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Inyo County Community Prevention Plan (CPP)
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Abstract

Inyo County is a small, rural county, with 19,016 residents. Inyo County HHS has a challenging obligation to provide high quality services that meet the diverse needs of local communities over an enormous geographical area. Inyo County HHS uses multiple tools for engaging the local community to receive input and strategic guidance from professional staff, community leaders, and people with lived experience. Inyo County HHS has strong relationships with the 5 local Tribal governments and the local Tribal health clinic, and is fortunate that a wide variety of Community Based Organizations, local schools, and healthcare systems to support collaborative work. Where quantitative data is available, Inyo County HHS has used it to inform decision making, but often Inyo's small population often make these metrics less useful and/or reliable than in urban areas with larger populations. As a result, Inyo County HHS relies heavily on community participation, feedback from peers, and open communication streams from Inyo County staff to provide strategic direction and ensure that efforts are meeting stated local needs. Inyo County has an accountable and responsive budget strategy and fully intends to spend all available funds.

Inyo County HHS plans to expand upon two Evidence Based Practices: 1) Parents As Teachers (PAT), an In-Home Parent Skill-based Program, and 2) Motivational Interviewing (MI), a Substance Abuse Prevention and Treatment Practice. Inyo County has identified the following three candidate populations as those who are in need of the most expanded support: 1) Children or youth experiencing other risk factors when combined with family instability or safety threats who would be assessed to be at imminent risk of foster care; 2) Children exposed to domestic violence; and 3) Children whose caretakers experience a substance abuse disorder.

Inyo County will access Family First Prevention Services Act (FFPSA) funding to deliver evidenced-based programs that prevent the need for out-of-home placement, whenever possible. Inyo County views this CPP as a valuable, working document that will provide a roadmap to further improving already robust local efforts to support families and build community prevention systems up to their full potential.

Background + Governance Structure

Inyo County is a small, rural county, ranking 52nd out of California's 58 counties in terms of population, located in the Eastern Sierra adjacent to the California/Nevada border. It is the second largest county in California in terms of land area, with 10,180 square miles, and is the tenth largest county in the US. However, only 1.7% of the land is under private ownership, with the Federal Government owning the vast majority (92.0%), the City of Los Angeles owning 3.9%, and the State owning the remaining 2.4%.

Inyo County has a very sparse population of 19,016 people, according to 2020 US Census data. Most Inyo County residents (pop. 13,304) live in the northern region of the county, in and around the city of Bishop. Sixty miles south is the next largest region with 2,316 residents (includes Lone Pine, Olancho, Darwin, and Keeler). The communities of Big Pine (pop. 1,816) and Independence, the county seat (pop. 723), are located between Bishop and Lone Pine. The southeastern region of the county includes Death Valley, Tecopa, Shoshone, and Charleston View (pop. 638). These communities are closer to Pahrump, NV than they are to any California towns. Traveling from Charleston View, the most southern, most remote community in Inyo County, to the county seat of Independence takes 3 hours and 45 minutes and requires

travel over 2 remote mountain passes. Travel to Bishop, the largest population center in Inyo County, requires an additional 45-minute drive.



Inyo County has both the highest (Mount Whitney) and lowest (Badwater) geographic points in the continental US. The extreme and varied topography regularly causes serious weather-related challenges; blizzards, floods, and fires have all impacted travel and access to basic services in recent years. In 2023, two separate months-long highway closure significantly impacted travel and to communities in Southern Inyo County and to Mono County, directly to the north. Some Inyo County residents live in communities with very little if any developed infrastructure and services beyond basic housing, a gas station, and sometimes a small market or restaurant.

Distance and weather conditions can pose a significant barrier to accessing services, both within Inyo County and in the immediate surrounding area. Residents must often travel great distances, up to two to five hours, to obtain services. To the north, the nearest large population centers are Carson City and Reno, Nevada, a three plus hour drive from the northernmost communities in Inyo County. The Eastern Sierra Transit Authority offers bus service north to Reno, NV, and south to Lancaster, CA, six days/week as well as a few select local routes that range from multiple buses each day to routes that run only once or twice per week.

A majority of Inyo County's resources are based in the Bishop area with some level of countywide outreach to outlying communities. The level of service intensity varies depending upon geographic location, availability of private service providers, and county staff availability. Distance to services and related transportation logistics and costs to residents and agency staff limit service availability.

