# STRENGTHENING SONOMA FAMILIES

A Prevention Plan For Sonoma County

### JULY 21, 2023

Prepared by Hay Consulting for the Prevention Planning Leadership Team



### **Table of Contents**

| Executive Summary                                | 1  |
|--|----|
| Prevention Planning: Why, Who & How              | 4  |
| Understanding the Landscape                      | 12 |
| Prevention Plan Foundation                       | 26 |
| Prevention Strategies                            | 29 |
| Considerations for Launching the Prevention Plan | 49 |
| Assurances                                       | 56 |
| Conclusion                                       | 60 |
| Appendix   | 61 |

### **Executive Summary**

The opportunity of the Families First Prevention Services Act (FFPSA) is an exciting new pathway to lift up prevention of child abuse and neglect as a priority. FFPSA not only offers a federally endorsed policy change that aims to help families before issues escalate to levels requiring formal system involvement, but it also promises a new funding source to support evidence-based prevention strategies at the community level. Pending the release of these resources, Sonoma County has engaged in a collective planning effort to ensure child abuse prevention does not fall upon one agency alone, but it is a community responsibility involving a coalition of residents, organizations and service providers across the County.

The cost of child maltreatment is extraordinary. In 2022, Sonoma County had 4,600 reported survivors of abuse, and 343 verified survivors of abuse. That's one child with abuse reported every 1.9 hours. The same year, there were three child fatalities due to abuse.

The estimated, cumulative financial impact on Sonoma County for the 343 verified child survivors in 2022 is \$173,000,000. Nearly half of this cost is reflected in the lifetime loss of productivity for those who experience child abuse. Survivors of abuse are 200% more likely to be unemployed than their non-abused counterparts. Close to a quarter of the cost shows up in healthcare impacts. Survivors of abuse have 21% higher health care costs and are 77% more likely to have emotional challenges. Finally, child welfare, criminal justice and education systems bear the majority of costs of child maltreatment through treatment, intervention and inter-generational patterns of abuse. Although the total cost accrues over the course of the survivors' lives, the community will continue to incur the same cost each year until we are able to reduce and ultimately end child abuse. The above analysis is derived from the Safe & Sound cost calculation tool that helps explain the economics of abuse for California counties. <u>https://safeandsound.org/about-abuse/the-economics-of-abuse/your-county/</u>

The good news is that child maltreatment is preventable. Child maltreatment is often hidden, yet emerging research has identified community factors that can increase or reduce the likelihood that abuse occurs. Knowing this, Sonoma County brought together a cross-sector coalition of equity partners, service providers, Tribes, parents, and youth to explore how maltreatment can be prevented here. Through listening closely to the voices of our community, exploring data, facilitating dialogue, questioning the current system, and thinking outside the box, we developed a

comprehensive Prevention Plan. The Plan includes six prevention strategies that can be put into action over the next five years:



This Strategic Framework centers around equity. The overall aim is to reduce disparity and disproportionality in child abuse and neglect across Sonoma County. This will be accomplished through creating and sustaining an equitable prevention system that promotes equitable decision-making, assessment, interventions, and opportunities for the diverse array of families across our community. It requires eliminating bias and other inequities in our existing structures, attitudes, actions and decisions. These reforms will depend on the meaningful and authentic involvement of equity partners and those with lived experience being integrally involved in these reflections, system changes, and transformations. All partners of Sonoma's coalition agree with this continuous focus on equity and are committed to continually improving the culture and climate of families' service experiences at the internalized, interpersonal, institutional, and structural levels to ensure this fundamental value takes hold.

A governance structure will oversee the further design, implementation, and monitoring of the strategies over the next five years. Funding plans for each of the strategies will be developed as resources become available. Likewise, training and evaluation components will be built out as the details of the strategic direction unfold. Some of the strategies involve capacity building activities that are needed before direct service prevention activities can begin. The strategies represent a balance of offering prevention resources to families at the primary, secondary and

tertiary levels. Other strategies involve application of Evidence Based Practices, such as Motivational Interviewing, Functional Family Therapy, In Home Visiting and others which strengthen family resilience, build parenting capacity and address basic needs. Throughout the process, principles, behaviors, and practices of the Integrated Core Practice Model will manifest in the activation of each strategy.

