

Mono County
Family First Prevention Services
Comprehensive Prevention Plan



January 31, 2024

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INTRODUCTION

The federal Family First Prevention Services Act (FFPSA) was enacted under Public Law 115-123 in 2018. Among its many components, it created a prevention services program that allows states the option to access uncapped Title IV-E federal financial participation for the provision of specific evidence-based mental health, substance use, and in-home parent skill-based services to children at imminent risk of entry into foster care, their parents or kin caregivers, and pregnant or parenting youth in foster care. This includes kin caregivers of children who are not placed by a Title IV-E agency and are qualified for prevention services. The intent of FFPSA is to increase the availability and early access to quality prevention services for children, parents, and kin caregivers to help children remain at home while simultaneously reducing the use of foster care placements.

California's Family First Prevention Services (FFPS) program was established in the Welfare and Institutions Code 16585 through 16589 as an opt-in program for county and tribal Title IV-E agencies to develop and implement Title IV-E prevention services as part of comprehensive prevention, early intervention services to address child wellbeing and reduce out of home placement. These Title IV-E programs are a foundational component of the larger comprehensive prevention planning for the State FFPS program. All County Letter (ACL) 22-23 describes the process for county child welfare and probation departments to develop and submit their Comprehensive Prevention Plans (CPP) to address primary secondary, and tertiary prevention and intervention strategies and services that support the ability of parents and families to provide safe, stable, and nurturing environments for their children.

Mono County opted into the State Block Grant on April 29, 2022, with the intent of submitting a CCP. This is a joint effort between Child Welfare and Probation, along with their Children's System of Care partners, with Child Welfare designated as the lead agency. The California Department of Social Services (CDSS) acknowledged receipt that same day. Due to the small population in Mono, the heavy lift of developing a plan amid multiple competing demands, and consideration for the relatively small fiscal participation expected to come of this process, Mono leadership spent some time evaluating whether or not to pursue this. When the due date was extended from January 31 to July 31, 2023, Mono decided to move forward and planning began in January 2023. Although significant data and feedback had been collected, an extension of the submission date to January 31, 2024, was sought and granted by the California Department of Social Services to allow time for the actual document to be developed.

Mono County Child and Family services agencies share a long commitment to collaboration and have a long history of effectively partnering in the service of children, youth and their caregivers. Mono County's larger system of care values that the CSOC in Mono County will deliver a comprehensive, family-centered, culturally competent, multi-disciplinary, collaborative suite of services to meet the needs of all Mono County children/youth/families.

Mono CSOC's mission, and the goal of this CPP, is to ensure that all Mono County programs for children, youth and families will provide services in an integrated, comprehensive, culturally responsive manner using evidence-based and best practices approaches, regardless of the agency door by which children and families enter. This mission includes a commitment to incorporate foster youth experience and voice into county level collaborations.


Mono County has been expanding prevention and early intervention efforts in recent years in collaboration with public and private partners. The county’s Health and Human Services Agency’s Child Welfare services has shifted to a stronger prevention model over the past decade leaning heavily into a Safety Organized Practices approach, relying more heavily upon Child and Family Teaming (prior to foster care placements), and using RED Teams (Review, Evaluate, Determine) and Multidisciplinary Teams (MDT) to plan outreach and prevention interventions in lieu of investigations and filing Court petitions.


Mono’s vision is to improve the health and overall functioning of the community by enhancing prevention services at every level and ensuring children and families have access to the supports and resources they need. Access to supports and resources becomes challenging in a small-population, rural region. There are limited human resources with specialized training, for example, and it’s very difficult to maintain specific types of interventions that may only be needed by a handful of children/families each year, or less frequently.

The goal in a region such as Mono, is to partner creatively with one another and leverage existing services to meet the community’s needs, reduce child abuse and neglect, and maintain a low number of entries into care.

On July 13, 2022, partners convened for a countywide “Children’s Summit” in which leaders and community stakeholders reviewed an array of child well-being indicators and agreed to next steps for better tracking such data and using data to drive local policies and practice.

CONTACT INFORMATION & SIGNATURES

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GOVERNANCE STRUCTURE

In January of 2023, the county’s ILT designated their Interagency Leadership Team as the CPP’s oversight body. This group, comprised of deputies, managers, and other key designees, met monthly to develop the CPP. Additionally, the ILT has created time within its regular agendas for CPP and FFPSA implementation processes.

The principles of Mono County’s System of Care are aligned with the effort of this CPP: to develop and maintain service systems consistent with public/private, community-based, school-linked and family partnership, which can intervene early or prevent problems with at-risk children, youth and families. Service systems promote and provide services, which are outcome-focused, client and/or family-centered, strength-based, culturally competent, comprehensive, which encourage families to access resources in the least restrictive, least stigmatizing community-based settings to meet their needs.

As memorialized in Mono’s CSOC MOU, Mono County’s intention is to focus not only on system-involved youth, but to consider the needs of children, youth, and their caregivers more broadly throughout Mono County. The CSOC and partners embrace a prevention and early intervention approach to characterizing and administering the collective service continuum in Mono. As such, the Mono County Children’s System of Care (CSOC) Interagency Leadership Team (ILT) assumes responsibility for approval and ensuring implementation of the CPP.

Mono County System of Care Interagency Leadership Team	
Kathryn Peterson	<i>Director of Health and Human Services (Public Health and Social Services)</i>
Robin Roberts	<i>Director of Behavioral Health</i>
Karin Humiston	<i>Chief Probation Officer</i>
Stacey Adler	<i>County Superintendent of Schools</i>
Celia Pinal	<i>Kern Regional Center</i>

Comprised of the Health and Human Services Department Director (Kathryn Peterson), Behavioral Health Director (Robin Roberts), Probation Chief (Karin Humiston), County Superintendent of Schools (Stacey Adler), Kern Regional Center Director (Celia Pinal), and several designees, this group meets every-other-month and has been overseeing the FFPS Planning Team.