Inyo County’s unique geography and small, diverse, and physically isolated population means that County government plays a key role in providing robust services to all local residents. In Inyo County, roles that are often distributed between many organizations and/or individuals often fall to a single person, which means that employees often wear many hats. Inyo County HHS is the lead for the CPP, and looks forward to collaborative work between Child Welfare, Behavioral Health, Probation, and community partners.

Cross-Sector Collaboration + Partner Engagement

Inyo County HHS is an active member of many collaborative groups that meet regularly - often monthly or quarterly – and support the work outlined in this CPP. Inyo County HHS has many community partners, including CBOs, healthcare organizations, social service organizations, schools, and Tribal partners.

Collaborations:

Foster Care Collaborative	Leader: Inyo HHS
Inyo County Child Abuse Prevention Council	Leader: Inyo HHS
Inyo Resilience Collaborative	Leader: Hosting/Leadership Rotates
Inyo First 5 Commission	Leader: Inyo HHS
Perinatal Task Force	Leader: Inyo HHS
Probation/School Multi-Disciplinary Team Meeting	Leader: Inyo Probation
Triple P Network	Leader: Inyo HHS

Partners:

Big Pine Paiute Tribe of the Owens Valley
Big Pine Unified School District
Bishop Indian Early Head Start and Head Start Programs
Bishop Indian Education Center
Bishop Paiute Tribe
Bishop Unified School District
Crossroads Recovery Center
Eastern Sierra CASA (Court Appointed Special Advocate) Program
Ft. Independence Indian Community
Inyo County Child Support Services
Inyo County HHS
Inyo County Office of Education
Inyo County Probation
Inyo County Superior Court
Inyo Mono Advocates for Community Action
Kern Regional Center
Lone Pine Paiute-Shoshone Tribe
Lone Pine Unified School District
Northern Inyo Hospital
North Star Counseling Center
Owens Valley Career Development Center
Owens Valley School District

Round Valley School
 Timbisha Shoshone Tribe
 Toiyabe Indian Health Project
 Tribal Juvenile Healing to Wellness Program
 Wild Iris Family Counseling and Crisis Center

Tribal Consultation and Collaboration

Inyo County HHS has strong relationships with the 5 local Tribal governments and also works closely with staff at Toiyabe Indian Health Project, the local Tribal health clinic. Staff and community members from the Bishop Paiute Tribe, the Big Pine Paiute Tribe of the Owens Valley, the Ft. Independence Indian Community, the Lone Pine Paiute-Shoshone Tribe, and the Timbisha Shoshone Tribe are invited to participate in all Inyo HHS collaborations. The Bishop Paiute Tribe has the largest membership as well as a substantial staff numbers and strong program implementation capability. Inyo County HHS works closely with the Bishop Paiute Tribe’s Indian Child Welfare Act Specialist, Social Services Department staff, Program Managers at the Owens Valley Career Development Center, and teachers and administrators at the Bishop Indian Head and Early Head Start Programs and the Bishop Indian Education Center.

Integrated Core Practice Model

Inyo County Child Welfare staff utilize the Integrated Core Practice Model (ICPM) approach presented in the 2018 *California Children, Youth, and Families Integrated Core Practice Model (ICPM) Guide*. Inyo County Child Welfare staff receive annual training and continuing education in ICPM, and new employees receive training within their first few months on staff. Adherence to the ICPM approach ensures that the services provided by Inyo County Child Welfare include delivery of timely, collaborative, strength-based, culturally competent, and trauma-informed systems of care that center youth and family the voice and choice. The core ICPM values of being: 1) family-driven and youth-guided, 2) community-based, and 3) culturally and linguistically competent, along with the 10 guiding-practice principles of ICPM, align neatly with Inyo County HHS’s overall approach to conducting outreach, care, and prevention efforts.

Target Candidacy Population and Needs Assessments

Inyo County demographic information, as reported by the 2020 Census data, is listed below.

Race/Ethnicity	% Population	Total Number of People
American Indian/Alaska Native	13.8%	2,624
Asian	1.8%	343
Black/African American	1.2%	229
Native Hawaiian	0.1%	19
Two or more races	4.0%	760
White	79.1%	15,041
Hispanic/Latinx (ethnicity)	24.8%	4,716
TOTAL	100.0%	19,016

Age	% Population	Total Number of People
Under 5	4.9%	932
Between 5 and 17	15.3%	2,909
Between 18 and 65	55.1%	10,478
Over 65	24.7%	4,697
TOTAL	100.0%	19,016

Inyo County has only a few children in foster care in any given year, but still wants to reduce the number, with the ultimate aim that no children will need foster care, and/or out-of-home placement with an extended family member or a resource family.