Sonoma County is enthusiastically up to the challenge of this monumental change in human services that puts families first to reduce child maltreatment.

### Prevention Planning: Why, Who & How

# Why Prevention: Aiming Our Focus on Reducing Child Abuse & Neglect through an Equity Lens

Prevention has been a significant focus of Sonoma's program improvement efforts since 2018. A key priority in Sonoma's 2018 – 2024 System Improvement Plan has been focused on reducing child abuse and neglect using three strategies shown below to advance this goal.



As exploration of the opportunities available through FFPSA funding continue to evolve, Sonoma has integrated the following ongoing prevention efforts:

- Restructure prevention services to enhance family engagement in emergency response service referrals. Structures and supports have been prioritized for family engagement in the referral and start of services process.
- Partnerships between FY&C and Public Health have been established to support social workers and public health nurses to collaborate on investigations and provide support to families and caregivers on health and safety issues.

Nurses and social workers work in partnership to identify Safety Plan goals that mitigate these issues and help stabilize families.

Prevention has also been a priority for serving families involved in the juvenile justice system in Sonoma County. The Probation Department has consistently utilized Intensive Case Management (ICM) to prevent out-of-home placement and to serve youth who are not at imminent risk of home removal but whose behavior and family structures indicate a risk of future home removal. The department has seen cost savings by preventing subsequent offenses and out-of-home placement. In addition, federal waiver funding was extended to cover the time gap between the sunset of the California Wellbeing Project and the start of the Families First Prevention Services Act. Sonoma County Probation continues to collaborate with its service partners including the local Human Services Department to ensure this additional funding continues to support our efforts to provide family centered preventive services such as ICM and Wraparound. Sonoma County is eager to participate in the statewide transformation of the current child protection system into a child well-being system. The Title IV-E Prevention Program lays out a philosophical and operational shift from a reactive institution to a system that focuses on prevention and early intervention. Sonoma shares FFPSA's goals of reducing incidences of child abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social determinants of health, and improving the lives of the County's children, youth, and families.

Sonoma County's Child Abuse Prevention Plan is the result of a comprehensive community collaboration that includes a client needs assessment, preventive services asset mapping, equity considerations, and gap analysis. The plan reflects input from an extensive array of community stakeholders, as well as analysis of data relevant to Sonoma families and their needs. Ultimately, the plan is designed to:

- Coalesce around a unified vision, mission, and theory of change for prevention efforts in Sonoma County
- Ensure equity and disproportionality issues are addressed in prevention services, interventions, and outcomes, and in the child welfare system itself
- Commit to specific prevention strategies linked to objectives aimed at reducing child abuse and neglect across Sonoma County
- Incorporate prevention strategies that help strengthen families at various levels of safety/risk (e.g., primary/universal, secondary, tertiary)
- Define effective ways to collaboratively access resources, blend funding, and build capacity to support the Plan

• Establish a five-year planning horizon for implementing strategies, evaluating results, and ensuring sustainability

### Why Equity: The Foundation of Prevention Planning

From the outset, Sonoma used an equity-focused lens to identify a clear and impactful path forward. This involved a thorough examination not only of service delivery changes, but also of how to dismantle the structural and systemic inequities embedded in how we respond to families. The entire enterprise of developing our Prevention Plan was significantly influenced by our commitment to reduce persistent disproportionality and disparity within the child welfare system, and make the system itself more equitable.

We worked from the premise that the fundamentals of child well-being hinge on several critical elements for families, including:

- That families' basic needs are met at a minimum
- That families have people and resources to lean on during challenging times
- That support reflects the long-held strengths of their community, heritage, and cultural norms
- That 'safety' for each family is understood as a complex, multi-dimensional framework interpreted through the lens of each family's identity and experience

From data, anecdotes, staff observations, and community input, we also knew that Sonoma County's response to families in need have not adequately achieved these fundamental elements:

- Not all voices are heard and attended to equally
- Not all cultural backgrounds, unique needs and specific challenges are honored
- There are structural patterns within our systems that keep these inequities in place

In addition, there are well-documented persistent patterns of disparity and disproportionality across the county:

- There is significant overrepresentation of Black, Indigenous and Families of Color (BIPOC) families involved in Child Welfare and Juvenile Probation
- There is a disparity in safety & well-being outcomes for BIPOC families compared to their white-identified counterparts

