are tracked by child and sibling relationships are not often clear.

- b. Ethnicity is missing for approximately 15% of families, and families are not included in ethnicity determination.
- c. Data on level of income/poverty is imprecise.
- d. Data around contributing factors (Domestic Violence (DV), substance abuse) to removal is not consistently entered.
- e. Although we can disaggregate the data by one factor (ex. race or age of entry), in most cases we cannot add a second factor which limits the specificity of analyses.
- f. Although referrals are made to Domestic Violence Solutions, CWS does not have an easy way to track the number of referrals.
- g. Reason for intervention (opening a case (court or voluntary) includes parent alcohol/drug use and domestic violence- many social workers complete but may not list all the reasons- and we are looking into whether we can pull data on that field.)

## Appendix C. Data Review: Stakeholder Experiences

### *Data reviewed and methodology*

Data reviewed includes notes from CWS stakeholder meetings; notes from parent, youth, social worker and supervisor focus groups for the CWS Community Self-Assessment; conversations with a school administrator, the Tribe's Director of Community and Social Services, the Tribal Clinic's Chief Health Officer; and notes from three leadership team meetings.

Notes and transcripts were coded for level of intervention, current challenges, and proposed strategies; then categorized into statements of findings. Summaries were reviewed for reasonableness by the CWS leadership team before review by the larger cross-sector leadership team. For each finding, implications for prevention at different levels of prevention were discussed by the leadership team and influenced activity selection.

### *Summary/Findings*

1. Prevention at all levels, including before needs are known, is important. To be effective when needs arise, we should intervene as early as possible and provide enough support.
2. We need better resources and to increase primary and secondary prevention efforts, for example, community connectedness, Family Resource Centers and other navigators, ACES screenings by doctors, activities for teens, and trauma-informed care. We need to ensure families in all areas of the county have supports.
3. Basic needs are key to prevention and keeping kids in their homes.
4. Helping parents increase parenting skills and their social supports are important prevention efforts.

5. At all levels of prevention, more culturally and linguistically relevant services are needed, especially for the Mixtec community. Programs that do exist have waitlists. Recommendations include a list of relevant services, training for staff, outreach/trust building with indigenous communities, and more readily available interpretation and translation support.
6. Needs around parent and youth substance abuse are high, and services to meet the needs are inadequate.
7. Many strategies used by CWS at the tertiary level are working. Examples include family action plans and the Voluntary Maintenance Program, Katie A assessment and referral process, Wraparound programs, Independent Living Program (for older foster youth), and CALM therapeutic and parenting support services.
8. CWS provides a critical service for children at risk; it has the authority to reduce risk and promote change in families. CWS experiences staffing shortages and inconsistencies in service that constrain its effectiveness. Some caregivers (grandparents, resource families, and group homes) and system-involved youth and the schools that serve them need more and/or different support.
9. At schools, CWS, and among resource parents, knowledge about services available is inadequate. Resource directories, navigator support, helping families and youth prioritize what to work on, and integration across services are seen as needs. While many services are seen as effective (SB-163 Wraparound by Casa Pacifica and counseling, for example), more diverse offerings that match needs -- at times that work for families and youth, linguistically and culturally relevant, without transportation barriers -- are needed.
10. Cross-sector collaboration improves the prevention system that supports families and can result in individualized and better coordinated care for families.

## Appendix D. Recommendations to Improve Conditions for Raising Children

### **Together for Children: Activating Systems for Community Wellness in Santa Barbara County**

#### **Recommendations to Improve Conditions for Raising Children in Santa Barbara County, California**

For release and promotion in Fall 2023

“The solution to all adult problems tomorrow depends in large measure upon the way our children grow up today,” wrote anthropologist Margaret Mead. Together for Children (TFC), a collaborative committee of nonprofit and Santa Barbara County leaders, aims to promote the wellbeing of children, families, and communities in Santa Barbara County so that all are thriving and safe and have equitable access to resources and opportunities. Formed by Child Welfare Services in 2022, the collaborative earnestly took on the task of developing a comprehensive plan to promote community wellbeing and, importantly, to prevent child abuse and neglect. Our approach, in short, is to support families as soon as possible when they struggle so that children stay in safe, stable, and nurturing environments and do not experience maltreatment.