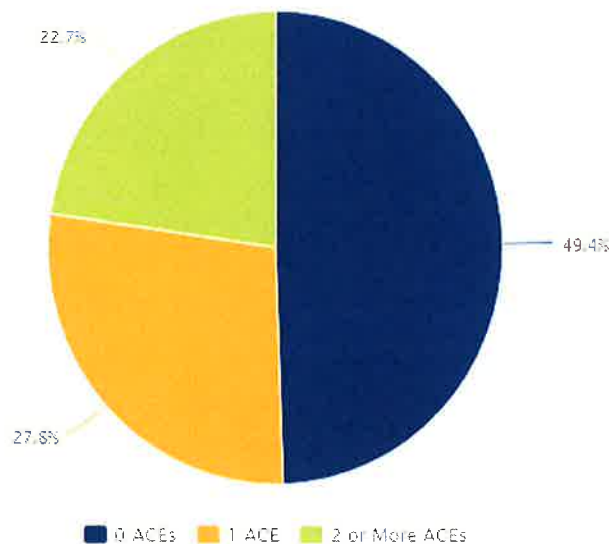
Children in Foster Care: 2010 - 2018

Locations	Number								
	2010	2011	2012	2013	2014	2015	2016	2017	2018
Inyo County	15	15	21	14	15	22	16	15	12

Definition: Number of children and youth ages 0-20 in foster care on July 1 (KidsData, 2019).

According to research by Bramlett and Radel (2014), Children in nonparental care were 2.7 times as likely as children living with two biological parents to have had at least one adverse experience 30 times as likely as children living with two biological parents to have an ACE score of 4+. Given that an estimated nearly one quarter of children in Inyo County have an ACE score of 2+, Inyo County hopes that by reducing the need for foster care placements can go hand in hand with keeping ACE scores low.

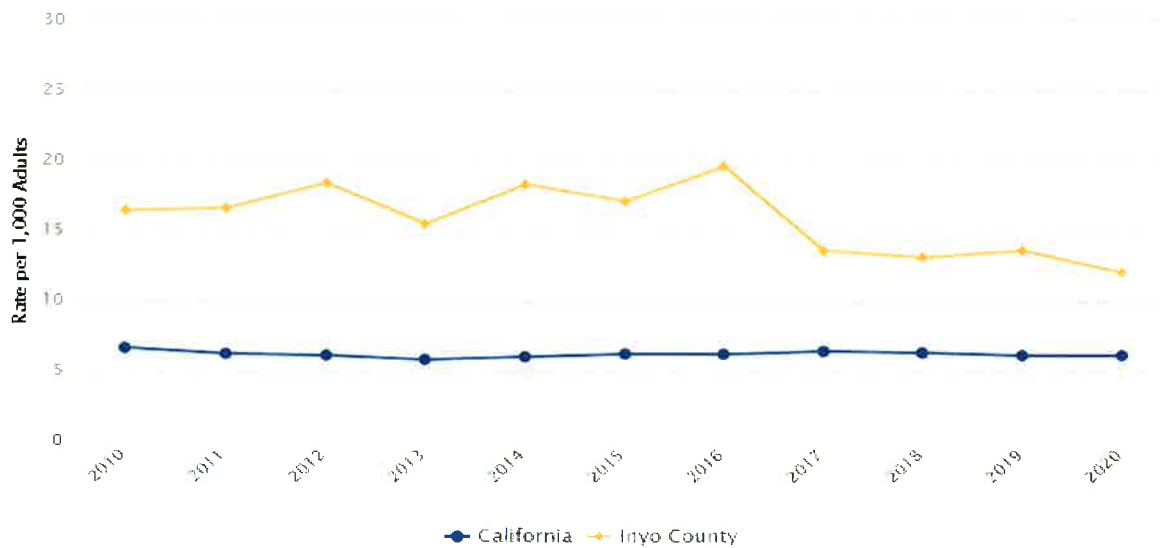
Children with Adverse Experiences (Parent Reported), by Number: 2016-2019 Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, and Tuolumne Counties



Definition: Est. percentage of children ages 0-17 with and without ACEs, by number (KidsData, 2021).