- These patterns show up across the family-serving systems, structures, and organizations across the county
- Existing services tend to focus on supporting the individual family, without also addressing the overarching systemic inequities that create the conditions where families are surviving, rather than thriving
- Many foundational institutions meant to support families—public agencies, private organizations, community programs, etc.—are full of (often unexamined) systems that perpetuate disparity rather than ensure equity
- Families frequently experience supports as having been designed for others, not for their cultural norms, implicit strengths, and core values, thus complicating what "safety" really is
- Sonoma County has an abundance of family-supporting resources, yet how they collaborate (or don't) replicates conditions that lead to inequitable outcomes

Our conclusion is that it's essential to place equity at the center of Sonoma's prevention efforts. We include more specifics (data, stakeholder input, etc.) to substantiate this position in the sections that follow.

### Who Came Together to Guide the Process

A multi-agency, collaborative and countywide leadership team called the **Prevention Planning Leadership Team** (PPLT) guided the design, strategic direction, and development of the Prevention Plan. In monthly planning meetings and taskoriented workgroups, PPLT members contributed to prevention planning decisions on behalf of the systems and perspectives they represent. Included in the PPLT membership were representatives from:

| Prevention Planning Leadership Team representation |   |                            |                    |
|--|---|----------------------------|--------------------|
| Family Youth &<br>Children's Services              | Tribes                                  | NAACP                      | Juvenile Probation |
| Family Resource<br>Centers                         | First 5 Sonoma<br>County                | Parent Mentor              | Behavioral Health  |
| Child Abuse<br>Prevention<br>Council               | Sonoma County<br>Office of<br>Education | Legal Counsel              | Public Health      |
| Community Based<br>Organizations                   | Youth<br>Ambassador                     | Foster Parent<br>Community | Head Start         |

Regina de Melo (FY&C), Robin Bowen (CAPC) and Sabrina Johnson (FY&C) cochaired the PPLT. Leslie Ann Hay of Hay Consulting provided meeting facilitation, documentation, and project accountability.

The PPLT's diverse membership, deliberately thorough process, and dedication to including unheard voices reflects the collaborative approach and equity-driven nature of the Plan itself. Special attention was paid to building off Sonoma's collaborative relationship with local Tribes. A full PPLT Roster can be found in the Appendix.

### **Consistent Partnership with Local Tribes**

Sonoma County Human Services Department has a history of building, maintaining, and improving relationships with local Tribal governments. Approximately 20 years ago the Sonoma County ICWA Roundtable was formed. The Sonoma County ICWA Roundtable is a collaborative meeting that meets bi-monthly and includes participants from Tribes, Tribal Representatives, Tribal service providers, communitybased organizations, the courts, and Family, Youth & Children's Services (FY&C) staff. The Sonoma County ICWA Roundtable meeting recognizes and honors Tribal Sovereignty and the importance of government-to-government relationships that work together purposefully to promote best practices to serve shared citizens.

Sonoma County is home to six Tribes, five of which are federally recognized:

- Kashia Band of Pomo Indians of Stewart Point Rancheria
- Lytton Rancheria
- Dry Creek Rancheria Band of Pomo Indians
- Federated Indians of Graton Rancheria
- Mishewal Wappo Tribe of Alexander Valley
- Cloverdale Rancheria of Pomo Indians

Our ICWA Roundtable allowed the structure for collaboration with local Tribes in the creation of the Prevention Plan and a discussion of what it means for and in relation to Native American families. To initiate this conversation, in February of 2022, the FY&C Director sent letters to each local Tribe's Chairperson requesting a formal government-to-government consultation to discuss FFPSA and inviting them to join the PPLT. Representatives of four local Tribes joined the PPLT. They took surveys back to their community to elicit feedback regarding foundational elements of the Prevention Plan and express the unique prevention needs of each Tribal community.

In an effort to collaborate and increase communication efforts, a periodic Prevention Plan status email is sent to the ICWA Roundtable participants with an update on the planning efforts and status. In late 2022, FY&C created a new staff position, whose primary function is community engagement with BIPOC communities. This new Program Development Manager started in early 2023, and requested a governmentto-government meeting with each of the six local Tribes, both for introductions and further collaboration. As a part of FY&C's commitment to address racial disparity, one time funds were set aside to provide support in program development to the Tribes.