TFC’s comprehensive plan is grounded by the charge to reduce the number of children placed into foster care by reducing the number of children who are maltreated. Put differently, we aim to improve systems that support families so that children are not abused or neglected and the Child Welfare Service is able to focus on true prevention rather than the protection of children who have been harmed. TFC’s comprehensive plan includes two components, developed over a number of months and informed by experienced parents and leaders: 1) recommendations for improving conditions for raising children in our county and 2) a three-year plan to address the recommendations most needed to help children at risk stay safe.

With faith in the generosity, collaborative spirit, and heart for children and families in our county, we present this list of recommendations. They focus on what needs to be done, and a variety of strategies could be employed to achieve each one. In the pages after this list, this document includes explanations of the process TFC used to develop the recommendations, how we are addressing some with our three-year plan, and how we are working with partners to promote further alignment around the recommendations.

**Together for Children Leadership Committee:**

Alarcon, Natalia	CommUnify
Apolinar, Eulalia	Tri-counties Regional Center
Atiedu, Ama	Cottage Health
Barragan, Kelley	Santa Barbara County Public Health Department
Barrera, Melinda	Santa Barbara County Probation Department
Baublits, Bridget	Santa Barbara County Education Office
Brabo, Lisa	Family Service Agency of Santa Barbara County
Cadwet, Chaundra	Good Samaritan Shelter
Chesley, Maria	Community Systems Consultant
Cohen, Katie	Santa Barbara County Behavioral Wellness
Cross, Erin	Santa Barbara County Probation Department
Erving, Ashleigh	CALM
Finch, Barbara	Santa Barbara County Department of Social Services
Goodman, Lori	Isla Vista Youth Projects/LEAP
Haro, Laurie	Santa Barbara County Child Welfare Services
Jensen, Chelsea	Good Samaritan Shelter
Keelean, Pat	CommUnify
Kissell, Valerie	Santa Ynez Valley People Helping People
Krueger, Amy	Santa Barbara County Child Welfare Services
Matens, Richard	Santa Ynez Band of Chumash Indians Health Clinic
McCarty, Ann	North County Rape Crisis Center
Mejia, Frank	Santa Barbara County CalWORKS
Natalia Mendez	Children's Resource & Referral
Nelson, Yvonne	CALM
Ray, Monica	Cottage Health
Rossi, Natalia	Santa Barbara County Behavioral Wellness
Rosson, Cheyenne	Santa Barbara County Child Welfare Services
Valencia Sherratt, Lisa	Children & Family Resource Services
Vargas, Michelle	Good Samaritan Shelter
Wooten-Raya, FayAnn	Santa Barbara County Behavioral Wellness
Yorke, Shannon	Santa Barbara County Education Office

## Recommendations for Improving Conditions for Raising Children

^ Priority approaches to reducing child abuse and neglect that are directly or indirectly addressed by Families First Services Act funds as determined by Together for Children.

### **Increase families' economic stability to reduce stressors that can result in child maltreatment, and mental and physical health problems.**

- Help families who qualify access public benefits: food, medical insurance and care, utilities and income supports, housing, and employment readiness.^
- Increase supply of affordable childcare and housing.
- Address the barrier of immigration status to services and employment.
- Address the welfare benefits cliff that can keep people from accepting more or better paying work in order to maintain benefits such as public preschool and health insurance.

### **Increase the supply and accessibility of mental health care for children and adults.**

- Reduce wait time for care regardless of insurance type or severity of mental or behavioral health need.
- Increase the number of care providers who can communicate in Spanish and Mixteco.^
- Improve quantity, options, and accessibility of substance abuse treatment; establish more residential treatment options.
- Increase non-clinical buffering services accessible in a variety of settings.^
- Address Adverse and Positive Childhood Experiences.^

### **Improve navigation to community and economic resources.**

- Improve referral processes among organizations.^
- Identify gaps^ and provide services as needed.