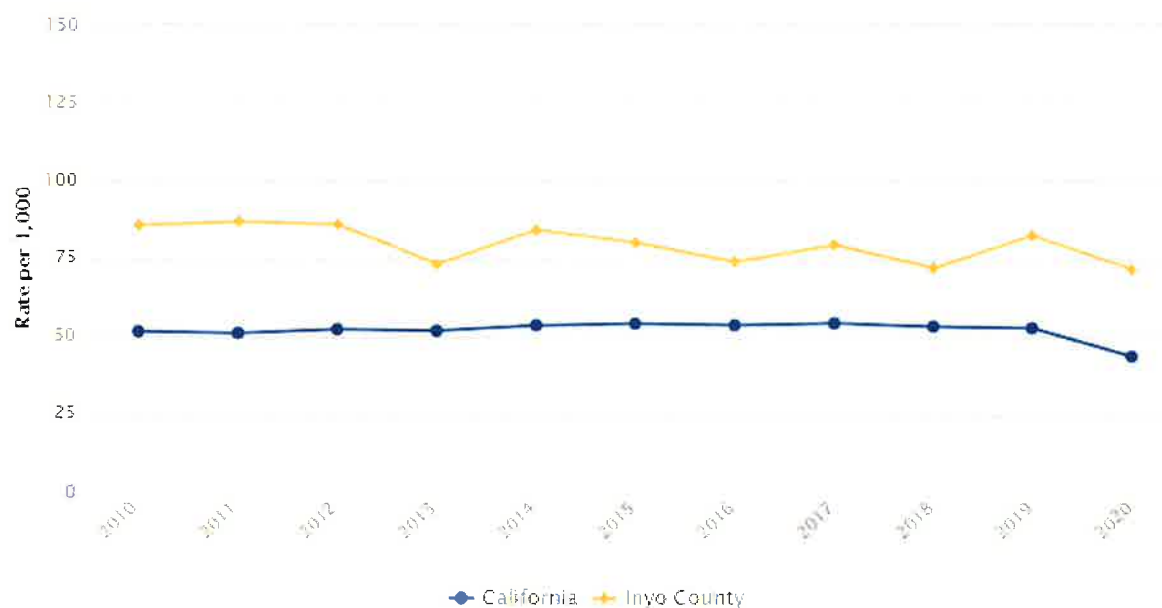
Concerningly, Inyo County experienced calls for assistance as a result of domestic violence and calls reporting child abuse and neglect at a much higher rate than California as a whole. These statistics indicates that Inyo County youth would benefit from prevention efforts to reduce intimate partner violence. Yoon et al. (2021) found that child physical abuse, affiliation with deviant peers, and receipt of behavioral services were negatively associated with continued resilience. Yoon, Cage, et al. (2021) found that and higher quality of caregiver–child relationship was associated with lower initial levels of externalizing psychobehavioral symptoms. However, in a systematic review, Meng et al. (2021) found that consequences following childhood maltreatment can be prevented or moderated if protective factors are provided, and suggests that preventive and resilience strategies should be implemented early as possible during childhood. This analysis is further evidence that Inyo County HHS’s work to reduce in-home violence will directly result in greater child wellbeing.

Domestic Violence Calls for Assistance: 2010 to 2020



Definition: Number of domestic violence-related calls for assistance per 1,000 adults ages 18-69 (KidsData, 2021).

Reports of Child Abuse and Neglect: 2010 to 2020



Definition: Number of children ages 0-17 with reports of abuse or neglect per 1,000 children (KidsData, 2021).

After considering the data above, reviewing available literature, and having numerous strategic direction conversations with partners, local coalitions, and residents, Inyo County has selected the following Candidate Populations from list of CDSS-approved options:

- Children or youth experiencing other serious risk factors when combined with family instability or safety threats would be assessed to be at imminent risk of foster care
- Children exposed to domestic violence
- Children whose caretakers experience a substance abuse disorder

Service/Asset Mapping:

Inyo County has selected the following EBPs from those available on list CDSS-approved options:

- Motivational Interviewing (MI) – substance abuse prevention and treatment
- Parents as Teachers (PAT) – in-home program

Inyo County already implements both MI and PAT, so the additional funding will be used for program expansion. In addition, Inyo County offers a robust Triple P Positive Parenting Program and has a FIRST Program that provides family support services similar to a wrap-around program. Courtney et al. (2018) found that youth who exit foster/resource family care still need guidance to successfully transition to their new environment, and Inyo County is committed to offering a wide variety of support programs.