### How We Engaged the Community: Our Methodology

Beginning in December 2021, the PPLT launched a sequence of efforts designed to collect the data, information, experiences, and expertise needed to craft a strategic approach to reducing child abuse and neglect. Our goal from the start was to include as many voices, perspectives and varieties of lived experience as possible to draw a reasonably clear picture of prevention needs and opportunities across Sonoma County. Specifically, we wanted to understand the needs families experience and the services available to meet those needs.

| Activity                 | Description   | Who Was Involved  |
|--------------------------|---|---|
| Community<br>Data Review | An exploration of existing data sources<br>about demographics and statistics<br>relevant to family life in Sonoma County.                       | Census, KidsData,<br>Sonoma County Dept. of<br>Public Health, Prosperity<br>Now Scorecard, etc.         |
| Hosted<br>Conversations  | 8 Focus groups held in-person or virtually to<br>gather information about family needs,<br>available resources & existing barriers              | Combined:<br>33 Youth   |
| Online<br>Surveys        | Widely distributed online survey featuring parallel questions as were asked in the Hosted Conversations   | <ul><li>116 Parents/Caregivers</li><li>140 Service Providers</li><li>2 Tribal Representatives</li></ul> |
| Needs<br>Assessment      | The research firm Indigo performed a comprehensive review of existing reports, data, and evaluations to highlight key needs of Sonoma families. | 73 in focus groups<br>8 interviews<br>16 reports & data<br>sources                                      |

Toward this end, the PPLT conducted a wide array of exploratory activities:

| Activity   | Description  | Who Was Involved  |
|--|--|---|
| Asset Map  | A qualitative examination of the resources<br>available in Sonoma County that serve<br>and support child, youth & family well-<br>being.   | 30 county-supported<br>programs<br>38 CBOs<br>4 partnerships  |
| Strengthening<br>Families<br>Summit                  | A 3-hour virtual convening of people from<br>all over Sonoma County. Attendees<br>learned about current community needs,<br>heard from a panel featuring a foster<br>youth & a parent with lived experience,<br>and generated strategy ideas. The<br>emphasis was providing prevention<br>services prior to child welfare involvement. | 175 attendees<br>35% were parents<br>Also included<br>providers, Tribes,<br>parent partners,<br>educators, and others |
| Tribal<br>Updates                                    | Periodic communications to 5 federally<br>and 1 non-federally recognized Tribes with<br>progress about prevention planning efforts   | 6 local Tribes  |
| Meetings with<br>Community<br>Based<br>Organizations | Three meetings were held with prevention-<br>focused CBOs. Information was shared<br>around prevention planning, funding,<br>implementation considerations, addressing<br>disparities & supporting EBPs.   | 30 CBOs represented   |

Findings from these efforts are detailed in subsequent sections as well as in the Appendix.

Results from each of these efforts were presented to the PPLT for discussion and analysis. Frequently, we identified opportunities to gather additional information to ensure inclusion or fill gaps in our understanding. We responded on several occasions with additional inquiries or outreach. For example, an initial needs assessment lacked broad input from parents, youth, and caregivers, so the PPLT orchestrated subsequent focus groups specifically to address this gap. Another remedy was the creation of a targeted PPLT subcommittee to engage Sonoma's Latinx community. Finally, on several occasions we invited experts from the community to join the PPLT to fill in knowledge gaps in specific areas of expertise or experience.

As the PPLT deepened its understanding of the experiences of families in Sonoma County, and as its efforts reached even farther into the communities and conversations, the PPLT experienced a solidifying of its own vision and membership. A truly multi-disciplinary, multi-cultural, and cross-sector body, the PPLT demonstrates

the power and possibility of county-wide collaboration in Sonoma County. This experience carried through into the development of strategies and will be evident in the implementation of the Plan itself.

Information about the development of strategies stemming from the information we gathered is included in a subsequent section.

### Scope of the Prevention Plan

Our efforts and the contents of this plan represent just the beginning of a long-term effort. While this plan focuses on an initial five-year outlook, prevention planning remains an integral and ongoing focus of Sonoma's family-serving community. We have aimed to set a foundation for multiple years of work. This includes a preliminary framework for implementation and the expectation that this launch effort will be followed by subsequent phases that further develop details, monitor performance, evaluate results, and adjust course along the way.