### **Ensure children get a healthy start in life.**

- Ensure all children have access to high-quality early childhood education.
- Maximize schools and early learning programs as communicators with families about the resources available in their region of the county.^
- Intervene as early as possible with children and youth who appear to have mental health, developmental, or other needs.
- Increase substance abuse prevention efforts and accessibility.
- Increase supply and accessibility of free and affordable after-school activities, sports, and recreational pursuits for children.
- Improve teaming among school programs and available service providers, including Child Welfare Services and/or Juvenile Justice when needed.^

**Increase parents/caregivers’ opportunities to learn parenting skills including how to increase positive and avoid adverse childhood experiences.**

- Increase the linguistic and cultural relevance of programs that serve residents.^
- Increase parent education, especially for pregnant parents and in the homes of our youngest children.^

**Increase the voice of parents with lived experience in program design, implementation, and evaluation.**

- Support parent leadership development.^
- Provide opportunities for authentic and meaningful engagement and reduce barriers to participation.^
- Provide compensation and mentorship for parents who serve.^

**Increase communication and shared, data-driven decision making among families, service providers, and policy makers from the neighborhood to the county level.**

- Increase the voice of those with lived experience in decision-making about public programs.^
- Increase coordination among care providers^ including the faith community; fund efforts to improve impactful collaboration.^
- Encourage strong connections among families by increasing opportunities for families to collaborate and connect.

**Invest in the communities with the highest needs.**

- Ensure safe neighborhoods in which to live, work, and play.
- Promote disaster preparedness and community resilience.
- Focus investment and effort in North County.^

**Address workforce issues across family-serving sectors.**

- Ensure the workforce is right-sized^ and adequately compensated.
- Ensure the workforce is well trained and trauma-informed.^

\* \* \* \*

**How these recommendations were developed.** To think about the conditions that affect people’s achievement and wellbeing, TFC used the Social Determinants of Health (SDOH) to guide and organize our work. Social Determinants of Health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life,”<sup>1</sup> Like health outcomes, these determinants shape education outcomes, earning potential, and families’ ability to successfully raise children.

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<sup>1</sup> <https://www.cdc.gov/about/sdoh/index.html>

TFC developed 'ambitious but realistic' recommendations for improving conditions for raising children in Santa Barbara County for each of the social determinants: economic stability, health care, education, social & community context, and neighborhood & built environment. Later refined then merged into the list above, recommendations were based on discussions about how to reduce child maltreatment, data from focus groups of parents and youth, parents' and committee members' thoughts about the challenges families experience and their advice about how the county and other organizations might be most helpful, committee members' prioritization of approaches to supporting families at risk so that they remain healthy, and reviews by other experts.

### **How TFC will address some recommendations with 3 years of funding.**

In the short term, with the Families First Prevention Services state block grant provided, TFC's actions will address the recommendations marked with a ^ with the approximately one and a half million dollars available. The state block grant associated with the effort must be used over the next three years. Our intention is to support improvements that have high impact on support systems that will last after that time in pursuit of our mission to promote wellbeing and address root causes of adversity and child maltreatment.

The funding will be spent primarily on the development of a Community Pathway across the county for support of families who are referred by care providers in clinics, schools, and County departments. The infrastructure will build on current initiatives and services already provided in the community, and we intend for the process and infrastructure to have influence beyond what our grant dollars can directly affect. More specifically, we will propose to the State to fund in 2023-26:

- Implementation of a consistent process available across the county to support families in need that takes into account the various funding streams and associated eligibility and participation requirements.
- Deeper implementation of an online tool that streamlines how agencies connect families to other agencies and allows parents to make those connections themselves.
- Training for the providers in the variety of organizations that will use the processes and tools described above.
- Increased capacity to serve more families with evidence-based practices approved by the state for this funding.
- Annual cross-sector convenings about strategies for addressing workforce shortages.
- Work to align cross-sector resources and funding around the Recommendations for Improving Conditions for Raising Children in Santa Barbara County.
- Design and implementation of a plan to evaluate and improve future efforts.

**What we will do with these recommendations.** Our aim was to promote action toward ‘ambitious but realistic’ outcomes, recognizing there are many ways to address each one. Many of the recommendations are addressed already in our county, and we appreciate their efforts and hope, and as warranted, they can be strengthened. Furthermore, we hope the general list will help align new and existing efforts, and part of our work is to encourage that alignment.

We hope that these recommendations will influence funding decisions in the County, municipalities, and nonprofit and philanthropic organizations. In fact, there are similar calls for comprehensive plans in many sectors, notably mental health and education, and they too recognize the need for agencies to work together in dramatically new ways. Providers in these sectors are often serving the same families, but they often do not coordinate to provide a cohesive, manageable experience for the families. Together, agencies can design pathways that are more effective for families, that more efficiently use resources, and more responsively identify and address gaps in services. Together, agencies can cooperate to braid ever-changing funding streams so that important programs and initiatives are sustained. We will ensure partners convene regularly to promote this more complex, new way of planning for sustainable work for family and community wellbeing.