The Mono County Children’s System of Care Advisory Committee currently consists of staff from:

- Health and Human Services
 - o Social Services (CPS Supervisor & Program Mgr)
 - o Public Health (Pub Health Nurse)

- Staff Analyst
- Mono County Office of Education
 - CAPC Coordinator / Foster Youth Services Coordinator / Mono County Childcare Council Chair
 - Northstar school-based counselor/therapist
- Behavioral Health
 - Wraparound Coordinator
 - Clinical Manager
- First 5 Director
- Wild Iris Director
- Juvenile Probation Manager
- Kern Regional Center representative

Tribal partners and faith-based partners are also strong partners in Mono’s system-of-care. Tribal partners are engaged through monthly community gatherings separate from the formal CSOC meetings. Tribal partners have been invited to participate in formal meetings, but as of this time have not expressed interest in attending them. The Lighthouse Church has also been a key partner, supporting Social Workers and Wraparound teams to help families with unmet concrete needs.

The Interagency Leadership Team (ILT) and the Advisory Committees will serve as the oversight bodies for the Comprehensive Prevention Plan and FFPSA implementation, overall. Mono County's CSOC includes all the partners required in the CPP Development per ACL 22-23, specifically Child Welfare, Probation, Behavioral Health, the Office of Education, the Child Abuse Prevention Council, and several community-based service providers. There are no family resource centers in Mono County. Those with lived experience (parents and youth) participate in prevention planning by way of the CAPC, C-CFSR focus groups, the Behavioral Health Advisory Board, and local tribes. The Planning Team for the CPP is comprised of representatives from Mono County Behavioral Health, Mono County Probation, Mono County Health and Human Services, the Child Abuse Prevention Council Coordinator, and a Strategies TA Consultant.

The Planning Team evaluated Mono’s resources, data, community needs, and program development and sustainability to create this CPP. The Planning Team provided updates to the Mono County ILT and Advisory teams and incorporated their feedback into next steps, culminating with this CPP. Moving forward, the Planning Team will review data and discuss outcomes of the prevention efforts quarterly with the ILT and receive guidance accordingly.

The Planning Team assessed input from youth and parents connected to both Child Welfare (via referrals and open cases) and Probation that was gathered by way of Mono’s County’s Self-Assessment process in late 2022 and early 2023. Input was gathered through focus groups and included ideas and observations about Mono’s array of prevention services.

Mono does not have a foster family agency, so this was not a partnership that could be included in the local planning process. Mono County does, however, have several RFA homes throughout the county, many of whom were involved in focus groups. Therefore, the perspective of caregivers was incorporated into the C-CFSR process and current FFPS planning process.

Mono County's System of Care (SOC) holds high value for both parent and youth partners. Blended funding strategies resulted in the creation of a Parent Partner position several years ago. This position is housed within the Behavioral Health (BH) Department and was originally supported by OCAP funds through a MOU with HHS. This position serves multiple Departments including the Wraparound team. Unfortunately, this position was vacant during the planning process, but has now been filled and the parent partner is a member of the Advisory Committee. While Mono County does not have a Youth Partner formally on-staff, former youth have been engaged to support current youth involved with systems and incentivized in creative ways, usually through the Wraparound program.

Mono County engages community members with lived expertise in several ways ongoingly as part of the Behavioral Health Advisory Committee, the C-CFSR process, monthly community gatherings on the Benton reservation, and through Wellness Center programs throughout the county. As FFPS rolls out in Mono County, persons with lived experience will continue to be engaged in Mono's cross-sector collaboratives to give feedback about the effectiveness of prevention services and evidence-based program's (EBP's) and help County leaders prioritize plans.

FFPSA will become a standing agenda item for CSOC meetings, thereby ensuring information sharing across partners. The Planning Team initiated the development of the first draft of the CPP. It was subsequently reviewed and approved by CSOC members.

CROSS-SECTOR COLLABORATION, PARTNER ENGAGEMENT

Mono County's Children's System of Care Advisory Team and the Interagency Leadership Team discussed at length whether or not the county should opt into FFPSA. There was no debate regarding the intent of FFPSA being in alignment with Mono's values and vision related to prevention. But Mono County grapples with the requirements of FFPSA related to evidence-based programs given Mono's extremely small population (fourth smallest county in terms of population size California with under 10 children in the foster care system at any given time). There are significant challenges related to staffing and sustaining Evidence Based Programs, compared to other types of best practices such as Child and Family Teaming, Safety Organized Practices, and Wraparound, for example. Additionally, It remains uncertain whether the Title IV-E reimbursement will ultimately be significant enough to cover the administrative costs of implementing new programs.

In September 2023, the ILT met with representatives from OCAP and CDSS to address questions and issues raised by Mono County. The ILT ultimately decided to move forward with the CPP so that Mono County would not lose its opportunity to draw down Title IVE funding for prevention in the future, regardless of existing questions and concerns. CDSS offered an extension to submit the CPP.

CPP planning began formally in January 2023, with Probation, Child Welfare, and the Child Abuse Prevention Council leads forming a mini-strategy team, along with a consultant from Strategies TA. As previously noted, however, the timing for CPP planning dovetailed with robust cross-sector collaboration that got underway in 2022, by way of Mono County's Children's Summit and C-CFSR stakeholder focus groups. Throughout these processes, the county has evaluated assets, capacity, and

implementation strategies which in turn brought clarity to the Planning Team about target populations and services that would be included in the CPP. The County's ILT provided both structure and guidance for the process and empowered the cross-sector collaborative to develop this plan.

Mono County has identified the following interventions for the FFPS Program (Block Grant): supervised visitation for low-income families (including families who do not have an open CWS case or who are not involved with probation) involved in Family Law disputes (prevention), mental health evaluations for justice-involved parents with children (prevention), inter-agency gatherings to promote relationships and information-sharing across family-serving systems (workforce development), and developing/maintaining a child well-being "dashboard" to track wellness indicators of children in Mono County (evaluation and CQI). Ongoing monitoring will take place within Mono County's Children's System of Care by reviewing programs on a minimum quarterly basis. For the direct service intervention (supervised visitation), client satisfaction surveys will be used to ensure clients are engaged in the evaluation process.