### Understanding the Landscape

### **Current Realities Facing Sonoma's Families**

What is life in Sonoma County like for children, youth and families? This was a critical question for the planning team to ask in order to ultimately create a set of strategies that would specifically address the current needs of the families. To paint the picture of such a large and diverse county, it was critical to explore these realities through a multiplicity of voices—providers, community organizations and of course families—as well as review a broad array of data. The picture that emerged helps define the needs Sonoma families face, the resources available to meet those needs, the barriers to accessing those resources, and importantly, the implications for prevention planning.

### **Community Context for Families Living in Sonoma County**

Sonoma County is composed of nine cities and a large unincorporated area with a total population of approximately 488,000 according to 2020 United States census data. Sonoma hosts a combination of both urban and rural communities with Santa Rosa home to the largest population in the county at roughly 170,000 residents. All three major hospitals and the majority of social services are located in Santa Rosa. As mentioned earlier, Sonoma County is also home to five federally recognized Native American Tribes and one non-federally recognized Tribe.

While many of the resources and social service supports for families in Sonoma County are located in Santa Rosa, the unincorporated areas of the county are home to over 30% of the population, many of whom reside in geographically remote areas, making access to services and support more challenging. Residents of these areas may experience social isolation and significant barriers in accessing basic services and support such as transportation, health care, and nutritious food.

The demographic makeup of Sonoma has changed over the last few years, with an increase in those of Hispanic descent. While the county's median age (39.5) is slightly higher than the State (34.9), there is a disparity in age when race and ethnicity are taken into consideration. White, Non-Hispanics currently represent approximately 62.9% of the county's overall population while those that identify as Hispanic account for 27.3%. Other ethnic groups include Asian/Pacific Islander (5.0%), Black or African American (2.1%), American Indian and Alaska Native (2.2%), and persons reporting two or more races (4.0%). Sonoma's Hispanic population is more youthful with over 30% age 12 and under compared to just 12% of white individuals. The reverse is true

of Sonoma County's older adult population; 26.6% of individuals age 60 or more identifying as White, non-Hispanic, compared to 7.1% of seniors identifying as Hispanic. Many Sonoma households are English-proficient, however 11.9% of children ages 0 to 17 living in Sonoma reside in homes with limited English-speaking family members compared to just 8.7% statewide.

In Sonoma County, educational attainment rates exceed national averages. Levels of attainment, a key determinant of both income and health, vary modestly by gender but significantly by ethnicity, with Hispanics currently behind their White counterparts in attainment at all levels. Just over 6% of Whites do not have a high school diploma as compared with 45.9% of the Hispanic population.

The county as a whole has slightly higher median earnings (\$40,531) than the state (\$39,528), however Latino and Black residents are more likely to struggle financially than their white and Asian counterparts. The devastating impact of natural disasters coupled with the impact of closures due to COVID-19 has disproportionately fallen on already vulnerable communities. See Appendix for full report with footnotes.

### Needs Assessment: What Life is Like for Sonoma Families:

Our efforts to understand the current needs of Sonoma families was multi-faceted and aimed at including significant representation of the variety of voices, perspectives, and experiences of Sonoma families, as well as the groups and agencies that serve them. Needs Assessment efforts included:

#### Activity & Description

#### **Mixed Method Data Review**

The research firm **The Indigo Project** performed a comprehensive review of existing reports, data, and evaluations to highlight key needs of Sonoma families.

**Interviews** conducted by the Indigo Team contained questions assessing the needs of children and families in Sonoma County as related to child abuse prevention including priority needs, barriers to care, and existing partnerships. In addition, notes and key themes from interviews and focus groups conducted by Human Services Division staff were provided to The Indigo Project team to be analyzed alongside findings from the mixed methods assessment.

73 in focus groups - 8 interviewed - 16 analyzed reports & data sources

#### Activity & Description

#### **Hosted Conversations**

PPLT members conducted several conversations with key Sonoma constituents whose perspectives were not sufficiently represented in other needs assessment efforts. In particular, youth, parents, and caregivers were included in several targeted conversations conducted by members of the PPLT.

Themes emerging from these hosted conversations were integrated into findings from other Needs Assessment efforts.