This cross-sector work is generally required to be done in partnership with families and communities. TFC’s recommendations reflect the wisdom of long-time and newer leaders in non-profit organizations and County departments; parents and youth who have been involved with the Child Welfare or Juvenile Justice systems; and reports, plans, and needs assessments produced by others.

Furthermore, we hope that the recommendations will energize, inform, and increase the important volunteer and advocacy efforts of residents of Santa Barbara County in productive ways we can only imagine.

## Appendix E. Driver Diagram

Leadership Drivers	Resources	Activities 2023-2026
<i>How must we approach the work?</i>	<i>What do we need to be successful?</i>	<i>What will stakeholders do to improve outcomes?</i>
<p><b>Mission and vision-driven</b></p> <ul style="list-style-type: none"> <li>• Shared principles</li> <li>• Based on trust, transparency, collaboration, critical and strategic thinking</li> <li>• Focus on priorities, continuous improvement as defined by the vision</li> </ul>	<p><b>Strategic leadership</b></p> <ul style="list-style-type: none"> <li>• Governance structure that streamlines work and lifts community voice</li> <li>• Agreements about roles, participation, processes</li> <li>• Deep cross-sector collaboration, leadership from sectors most important to child and family wellbeing (SUD, DV, Behavioral Health)</li> <li>• Communication plan</li> <li>• Clear, consistent guidelines from CDSS and other major funders</li> <li>• Trauma-informed leadership /organizations</li> </ul>	<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• Strengthen Parent Voice program</li> <li>• Implement <a href="#">Governance Charter</a> including executive and Implementation Committees, subcommittees</li> <li>• Secure contracts needed to pilot comprehensive Community Pathway, training, communication, and CQI</li> <li>• CQI system: Develop, implement, monitor, and iterate forward</li> </ul>
<p><b>Strong commitment</b></p> <ul style="list-style-type: none"> <li>• Consistent participation in leadership work</li> <li>• Courage and willingness to do what is needed                             <ul style="list-style-type: none"> <li>○ Thinking beyond limits of compliance and funding</li> </ul> </li> <li>• Shared responsibility for outcomes</li> </ul>	<p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>• Adequate pool of applicants in sectors most important to child and family wellbeing</li> <li>• Retained and dedicated</li> <li>• Trauma-informed</li> <li>• Health Equity Lens</li> <li>• Providers of evidence-based practices are masterful</li> <li>• Representative of the communities they serve, including people with lived experience</li> </ul>	<p><b>Comprehensive Community Pathway</b></p> <p>Design and implement infrastructure to sustain for the next decade. 2-Yr Pilot 2023-2025 with CWS, JJ, BeWell, LUSD</p> <p>Access points (referring organizations) connect families to pathway or families self-refer with assistance from online chat/call</p> <p>Care management entities across county offer menu of services based on family need and goals, referrer needs, and funding available</p> <ul style="list-style-type: none"> <li>○ Periodic assessment of child risk and safety monitoring</li> <li>○ Navigation to services that support goals (variety of funding sources)                             <ul style="list-style-type: none"> <li>■ Evidence-based Practices (culturally relevant)</li> <li>■ Parenting, healthy relationship classes</li> <li>■ Mental and physical health treatment</li> <li>■ Employment readiness</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>■ Volunteer opportunities</li> <li>■ Other services and supports</li> </ul>
<p><b>Prominent community voice</b></p> <ul style="list-style-type: none"> <li>● Every sector, every program, every family</li> <li>● Guiding plans to maximize engagement</li> <li>● Commitment to provide resources to support community participation</li> <li>● Commitment to language justice</li> <li>● Commitment to diverse leadership</li> </ul>	<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>● Blending and braiding of funding streams across sectors</li> <li>● Successful grant writing</li> <li>● Enough to try without sustainability worries</li> <li>● Reimbursement models/approaches</li> </ul>	<ul style="list-style-type: none"> <li>○ Coordination of provider team</li> <li>○ Supported and regular work toward family-selected goals plus family prevention and safety plan as indicated</li> <li>○ Inventory of economic stabilizers and concrete supports</li> <li>○ Support with enrolling, maintaining economic supports</li> <li>○ Intake, assessment of strengths &amp; needs, determine eligibility, referral tracking, data requirements</li> </ul>
<p><b>Unprecedented teamwork</b></p> <ul style="list-style-type: none"> <li>● Collaborative conversations re: funding streams</li> <li>● Public-private-philanthropic coordination</li> <li>● Leverage networks and initiatives</li> <li>● Expand systems, organizations, individuals who see this as their work</li> <li>● Creativity and innovation at the forefront</li> </ul>	<p><b>Technology</b></p> <ul style="list-style-type: none"> <li>● Platform for monitoring, evaluation, continuous quality improvement planning</li> <li>● Platform for communication</li> <li>● Platform for coordinating and sharing resources: training, human resources, finance, IT</li> <li>● Wide-spread use of platform for closed-loop referrals and monitoring of community needs</li> </ul>	<p><b>Training</b></p> <p>Access points and care management entities:</p> <ul style="list-style-type: none"> <li>● Integrated Core Practice Model</li> <li>● FindHelp</li> <li>● Mandated reporting/community supporting</li> </ul> <p>Care management entities only:</p> <ul style="list-style-type: none"> <li>● Goal4It!</li> <li>● Pathway procedures and rationale</li> <li>● Data collection procedures</li> <li>● Motivational Interviewing?</li> </ul> <p>EBPs:</p> <ul style="list-style-type: none"> <li>● Providers may train to increase capacity</li> </ul> <p>Navigator Summit (cross-sector)</p>
<p><b>Abundance mindset</b></p> <ul style="list-style-type: none"> <li>● Assume there will be enough for all</li> <li>● Open to new opportunities that emerge as work changes and outcomes improve</li> <li>● If we are really successful, there will be a resilient spiral of wellbeing.</li> </ul>	<p><b>Programs and practices that reduce risk and increase protective factors</b></p> <ul style="list-style-type: none"> <li>● Universal/primary</li> <li>● Secondary</li> <li>● Tertiary</li> <li>● Evidence-based / informed</li> <li>● Multilingual and culturally relevant</li> </ul>	<p><b>Communication</b></p> <p>Work to align cross-sector resources and funding around <a href="#">Recommendations for improving conditions for raising children</a> in the county</p> <p>Convene annual cross-sector conversations about strategies for addressing workforce shortages and wellness</p> <p>Share results of annual CQI evaluation with KIDS network and online report</p>