The Planning Team and CSOC will continue to monitor the implementation and effectiveness of Mono's CPP for tertiary services as well. Data and outcomes related to the enhanced prevention efforts outlined in the CPP will be reviewed on a quarterly basis by the CSOC. The ILT and Planning Team, with input from persons with lived experience, will assess whether the expanded prevention services array yields the desired changes.

There may be challenges around workload capacity, related to FFPSA, particularly in the current and following calendar year. Presently, there is not a dedicated coordinator for the FFPSA Planning Team, and given the very small population in Mono, and therefore size of the FFPSA program, this responsibility will likely fall to various individuals within HHS and partner agencies to absorb and/or one individual who will have many other roles.

Long-term, however, Mono County should be better situated to oversee and carry out the mission of FFPSA. In August 2023, the Mono County Board of Supervisors voted to merge the county's Social Services and Public Health Departments into a consolidated HHS agency. In doing so, a new organizational structure was adopted which includes a stronger division of labor between adult and children's services and new positions across the agency. When these new positions are successfully filled, these structural and workforce changes should result in more subject matter expertise and workforce capacity within children's services and more capacity across the HHS agency for outreach and prevention.

In conjunction with the C-CFSR and Cal-OAR efforts, Mono County will continue to engage and include community members with lived expertise, as mentioned earlier in this report, by way of interagency advisory committees and stakeholder groups. The Planning Team will ensure that persons with lived experience, who are directly impacted by FFPSA, will be invited to provide input related to FFPSA implementation, sustainability, and effectiveness. Feedback will be welcomed from all partners to ensure that the prevention efforts are of benefit to impacted communities. These collective voices will inform or help to refine FFPSA strategies moving forward, and additional members will be added as needed; this is the community's plan executed in partnership with government agencies.

TRIBAL CONSULTATION AND COLLABORATION

The County of Mono is named after Mono Lake, which, in 1852, was named for a Native American Paiute tribe, the Mono people, who historically inhabited the Sierra Nevada from north of Mono Lake to Owens Lake. The western neighbors, the Yokuts, called them *monachie*, meaning “fly people” because they used fly larvae as their chief food staple and trading article. We respectfully acknowledge the land of Mono County as the ancestral land of the Kutzadika band of Paiute, the Miwok, Mono, Paiute, Shoshone, and Washoe Tribes of the Bridgeport Indian Colony, and the Utu Utu Gwaitu Paiute Tribe whose land resides next to the historic hot springs in Benton, CA. We honor our tribal neighbors for their stewardship of the land and we honor and respect their struggle to preserve their history, culture, and traditions.

The Utu Utu Gwaitu Paiute Tribe (the Benton Paiute Tribe) and the Bridgeport Indian Colony are both involved in determining the cultural appropriateness of prevention services by way of monthly engagement meetings with tribal members and service providers, representation on the First 5 Mono County Commission, and targeted focus groups as part of Mono County's Child and Family Services Review (CFSR). Additionally, Toiyabe Indian Health is a critical partner in Mono County providing tribal-led medical and social services throughout the eastern Sierra region.

Finally, Mono County staff routinely attend the South Central Region's ICWA Point-of-Contact meetings and reach out to the Office of Tribal Affairs consultant, as needed, when the County encounters challenges to engaging and partnering with local tribes.

INTEGRATED CORE PRACTICE MODEL

The county's AB 2083-compliant MOU articulates a clear and centered role for ICPM at all levels of systems, inclusive of the staff who deliver direct services and those who hold positions of leadership). The MOU contains commitments from ILT signatory agencies to mutually use the principles, values, and practice of the ICPM as guidance and direction in developing the county's shared values, core components and standards of practice in delivery of timely, effective, collaborative and integrated services to children, youth and families.

Mono Children's System of Care agencies have agreed to mutually use the principles, values, and practice behaviors of the California Integrated Core Practice Model (ICPM) for Children, Youth and Families in their interactions with youth and families, with one another, with contractors, and with county partners. Use of the ICPM's principles and behaviors will support system of care efforts to deliver services that are trauma-informed and culturally competent. The ten principles of the ICPM, which are supported by Mono's interagency framework include:

- Team-based
- Culturally respectful

- Family Voice and Choice
- Natural Supports
- Collaboration and integration
- Community-Based
- Individualized
- Strengths-based
- Persistence
- Outcomes-based

The county’s CPP development is informed and supported by California’s Integrated Core Practice Model in several ways, and the community has had foundational exposure to the ICPM. In a recent stakeholder gathering that included tribal partners and various community providers and members, a presentation on the fundamentals of wraparound included core components of the ICPM. Although Wraparound is just one intervention, it represents the standard by which the County holds staff accountable, even when working with its highest risk families. These same values also penetrate child and family teaming which is an integral practice across multiple systems including HHS, Probation, school, and BH systems. Continued ICPM practice and training withing the cross-sector collaborative will be embedded in FFPSA implementation.

Systemwide use of ICPM, as part of the AB 2083 work, has provided a common language and framework from which partners have co-designed this CPP, and from which the system of care approaches its prevention services modeling and delivery. Interagency teams have been trained in ICPM, targeting both line staff and leadership within the system of care. As the plan has developed and evolved, partners have centered around ICPM’s principles and behaviors, which are premised in the following realizations:

- Effectiveness of both the prevention planning and the actual service array is dependent upon integration and cohesive partnerships.
- Prevention services are critical in the challenge of building family/community voice and building equitable and inclusive care for children and families.
- All system of care agency leaders are responsible for planning and executing this CPP.
- The CPP process is dependent upon *Collaboration* and *Teamwork* principles.
- A continuum of prevention is inherently trauma-informed and the aligned implementation of the ICPM is a centerpiece of a trauma-centered delivery system.

During the design phase, Mono County CPP planners have been informed by ICPM leadership behaviors and the essential principles of ICPM.