8 conversations – 46 parents – 33 youth

#### **Online Surveys**

The PPLT designed a comprehensive online survey distributed extensively throughout the county. Separate question sets were developed for the four main stakeholder groups: youth, parents/caregivers, educators, and service providers. All surveys were also provided in Spanish. Outreach efforts were considerable, leaning on the PPLT's wide reach throughout the county.

Surveys provided a significant source of data, reflection, anecdotes, lived experiences, and quotes. The PPLT collated emerging themes and substantive findings with data coming out of other Needs Assessment efforts.

64 service providers – 46 parents/caregivers – 2 Tribal Representatives – 1 educator

Taken together, these efforts presented a set of consistent themes painting a comprehensive picture of the experiences of Sonoma families, their needs, and how well these needs are met by local supports. These themes were presented to a widespread group of Sonoma stakeholders at the Strengthening Families Summit in a 6-page accessible Infographic (included in the Appendix). Highlights include:

### Families not only face difficult challenges, but they experience many at the same time.

Parents, providers, youth & Tribes mentioned the following challenges most frequently:

Family Stability

- Dealing with trauma, grief & loss
- Managing mental health needs
- Substance abuse, addiction & recovery
- Domestic violence & family conflict

Social Support

- Social isolation
- Lack of support network for parenting guidance, especially for special needs children

Economic Stressors

- Housing instability & homelessness
- Job insecurity, low wages, lack of training Inability to meet basic needs

Parenting Skill Development

- Lack of accessible, affordable childcare
- Need for child development knowledge
- Help keeping kids in school
- Parenting a child with complex or special needs

### Sonoma offers a robust array of services that families find helpful.

Services that parents and youth found most effective in addressing the challenges they face focused on three areas:

Basic Needs

- Health Care Benefits/ Services
- Housing Assistance
- Food/Nutritional Support
- Childcare
- Cash Assistance
- Employment Support

Support & Stabilize

- Mental Health Services
- Caseworker/Parent Mentor
- Substance Abuse Treatment
- Building Networks of Support

Parenting Capacity

- Parenting Classes
- Child Enrichment Activities

Many factors interfere with a family's ability to get the right services at the right time. Some relate to barriers families face in accessing services. Other factors involve gaps in the service system itself.

The #1 barrier to service access is long wait times.

- 62% of surveyed parents
- 75% of parents in focus groups
- 92% of surveyed providers

### The most frequently mentioned obstacles to families getting the help they need were:

- Insufficient services or providers to meet demand
- Families asking for help is not a community-wide norm
- Economic stressors block access
   to services
- Navigating the service system is hard

- Lack of family-friendly service availability
- Shortage of accessible, affordable childcare
- Limited transportation to services
- Lack of service system responsiveness to cultural differences

### Asset Map: Sonoma's Resources to Address Prevention Needs

Sonoma County enjoys a robust network of non-profit providers, including providers of primary, secondary, and tertiary child abuse prevention services. Approximately 70 programs administered by either community-based organizations (CBOs), four county departments and First 5 Sonoma have been identified as part of the array of child abuse prevention services. Agencies are primarily located in the county center (and most populous area) of Santa Rosa, with a few specific agencies located in the four corners of the county. CBOs are, by far, the primary provider of direct services. Only one county department provides most of their services directly with County employed staff.

#### Methodology

In order to complete the Asset Map Child Welfare Services, the Child Abuse Prevention Council and Sonoma County Upstream led the effort to connect with community-based organizations and the various County Departments that fund Child Abuse Prevention services. Two surveys were administered – one for agencies and the other for families. 33 agency and 115 parent responses were received. Additionally, in depth interviews were conducted with the following public entities and multi-faceted non-profit providers:

- Department of Health, Public Health
- Department of Health, Substance Use Disorder Services
- Department of Health, Behavioral Health
- Human Services Department, Family, Youth and Children's Services
- Human Services Department, Employment and Training

- Sonoma County Office of Education
- Sonoma County Probation
- First 5 Sonoma
- YWCA
- Child Parent Institute
- Petaluma People's Service Center

Interviews were conducted to gather data about programming, including funding, numbers served, equity considerations and utilization of Evidence Based Practices. The Appendix includes detailed information about available agencies and utilization, organized by Protective Factor and Social Determinants of Health. A separate program inventory of more than 70 publicly funded child abuse prevention programs is available upon request.