<p align="center"><b>DRAFT Short-term outcomes</b> <b>(PROCESS AND PERFORMANCE)</b></p>	<p align="center"><b>DRAFT Long-term outcomes</b> <b>(PROCESS AND PERFORMANCE)</b></p>
<p align="center"><i>What difference will we see in 3 years?</i></p>	<p align="center"><i>What difference will we see in 10 years?</i></p>
<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>● Parents with lived experience contribute to all subcommittees.</li> <li>● Leadership/organizational structure functions effectively and efficiently.</li> <li>● Community Pathway is utilized by families who are and are not in the CWS and JJ system.</li> <li>● Relevant County departments, CBOs, and local funders are knowledgeable about how to align funding to CPP goals and recommendations,</li> <li>● CQI system supports decision making for improved service to families.</li> </ul>	<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>● Program improvements reflect the lived experiences of parents who are and are not in the CWS and JJ system.</li> <li>● Collaboration between departments or agencies increases.</li> <li>● Availability and quality of workforce, technology, and family-facing services available and utilization increases.</li> <li>● Increased alignment in funding streams that support prevention</li> <li>● Funding continues to shift from tertiary to primary and secondary prevention as need for tertiary declines.</li> </ul>
<p><b>Comprehensive Community Pathway</b></p> <ul style="list-style-type: none"> <li>● Community Pathway workforce understands their work as prevention.</li> <li>● Care management entities practice trauma-informed care including support for case managers and supervisors</li> <li>● A range of families' needs are respectfully and effectively addressed by the Community Pathway.</li> <li>● A baseline of the number of families served by the Community Pathway is determined.</li> <li>● Access points (referrers) and care management entities consistently use FindHelp closed-loop referral system to receive and send referrals</li> <li>● Adopted EBP's are culturally and linguistically relevant and a baseline for number of families participating is determined.</li> <li>● A workable approach to child &amp; family team coordination is implemented.</li> <li>● Care coordinators consistently and effectively use a structured approach to coaching parents around setting and achieving goals</li> <li>● More services available in languages of those served including Mixteco</li> </ul>	<p><b>Comprehensive Community Pathway</b></p> <ul style="list-style-type: none"> <li>● More of the work is happening in the prevention space (versus tertiary).</li> <li>● Support for workforce wellbeing is funded and fully embedded in organizational culture</li> <li>● Shift from mandated reporters to community supporters makes trauma-informed early intervention the norm</li> <li>● Organizations can demonstrate an increase in staff retention and staff satisfaction</li> <li>● Community-wide engagement and use of IT platform</li> <li>● More families are reached by prevention efforts</li> <li>● Increased no wrong door</li> <li>● Trusted relationships support families and normalize asking for help</li> <li>● Reduction of substance use disorders</li> <li>● Increased participation in prevention services by families in the communities we serve</li> <li>● Decreased racial and ethnic disproportionality across systems</li> </ul>