SERVICE AND ASSET MAPPING

In preparation for developing the CPP, the Mono County Planning Team mapped all local resources addressing primary, secondary, and tertiary prevention services. In addition to celebrating the efforts that have created a strong foundation for FFPS in Mono County, developing the CPP has prompted creation of a community resource guide to build connectivity among services and providers, and ensure all agencies are aware of resources throughout the community as well as referral processes.

Primary prevention programs, services, and activities in Mono County:

- Tobacco Prevention Programs (collaboration between schools and HHS)
- North Star Counseling Center (collaboration between Mono County Office of Education and Mono Couty Behavioral Health supporting student wellbeing across Mono County schools via

individual counseling, peer groups, family counseling, and social-emotional enrichment programming to Mono County students and families with a goal to provide a safe and compassionate space where students can explore their thoughts and emotions to be better equipped to develop the skills they need to thrive in school and in life)

- Mammoth Lakes Libraries (the library system is uniquely under the governance of the Mono County Office of Education and offers many programs for youth and families ranging from literacy programs to car and gun safety programs and art activities)
- Eastern Sierra Housing (develops affordable housing throughout the Eastern Sierra and assists community members with housing navigation services)
- Oral Health Programs (HHS and Mammoth Hospital)
- Childhood Lead Poisoning Prevention
- Wellness Centers (operated by Mono County Behavioral Health provide safe, community spaces and host groups for LGBTQ+ community members, parent education, gardening, and more)
- Nurturing Parenting through Early Childhood Education
- Eastern Sierra Substance Use Project (collaborative of public and private sector community partners with a goal of reducing the harmful effects of substance use, including enhancing prevention, treatment, and harm reduction services and to reduce stigma)
- Mono County Prevention Coalition (promotes drug and tobacco free communities in the Eastern Sierra)
- Mammoth Mountain Ski Area (the largest employer in Mono County, provides some social supports for employees including affordable housing and child care)
- Town of Mammoth Lakes Recreation programs
- CA Indian Legal Services (senior services supports, landlord-tenant supports, legal assistance)
- Eastern Sierra Transit (public transportation including “dial a ride”)
- Mammoth Hospital
 - Elevate: integrative lifestyle medicine and community wellness program, which promotes education, skill-building, and support in lifestyle factors including nutrition, exercise, mindfulness, and social connection to elevate health and community
 - Sierra Park Pediatric Clinic
 - Dental Clinic with both general and pediatric dentists
- Mono County First 5:
 - Parents as Teachers home visiting for all Mono County families with children aged prenatal to 5 years of age
 - Café Mom (lactation support)
 - Literacy and Kindergarten readiness programs
 - Peapod Playgroups (provide social support for parents with young children, decrease isolation, de-stigmatize mental health services, link families to community services, encourage school readiness skills and early literacy)
 - Safe Kids and Health and Safety Fairs
- Cerro Coso Community College with campuses in Mammoth Lakes and Bishop, includes student housing
- Tribal TANF
- Toiyabe Indian Health Project includes a full spectrum of medical, dental, behavioral health, and other specialty services addressing primary, secondary, and tertiary services, including but not limited to:

- Youth Prevention – hosts multiple youth activities including groups, hikes, conferences, life skills, creative writing, signs of suicide and self-injury, and teen responsibility including pregnancy, STDs, STIs, and HIV prevention
- Family Services – to increase community awareness about mental health concerns and spreading the message that recovery is possible. This program strives to reduce stigma, increase understanding, and promote compassion for those struggling with mental health and substance use challenges. The team provides a comprehensive healing and wellness program by integrating traditional cultural practices and Western medicine treatment modalities. While the target population is the seven tribal communities of the Toiyabe Indian Health Project consortium, the clinic is open to all community members
- Community Wellness – with a goal of reducing and preventing chronic diseases
- Public Health -includes smoking cessation, hosting a Women’s Health Day, offering high risk and cancer care management, diabetes prevention and multidisciplinary group, and providing wellness home visits
- Developmental Screenings for children provided by multiple community providers
- Mono County Office of Education –State Preschools and Great Steps Ahead
- Husky Club and other afterschool programs (MCOE, Probation)
- School-based Probation Officers: Eastern Sierra School District & Mammoth Unified School District

Secondary prevention services are provided by multiple agencies throughout the community and include:

- SHINE (housing supports via grant funding to help people with housing expenses and job training)
- Disabled Sports of the Eastern Sierra - Provides access to outdoor activities/ adaptive sports for persons with physical disabilities
- Toiyabe Indian Health Clinic (detailed in Primary section)
- Inyo Mono Advocates for Community Action (food distribution & energy assistance)
- Salvation Army Food pantry/distribution)
- Kern Regional Center and Great Steps Ahead (contractor for Kern Regional Center providing developmental services for the 0-3 population)
- North Star Counseling Center (detailed in Primary section)
- Wild Iris (services for youth and adults impacted by Intimate Partner Violence including housing, counseling, food, clothing, and assistance in Court filings for restraining orders)
- Mono County First 5 (detailed in Primary section)
- Head Start
- Mammoth Hospital
 - Sierra Park Pediatric Clinic
 - Family Medicine Clinic
 - Behavioral Health Clinic
- Kid’s Corner childcare
- Women, Infants, and Children (WIC)
- California Children’s Medical Services (HHS)
- CalFresh Healthy Living, CalFresh Employment and Training, and CalFresh (HHS)
- CalWORKs (HHS)

- Maternal, Children and Adolescent Health Program (HHS)
- Child Health and Disability Prevention Program and Immunization Program (HHS)
- Voluntary Family Maintenance through Mono County Child Welfare Services (HHS)
- Child Welfare Services and assessments grounded in Safety Organized Practice and the Integrated Core Practice Model, including Child and Family Teaming and Voluntary Family Maintenance Services
- Marine Corp Mountain Warfare Training Center’s Family Advocacy Program and Child Development Center (family counseling, substance use services, early childhood development/home visiting)

Many of the above programs are also identified as being tertiary services, including probation and child welfare services, Wraparound, intensive SUD and MH services through the Mono County Behavioral Health Department, Toiyabe Indian Health Clinic, First 5 Home Visiting, the Marine Corp Mountain Warfare Training Center’s Family Advocacy Program, and Wild Iris.