Inyo County has tried to implement Parent-Child Interaction Therapy (PCIT) in the past but has struggled to execute the program to fidelity, and regularly struggles to hire and retain licensed, master-level health

providers. This challenge is not unique to Inyo County HHS; many small, rural communities face difficulty recruiting to fill key staff positions that have high-level education and experience requirements. Inyo County HHS looks forward to working with CDSS and TA Providers to strategize on how to boost recruitment and retention in the future.

Primary Prevention addresses general population needs and child well-being through a social determinants of health approach. Secondary Prevention involves providing and evaluating direct services that develop and amplify protective factors and are provided to families objectively assessed to be at risk of child abuse or neglect. Tertiary Prevention supports families in which child harm has already occurred or has been indicated and focuses on trauma mitigation, reduction of negative consequences, and prevention of recurrence. Inyo County HHS intends to focus primarily on Primary and Secondary Prevention efforts, and in addition to the EBPs listed above hopes to engage in community level school readiness, employment support, childcare support, and direct client support work that will positively influence Social Determinates of Health. Jean-Thorn, et al. (2022) found that community factors associated with youth resilience and adaptation included: 1) schools, 2) support from an extrafamilial adult, 3) involvement in extracurricular activities, 4) community services, and 5) child protection services, so Inyo County's proposed work is in line with current peer-reviewed research.

Inyo County, and partners, already conduct strong community outreach and engagement efforts of a regular basis. Several other ongoing community health input and strategic planning efforts already underway in Inyo County, and Inyo County HHS does not want to duplicate efforts, nor does it want to burden community members with "survey fatigue," and as a result will analyze data from these already existing projects to inform strategic next steps. Current and recent community input initiatives include:

- Inyo County in-progress 2024 Strategic Plan Public Input Process,
- Inyo County draft 2023 Child Welfare System Improvement Plan,
- Inyo County draft 2023 Community Health Assessment
- Inyo County Office of Education 2023 Annual Report
- Northern Inyo Hospital District 2022 Community Needs Assessment

Inyo County received survey responses from hundreds of local residents for the 2023 Community Health Assessment, and this report, when finalized, will provide very valuable feedback for informing future Primary, Secondary, and Tertiary Prevention efforts. It is nearly certain that some of the respondents previously received services from Inyo County HHS and Probation, and therefore can be considered community members with lived experience making a direct contribution to future program design.

Logic Model

Community Needs

- Increased supports, social systems, and educational opportunities for families experiencing instability
- Healthy communication taking place within the home
- Widespread use of coping strategies that do not involve alcohol consumption or substance use

Target Populations

- Children or youth experiencing other serious risk factors when combined with family instability or safety threats who would be assessed to be at imminent risk of foster care
- Children exposed to domestic violence
- Children whose caregivers experience a substance use disorder

Inputs

- FFPS State Block Grant Funding
- Inyo County HHS, Behavioral Health, and Probation staff time
- Partner collaboration
- Service availability advertisement and recruitment of participants
- Ongoing program evaluation efforts
- Periodic program and CPP updates

Process

Expanding PAT and MI will reduce the number of children at risk of exposure to:

- safety threats
- domestic violence
- challenges stemming from living with someone with an untreated substance use disorder in the home

Outputs

- Partner attendance at meetings
- Initial training and continuing education for staff implementing PAT and MI programs
- Tracked community member participation in PAT and MI programs
- Inyo County staff incorporating prevention efforts into strategic planning and policy work
- Public participation in primary prevention efforts

Short-Term Outcomes

- Increased collaboration and supports for families experiencing instability

Long-Term Impact

- Increased program supports, community systems, and educational opportunities for families experiencing instability
- Reduction in the number of children who are placed with into care/with resource families
- Healthy communication taking place within the home
- Widespread use of healthy coping strategies that do not involve excess alcohol consumption or substance use

Spending and Sustainability Plan

Inyo County anticipates spending the full allocation of \$375,000 available through the FFPS State Block Grants to Child Welfare and Probation over the 4.5-year timeframe, through June 2028, as proposed in

the Governor's Budget as of January 2024. Inyo County looks forward to working with CDSS and Technical Assistance providers to ensure that funds are allocated strategically between Pre-Planning, Plan Development, and Implementation efforts. Inyo County anticipates reviewing the CPP and spending to-date on at least an annual basis, and expects that additional Pre-Planning and Plan Development work will occasionally continue even once Implementation is fully under way. Inyo County commits to supporting the braiding of additional funds, when available and appropriate, to enhance program capacity and/or extend the timeframe of program implementation.

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