<ul style="list-style-type: none"> <li>• More families are referred to care management entities through access point partners. Baseline volume is determined.</li> <li>• Access point organizations report improvement in services for children/families served compared to before the pathway.</li> </ul>	
<p><b>Training</b></p> <ul style="list-style-type: none"> <li>• Access point staff and staff of care management entities understand trainings and feel equipped to provide care.</li> <li>• Care in the pathway and associated data collection is accomplished effectively.</li> </ul> <p>Navigators working outside the Community Pathway (cross sector) are informed about best practices and when to refer to the Community Pathway.</p>	<p><b>Training</b></p> <ul style="list-style-type: none"> <li>• Access point staff and staff of care management entities understand trainings and feel equipped to provide care.</li> <li>• Care in the pathway and associated data collection is accomplished effectively.</li> </ul> <p>Navigators serving in and outside of the Community Pathway share practices and knowledge of resources such that families receive similar care no matter which navigator serves them.</p>
<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Improvement in adequacy of pool of applicants in sectors most important to child and family wellbeing</li> <li>• CQI system supports improved data collection, improvement efforts, and communication</li> </ul>	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Workforce is healthy.</li> <li>• CQI system shows improved outcomes:             <ul style="list-style-type: none"> <li>○ Fewer children are removed from the care of their families</li> <li>○ The hotline has a smaller volume, and a smaller percentage of calls are not worthy of investigation.</li> <li>○ Reduction in substantiated CWS reports</li> <li>○ Fewer youth are involved in the juvenile justice system</li> <li>○ Increased community trust in CWS and probation</li> </ul> </li> </ul>

## Additional Assurances

Training for the community provider workforce providing approved evidence-based practices will be a part of contracts with community-based organizations. Contracts with community-based organizations will specify that staff must remain in compliance with the certification standards and model fidelity in order to continue delivering the approved evidence-based program.

## Assurances Template

### FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES

County of Santa Barbara

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), Santa Barbara County Child Welfare Services and Juvenile Probation is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

#### **Child Safety Monitoring Assurance**

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

#### **Workforce Development and Training Assurance**

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, Santa Barbara County Child Welfare Services and Juvenile Probation assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and

all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community-based and Title IV-E pathways.

### **Trauma-Informed Service Delivery Assurance**

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

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

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), Santa Barbara County Child Welfare Services and Juvenile Probation assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state-level fidelity oversight, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

### **Advancement of Fairness and Equity Strategies Assurance**

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, Santa Barbara County Child Welfare Services and Juvenile Probation assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

### **Assurance of Coordination with Local Mental Health**

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

**Assurances Signatures**

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

<b>Signature of Child Welfare Services Representative</b>	<p>DocuSigned by: <i>Amy Krueger</i> 990699013784458...</p> <hr/> <p>Amy Krueger, M.S. Deputy Director, Adult and Children's Services</p>
<b>Signature of Authorized Juvenile Probation Representative</b>	<p>DocuSigned by: <i>Holly L. Benton</i> E9E91588A3614F4...</p> <hr/> <p>Holly L. Benton, Chief Probation Officer, County Probation Dept.</p>