With the small population and rural nature of Mono county, there are fewer comprehensive community-based services than in larger population regions of California. Transportation is challenging given the large geographical size of the county and infrequency of bus routes due to small numbers of users in each small community. And lastly Mono experiences significant weather-related barriers that limit highway access to much of the state for more than half of the year.

Access to funding can be a challenge for Mono, as well. Some funding sources are so small (based on population or caseloads) that the administrative costs to simply administer the funds make the render the allocations useless in terms of impact to the community. Other times, grants or one-time funding is awarded, services are developed, and then the monies are discontinued leaving programs unstaffed. There have been historical challenges to coordinate a fiscal structure that maintains certain programs or services.

Mono Schools have begun to address some of their continued needs. North Star Counseling Center, a collaborative partnership between Mono County Office of Education and Mono County Behavioral Health, launched across school sites in Mono County. This resource is highly promising and welcomed by the various districts. Access is easy, and a parent, school personnel, or the youth themselves can submit a referral for services.

Additionally, the schools have welcomed a partnership with Mono County Probation who obtained funding to start-up after-school programs in recent years. They also received a significant grant to develop a “community schools” program that intends to deliver whole-person care to families with children in the school system. School-based services help with both prevention and early intervention services, as well as offer continuity in service delivery for youth requiring tertiary services.

According to the 2022 Mammoth Hospital Community Health Needs Assessment (CHNA), Mono County has only slightly poorer quality of life scores than the California average in areas of adult smoking, adult obesity, excessive drinking, suicide rate, low birthweight, and poor physical health and mental health days.

One indicator of concern is driving deaths involving alcohol at 46% for Mono compared to 28% for California. This data is likely skewed due to the prominent tourist economy in Mammoth Lakes; a destination resort which is home to more bars/restaurants per capita than most small towns. Many of these driving incidents involve non-Mono County residents who are visiting Mono County to recreate. The behaviors of outside persons, however, heightens risk for local community members.

Mono scores significantly better than the state as a whole in the following socioeconomic indicators:

- Income Inequality - 2.6 (compared to 5.1 for CA)
- Children in Single Parent Households – 12% (compared to 22% for CA)
- Children in Poverty – 10% (compared to 15% for CA)
- Violent Crime per 100,000 – 262 (compared to 421 for CA)

Areas of focus in the 2019 CHNA were substance abuse prevention and treatment; behavioral health access, prevention, and treatment; clinical care access and preventive care; and dental care access and preventative care, which continue to be unmet needs across the county. The 2022 CHNA identified the top three needs of the community as retention/recruitment of healthcare staff, behavioral health services, and clinical care access. Mono is almost on par with the number of people per individual primary care provider than the statewide average but suffers significantly in terms of dental providers (2,422 people per dental provider in Mono vs. 1,132 in CA) and mental health providers (469 people per provider vs 244 in CA).

The First 5 strategic Plan (2019-2023) noted themes of unmet needs around childcare; opportunities to gather/preventing isolation; coordination and communication about resources and services. Development of this CPP is aligned with increased coordination and communication about resources and services, and Mono’s literacy outcomes highlight the successes of the ongoing efforts of First 5 services.

TARGET CANDIDACY POPULATION AND NEEDS ASSESSMENT

Quantitative and qualitative data reviewed by the members of the Planning Team underscore risk factors for Mono County children related to poverty, domestic violence, and substance abuse. Upon considering the information and data summarized in this section, Mono County has selected the following target populations:

- Children exposed to domestic violence
- Children whose caretakers experience a substance abuse disorder
- 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

Candidates will be identified through existing interagency teams such as our local Multidisciplinary Team (MDT), the School Attendance Resource Board (SARB), and the community schools teams. More planning is needed to develop a referral process, but given the need to document candidates through

the CWS-CARES database, child welfare services and Probation will need to have releases of information with referring parties and candidates in order to facilitate the delivery of FFPS services.

If a child who is a candidate would normally fall under the provisions of ICWA in an open CWS investigation or case, then ICWA practices and protocols will be followed even if CWS does not have an open referral or case.

As noted in the Service and Asset Mapping section of this report, there are many supports and services for at-risk families in Mono County. But given the rural landscape of the region, recruiting and maintaining a skilled workforce (due to the isolated location and disproportionately expensive housing costs), services are less robust and specialized than in population-dense areas of California. This is particularly true in outlying areas of Mono County.

Demographic Summary:

Mono is a rural county with only one incorporated town, Mammoth Lakes, in its 3,030 square miles. Of the total land, 83 square miles are water. The county hosts one of the largest ski areas in the nation (Mammoth Mountain), is home to historical and popular trailheads leading into the John Muir Wilderness and Pacific Crest trails and the eastern entrance to Yosemite National Park, and is famous for its proximity to world renown rock-climbing and fishing. Mono County the fourth-least populous county in California, and Bridgeport, the county seat, is one of fourteen census-designated places in the county.

In terms of Mono County's ethnic diversity, approximately 49.5% of children are white, 44.9% Latinx, 1% native American, and the remaining are primarily multiracial. 25% of the total population speaks a language other than English, of which 21.7% speak Spanish.

Total population: 13,295

- 5,361 households with children
- 3,890 children/young adults live in Mono County
 - 2,660 are aged 0-17
 - 1,230 are aged 19-25
- 997 children live with one or more immigrant parent
- 38% of children live at or below 2 times the Federal Poverty Level (\$46,060 for a family of 3)
- 3% students experiencing homelessness/housing insecurity
- 7% of students identify as LGBTQ+

Students in Mono County report feeling safer in school than the CA average, with 33.4% reporting feeling very safe in 7th grade (compared to 19.2% statewide), 22.6% report feeling safe in 9th grade (12.8% statewide), and in 11th grade 18.6% report feeling safe at school (statewide is 13.4%). Reports of feeling bullied by sexual orientation is similar to the statewide average. 43.7% of students identifying as gay/lesbian/bisexual statewide reported seriously considering a suicide attempt in the prior year, but significantly fewer similarly identifying students in Mono reported considering suicide at 31.8%. Students identifying as straight had a slightly elevated report in Mono at 15.8% while the state was 12.5%.

Mono children are more proficient in reading than the CA average, both in the socioeconomically disadvantaged group and the non-socioeconomic disadvantaged group. The statewide average for literacy among socioeconomically disadvantaged groups is 36.4% but in Mono this group has 54% reading literacy. For non-socioeconomically disadvantaged children, the statewide literacy average is 64.8% whereas 74.2% of this group meets literacy standards in Mono. However, only 36.6% of Mono high school graduates completed college prep courses, versus 50.5% statewide. Mono performs similarly to the rest of the state in terms of high school graduation rates with under 10% of students not graduating from high school. There are fewer Mono students suspended from school than the CA average. While both have been trending down since 2012, Mono has half the suspensions at 16.5/1000 students than California at 34.7/1000.

Across California 3.4% of children are reported to have major disabilities but Mono has consistently been less than the state average, currently 1.4%. Mono also has slightly lower rates of Special Education enrollment at 10.3% compared to 13% statewide. Interestingly, in 2011 Mono was at 14% and California was 10.9%, and over the next decade the statewide average increased but the Mono average decreased. The number of child psychiatric hospitalizations for Alpine, El Dorado, Inyo and Mono Counties are just slightly above the statewide average of 4.8 at 5.2/1000, but there were no Mono youth from age 5-20 who were hospitalized due to self-inflicted injuries. Injury hospitalization rates overall are on par with the statewide average. In the Community Health survey, childhood obesity was listed as primary concern for both stakeholders and community members at large, but Mono has 6% to 15% fewer obese students at all grades evaluated than the statewide average.

Mono County ranks #15 in Overall Health *(County Health Rankings and Roadmaps)*

Strengths of Mono County Children

(Indicators that ranks in the top 10 for California counties)

- Students who met at least 4 of 6 state fitness standards: 70%, **Ranks #2**
- Students who reported feeling connected to their school: 62%, **Ranks #3**
- Children, ages birth-to-five who are in low-income families, who visited a dentist in the last year: 47%, **Ranks #4**
- Students who reported perceiving school as safe or very safe: 61%, **Ranks #6**
- 8th graders who met or exceeded standards in math: 38%, **Ranks #9**
- Students who reported they did NOT consider suicide: 85%, **Ranks #10**
- English Language Learner students who achieved fluency in English in their school careers: 47%, **Ranks #10**

Indicator	Mono	CA	US
Alcohol Impaired Driving Deaths (2016-20)	46%	28%	27%
Teen Births per 1,000 (age 15-19)	15	18	19
Uninsured	11%	8%	10%
Dental Provider Ratio	2210:1	1100:1	1380:1
Mental Health Provider Ratio	440:1	240:1	340:1
Unemployment (2021)	6.8%	7.3%	5.4%
Children in Poverty (2021) (Very disproportional for Latinx population)	12% (40%)	16%	9.1%
Social Associations per 100,000	5.5	6.0	9.1
Severe Housing Problems (2015-19) 1 of 4 issues: Overcrowding; high housing costs; lack of kitchen, lack of plumbing)	10%	26%	17%

There are typically less than 10 children in foster care in Mono County at any given time. This number has been stable for many years. There was only one felony juvenile arrest in 2020 and Probation does not have children in out-of-home care.

Given the small number of children involved in the CWS system, it is difficult to identify trends; one family set can cause a spike or fall in the data lines. Still, it is imperative to ensure that all children have access to needed prevention services and supports.

Data from Suspected Child Abuse Report (SCAR) allegations by type of abuse shows that Emotional Abuse (related to exposure to Domestic Violence) is a higher percentage of allegations in Mono County, compared to the rest of the state.

Historically calls for Domestic Violence are above the California average, but the call volume has been even higher since 2014. In 2016, there were 6.2 calls/1000 adults statewide, and 11.9/1000 in Mono County. In 2019, it Mono had 9.9 calls/1000 adults (CA was 6.1), and currently there are 8.3 DV calls per 1000 adults in Mono vs. 6.1/1000 in California. There is no discernable trend in child abuse reports per 1000 children, and Mono has data points both above and below the California average of about 50/1000 children since 2000, but in 2020 Mono shot up to 60.2/1000 children and statewide the numbers decreased to 43.5/1000.

Rates of re-entry into foster care are very low and based on a small sample size, re-entry "trends" do not exist, but youth at risk of re-entry can be assessed by looking at CCWIP, SafeMeasures, Mono County Children's Summit Data (child wellbeing "dashboard"), and quarterly CFSR Case Reviews.

AI/AN and black children are not disproportionately represented in Mono County's child welfare and probation systems based upon SafeMeasures and Probation data. Strengths and needs have been addressed in the AI/AN community as part of CFSR and ongoing meetings with tribes. There are a handful of black children in Mono County but none involved in the child welfare system.

Of interest is the low number of referrals substantiated from mandated reporters in Mono. While it is imperative to ensure children are safe and families receive the support they need, only 10% of 2022 referrals by mandated reporters were substantiated. Mono has planned further inquiry in this area, including training on implicit bias. However, this also illustrates that there are things happening in children's lives that are worrisome for Mono County's mandated reporters, and availing both a community pathway to access services as well as a coordinated list of local resources to enhance supports to family outside of the CWS system is imperative. Mono County is interested in the statewide shift from "mandated reporting to community supporting" and will explore new training opportunities, such as through Evident Changes, to offer to mandated reporters in the next 1-2 years.

A random review of approximately one-third of referrals received in 2022 identified 69% of all allegations involved substance abuse as a contributing and/or complicating factor towards child maltreatment and/or risk of harm. As is common in child welfare investigations, substance abuse is often discovered during the course of the investigation even if not identified in the initial allegation.

Questions the Planning Team considered when identifying the target populations included, what would it look like to live in a community that prevented children and families from needing system involvement? Even when system involvement is necessary it causes significant stress, and sometimes other traumas to children and their families; how can this CPP create support and resources moving as far upstream as possible?

As noted above, the primary needs identified in the First 5 strategic plan are (1) more childcare; (2) parent education, child activities, indoor resource center; and (3) Increased coordination of and communication about services. The MHSA 3-year plan also underlines the need for housing, opportunities to gather to decrease isolation, and the need for greater family fiscal stability.

Consideration of Evidence-Based Practices (EBP's):

Given Mono's small population, rural demographics, and small workforce in health and human services agencies, identifying Evidence Based Practices that are achievable to develop and maintain over time poses difficulties. Mono County will accept support from the California Department of Social Services around model fidelity and continuous quality improvement.

Mono County has selected the following four interventions to consider for future FFPSA Title IV-E drawdown: 1- Wraparound (children of any age) 2- Parents as Teachers Home Visiting (children 0-5 only) 3- Motivational Interviewing (children or adults related to a "candidate") 4- Parent-Child Interactive Therapy (children under the age of 10).

Currently, there is a gap in resources for parenting-support and education for the caregivers of older children in Mono County, so there may be consideration of replacing PAT and/or PCIT with an intervention more suitable for older children in the future.

Wraparound:

While not an eligible EBP at this time, Wraparound is one of the county's best interventions in terms of meeting the needs of families in an individualized, community-based manner consistent with the spirit of the Integrated Core Practice Model. Mono County would like to proceed with this as the primary EBP for the tertiary level knowing there is a strong likelihood that Wraparound will become an EBP in the future. Mono County has a long history of Wraparound and several key Wrap "champions" across the workforces in BH, HHS, and Probation. Mono County staff have been involved with the Wraparound Steering Committee at the State level and is intimately familiar with the high-fidelity standards for Wraparound. Mono County feels that high-fidelity Wraparound is an achievable program for its workforce, unlike many other EBP selected by California.

Considering that FFPSA is a long-term endeavor (i.e. not legislation intended for the immediate future only) Mono County proposes Wraparound in its CPP and welcomes future support of Title IVE funding should that be possible.

Parents as Teachers (PAT):

Mono County has offered Parents as Teachers through First 5 for well over a decade and with effective outcomes. The target population is caregivers of children aged prenatal to 5 years, and will also help with education for other family members not in those groups. This strategy has been shown to be effective in rural communities and in families of all ethnic backgrounds. The First 5 staff have low turnover, are diverse and bilingual, and have earned credibility in the community. There is not a waiting list at this time, but opportunities to expand service capacity will continue to be explored. First 5 transitioned to a model fidelity EBP three years ago, and as such, services are more time consuming. Future Title IVE funding could support First 5 in the event current funding sources change or the demand for services expands.

Motivational Interviewing (MI):

A persistent concern in the community is substance use disorders (SUD) with limited treatment resources available locally. Local BH services offer excellent outpatient services to families, but staffing is limited in terms of the frequency they can be available to clients with acute needs. Mono County Probation contracts with the National Alliance on Mental Illness (NAMI) and two local counselors to augment SUD services for Probation-involved families. There are no local inpatient SUD programs in Mono; the nearest Medi-Cal SUD inpatient services are at least 4 hours away from Mono County.

In addition to serving parents with substance use disorders, it is imperative to ensure they can meet the needs of their children in a safe, healthy manner. Given the rural nature of the county and relatively small number of children, building engagement and supporting change is the best way to address SUD (and other) needs in the absence of more formal service delivery resources.

MI is an approach designed to help people find their own motivation to make positive changes in their behavior. The spirit of MI is collaborative and honors client autonomy, congruent with the values of the ICPM, and has shown to be effective with multiple communities, including

American Indian and Alaskan Natives, bi-racial or multi-racial individuals, as well as African American and Latinx families.

With the adaptability of Motivational Interviewing (MI) across disciplines and effectiveness across population types, Mono County has offered MI as a tertiary intervention for Probation-involved clients, primarily, and would consider expanding MI across the workforce in other agencies as part of FFPSA.

Mono County will require the support of CDSS to understand model fidelity requirements and ascertain the practicality of achieving those requirements, fidelity monitoring, and general CQI processes. But, overall, MI appears to be a reasonable intervention that could be achievable and impact a broad spectrum of families and children.

Parent-Child Interactive Therapy (PCIT):

PCIT has been identified as a strategy that would meet the need for a hands-on, real-time parenting intervention in Mono communities. Currently, there is not a clinician trained in PCIT in Mono County, but there are preliminary conversations about the feasibility of training one or two County staff in this skillset.

LOGIC MODEL

Community Needs	Inputs	Outputs
<p>High rates of substance use among adults and youth</p> <p>Higher rate of domestic violence calls when compared to the state rate</p> <p>High number of emotional abuse allegations reported to child welfare as compared to other counties</p> <p>Limited formal parenting interventions</p> <p>High costs of housing, and limited stock of affordable housing</p>	<p>Strong history of interagency collaboration</p> <p>Children’s System of Care is active and includes key partners</p> <p>County Self-Assessment includes voices of youth, caregivers, and families with lived experience in child welfare and probation systems</p> <p>Tribal partners are engaged in on-going communication through formal and informal partnerships with county and community-based services</p> <p>Lower-than-average poverty rate for families and low-income inequality indicator</p> <p>County school suspension rate is half the state average</p> <p>Schools are seen as a safe places by students</p> <p>Community School Grants are expanding on-site services</p>	<p>Mono County will have culturally relevant services that meet the needs of families as indicated through client satisfaction surveys</p> <p>Mono County’s child well-being "dashboard" will track wellness indicators</p> <p>Regular inter-agency gatherings will promote relationships and information-sharing across family-serving systems</p>

	<p>Plan to develop evidence-based programs that meet the needs of families and are delivered in a culturally responsive manner:</p> <ul style="list-style-type: none"> • Continue and expand the Parents as Teachers program • Expand Wraparound program capacity and fidelity • Explore the feasibility of implementing Motivational Interviewing and PCIT 	<p>Increased support and supervision for parent-child visitations</p> <p>Expanded home visits through and childhood developmental screenings to identify issues and intervene early</p>
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The goal of Mono’s CPP is to expand primary and secondary prevention and improve the health and wellbeing of the community. Mono County has identified the following interventions for the FFPS Program (Block Grant): Supervised visitation for low-income families (prevention), mental health evaluations for justice involved parents with children (prevention), inter-agency gatherings to promote relationships and information-sharing across family-serving systems (workforce development) and developing/maintaining a child well-being "dashboard" to track wellness indicators of children in Mono County (evaluation and CQI).

These interventions are filling gaps in Mono’s current service array, while also setting a foundation and interagency relationships for the expansion of the interventions outlined in this CPP. For this to be possible, it is important that the expenditure deadline for the Block Grant be extended.

Formal system interventions in Mono already acknowledge that families are the experts in their own lives and see this CPP as the best way to improve the social determinants of health and reduce child abuse and neglect. By training county and community providers in Motivational Interviewing, continuing the Parents as Teachers program and considering other parenting interventions, and strengthening high fidelity Wraparound, Mono County residents will have greater access to secondary and tertiary interventions to prevent the need for these families to have formal system involvement.

This is relevant for all three Target Population groups (children exposed to domestic violence, children whose caretakers experience a substance abuse disorder, and 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). If families’ concrete and unique needs are met, fewer children will enter care and the social determinants of health for the community as a whole will improve.

As families are engaged in services, they will learn new skills for both coping and parenting, and improve their own positive behaviors and healthy choices. As families transition out of prevention services, Mono County will see families strengthen, expand their resilience, and build positive cultural and community connections and increase self-reliance as well as strong and positive parent-child relationships.

SPENDING AND SUSTAINABILITY PLAN

FAMILY FIRST PREVENTION SERVICES (FFPS) “BLOCK GRANT”

<p>Prevention Service: <u>Short-term contract with Wild Iris to provide safe, monitored supervised visitation for low-income families</u> involved in custody disputes, including families not involved in child welfare services or probation. No funding is available for this prevention service through Mono Superior Court or any other community entity.</p> <p>\$100/hr, estimated 2-5 families served per year, for 34 weeks at a time, at an average of 5 hours per week \$200/per training – 3-4 staff: approx. \$1000</p>	<p>\$34,000 - \$85,000 (2-5 families) + \$1,000 training \$86,000 / year</p>
<p>Prevention Service: <u>Mental Health Evaluations for Probation clients with children</u> who are involved in criminal proceedings to identify treatment needs and improve family safety. Long-term plan to sustain these funds after the Block Grant expires: CCP</p>	<p>\$5,000/eval (2 - 5 clients) \$25,000 / year</p>
<p>Prevention Service: <u>Community Schools Program – MCSO:</u> Community Outreach Worker to serve multiple school-sites. This worker could provide both students and parents with health information (including reproductive health for students). Health workers are often a safe “front door” for students that may lead to them accessing other services, like BH services. This position may start serving ESUSD at first only. Long-term sustainability: Community Schools implementation funds</p>	<p>Unknown; more planning required</p>
<p>Prevention related to Workforce Development: <u>First 5 Home Visiting, Quarterly Interagency Gatherings</u> to improve networking and relationships across agencies.</p> <p>Parent-Child Interactive Training: Train 1-2 County staff.</p>	<p>\$10,000</p>
<p>Supporting Evaluations / CQI: Administrative activities to expand prevention: <u>Epidemiologist to maintain Child Well-Being Data Dashboard</u> (originating from 2022 Children’s Summit): Emily Janoff is currently employed by Mono County PH and these funds would supplement 20-30% of her salary to maintain this database and research the quality of data. Long-term sustainability plan may be OCAP funds.</p>	<p>\$48,000</p>

\$375,000 Total Allocation

One of Mono County's anchoring values in its Children's System of Care is to coordinate blended funding and reinvestment of funds to promote the goals of the Children's System of Care. Unresolved questions about future funding available through Title IV-E presents challenges for planning for sustainability. However, several strategies are being pursued as noted throughout this report. Additionally, Mono County is actively engaged with Medi-Cal managed care plans (MCPs) related to CalAim and will explore ways to leverage prevention funding through MCPs as part of the CPP process moving forward.

Mono County holds meetings with internal fiscal partners to evaluate how resources are currently allocated and consider the impact of additional federal dollars on budgets. Given the small allocations of Child Abuse Prevention dollars that are currently spread across multiple providers, Mono County will ensure these funds are aligned with the vision of the CPP moving forward.

The Planning Team will use the first two years of programming to evaluate participation rates and the myriad ways Mono's child outcomes are expected to improve to determine feasibility for expanding services supported by Title IV-E funds.

Data Sources:

Mono County CHNA report 2022

First Five Strategic Plan 2019-2024

CCWIP

KidsData.org

Children Now Scorecard 2023

ACS Census Data

CountyHealthRankings.org

Prosperity Now

Casey Family Programs Community Opportunity Map

Assurances

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES

County of Mono

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), Mono County Child Welfare and Probation are 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), Mono County Child Welfare and Probation assure they 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, Mono County Child Welfare and Probation assure they 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

Mono County Child Welfare and Probation assure 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), Mono County Child Welfare and Probation assure 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, Mono County Child Welfare and Probation assure 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), Mono County Child Welfare and Probation assure 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

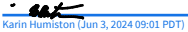
Signature: These assurances must be signed by the official with authority to sign the CPP and submitted to the CDSS for approval.



Signature of Authorized CWS Representative

Jun 3, 2024

Date



Signature of Authorized Probation Representative

Jun 3, 2024

Date