Finally, generalized, already available data from First 5 Sonoma County, Sonoma County 2-1-1, Sonoma County Upstream Portfolio, Casey Family Programs and other services were used to provide additional reference information to identify available services.

General findings based the asset map inquiry are as follows:

- 52% of the programs who responded are provided through CBOs; 41% are provided as in-house programs, and the remainder are partnerships between the two.
- The Health Department has a greater tendency to provide evidence-based programming—more than double the programming funded by the Human Services Department and First 5 Sonoma County. Primarily, the evidence-based programming the Health Department utilizes is focused on mental health services, including EMDR and TF-CBT. Substance Use Disorder Services utilizes Seeking Safety as well as Motivational Interviewing, while in Human Services the focus is on High Fidelity Wraparound and Triple P. First 5 Sonoma County funds Nurse Family Partnership and funds programming focused on Home Visiting and services to underrepresented populations.
- FY&C spends approximately \$1.3 million dollars annually on child abuse prevention services, while First 5 Sonoma County spends approximately \$2.4 million dollars annually in a prevention capacity. Specific funding amounts were not available from Health Services nor Employment and Training. Funds were primarily traditional State and Federal sources (Child Welfare Realignment, First 5 Sonoma County, Mental Health Services Act, Medi-Cal,

Welfare to Work) with some special state grants accounting for approximately 10 to 20% of total revenue as well as some private foundation contributions accounting for less than 5 percent. County general fund was used for three smaller projects, primarily administered through Health Services.

- One important component of FY&C funding are the child abuse prevention specific funding sources, administered through the Office of Child Abuse Prevention. Ongoing funding included the Community Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT) and Children's Trust Fund (CTF). These four ongoing allocations represent approximately \$600,000 in annual funding. These funds are utilized to provide direct prevention services for families that engage in a child welfare investigation, have concerns related to risk of future abuse or neglect, yet based on assessment, it is not necessary to open a child welfare case. Services are provided in parent education, resource assistance, mental health support and supports for victims of domestic violence. These direct services are procured through a regular RFP process and described in detail as part of the System Improvement Plan for the Division.
- Additionally, FY&C has received one-time allocations for prevention planning and services through ARPA-CBCAP and Family First Transition Act allocations.
- Of the 70 programs described, 24 provided primary prevention services, 28 provided secondary services and 13 provided tertiary services. Six programs provided a mix of primary and secondary and/or tertiary. Not surprisingly, Substance Use Disorder Services, Mental Health and Family, Youth and Children's services were the primary providers of tertiary services, while primary and secondary services were more widely provided by most departments and programs.
- All programs in the asset map inquiry made an impact in at least one area of the Protective Factors. Of the 70 programs described, 31 focused on Parental Resilience and 25 focused on boosting concrete supports.
- 43% of programs had a waitlist; this percentage was higher for programs that served Spanish speaking families. Also, the length of time spent on waitlist were generally higher for services for Spanish speaking families than for others.
- Of the programs reviewed, staffing is generally not reflective of the populations served. Some agencies had adequate staffing of Latinx bilingual/bicultural staff, but smaller CBOs and County administered programs in general did not.
   Black, AAPI and Native American staffing was minimally available. Staffing

representative of LGBTQ+ populations was more present, especially in programs that served transition aged youth. It has been reported that there are several small BIPOC-led organizations in Sonoma County, however, they were not included in the Asset Map inquiry. Cultivation of a formal relationships with these organizations is needed going forward.

 Currently, most providers implementing evidence-based practices cite less than 50% fidelity to the model. Achieving full fidelity is difficult for most CBOs due to extensive training, staffing and evaluation requirements for the models. Fidelity can be even more challenging for agencies serving BIPOC communities because doing the programs to fidelity is not always culturally appropriate. Nonetheless, the following programs provided their designated EBP with 75-100% fidelity:

| Program<br>Type               | Housing<br>Support<br>Program                 | Therapeutic DV<br>Services   | In Home<br>Nursing<br>Support                                     | Parent Education  |
|-------------------------------|---|--|---|---|
| Provider                      | Employment<br>& Training                      | YWCA   | Public Health   | Child Parent Institute  |
| Funding<br>Source(s)          | CDSS—<br>Housing<br>Branch                    | FY&C via<br>various funding<br>sources:<br>CalOES, OCAP<br>allocations,<br>Child Welfare<br>Realignment<br>funds | Targeted<br>Case<br>Management<br>and First 5<br>Sonoma<br>County | Child Welfare<br>Realignment, OCAP<br>allocations, MHSA,<br>JPD, Sheriff's Dept (jail<br>services), Kaiser<br>Foundation, private<br>donors |
| # Annual<br>Clients<br>Served | 100   | 200  | 100 -125  | 3,000 – 3,500   |
| EBPs<br>Utilized              | Housing First                                 | EMDR, TF-CBT   | Nurse Family<br>Partnership                                       | Triple P  |
| % Fidelity<br>to EBPs         | 100%  | 100%   | 90-100%   | More than 75%   |
| Positive<br>Outcomes          | Concrete<br>supports;<br>Housing<br>stability | Parental<br>resilience   | Parental<br>resilience  | Social connections;<br>Parental resilience;<br>Child development;<br>Concrete supports  |

#### Tribes Provide an Array of Culturally Specific Services

Culturally specific services for tribal communities have generally been provided by Sonoma County Indian Health Project and by Native staff affiliated with each respective Tribe. The Sonoma County Indian Health Project provides mental health, substance abuse treatment and physical health supports. Another local provider offers culturally specific batterer intervention services. Tribes provide concrete supports, opportunities for connection among families, and parent education using Triple P as well as curriculum that are reflective of cultural values. The Federated Indians of Graton Rancheria offer a Tribal TANF program available to members of any Sonoma County Tribe. This program offers cash assistance and other related supports. In addition, the Lytton Rancheria administers two Head Start programs.

Tribes residing in Sonoma County participate in collaborative discussions, like the ICWA Roundtable, and community-wide trainings, like available Triple P training. One third of surveyed agencies collaborate regularly with Tribes. However, equity issues in the provision of child welfare services persist, and it is of utmost importance that the six Tribes residing in Sonoma County continue to be consulted and engaged in the development of child abuse prevention services. It would be ideal for County Department's to be able to contract with Tribes to provide services in their communities; however, no local Tribe holds a 501(c)3 status, which then prohibits the County's ability to contract. Both SCIHP and the provider of batterer intervention services are the only two entities in the County that hold 501(c)3 designation and serve native families funded through public funding. More native children and families could be served if this administrative barrier were addressed. For example, creation of a Memorandum of Understanding between Sonoma County and various Tribes could establish agreements that allow for funding support while recognizing Tribal sovereignty.

#### **Opportunities for FFPSA funding:**

Of the above listed programs, TF-CBT and Nurse Family Partnership (NFP) are currently well supported on the federal IV-E Prevention Services Clearinghouse and NFP is included in the California State Plan. Both programs are currently partially funded through state and other funding sources that could be used as a match for federal FFPSA funding for appropriately identified candidate populations. In addition, Triple P is an integral part of therapeutic intervention and parenting education offered across the Sonoma community. In fact, this model has established a common language across systems including law enforcement, clinicians, health care providers and parent educators. With FFPSA funding for Triple P, Sonoma could expand this

cornerstone of building family stability beyond the significant contribution they have made in this approach over the last 15 years. In the broader inventory, other programs and providers utilize Motivational Interviewing (MI), an evidence-based practice that is currently part of California's State Plan for FFPSA implementation. Seventeen of the 70 programs interviewed utilize MI as part of their prevention services program; however, none are using this model to fidelity. Opportunities are available to boost fidelity and access FFPSA funds for these programs.

#### Planning efforts:

Discussions are underway with Health Services to gather more information on the use of TF-CBT and Nurse Family Partnership, outcomes data, funding and ability to collaborate using FFPSA to expand services for NFP.

### Aligning Candidate Groups with Sonoma's Needs

The FFPSA defines a candidate for foster care as a child who is at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement if eligible prevention services are provided. An FFPSA focused subgroup of Sonoma County's PPLT reviewed internal data from 2018-2021 and the comprehensive Needs Assessment. In addition to collecting community input, the Needs Assessment reviewed data from FY&C, Juvenile Probation, Behavioral Health and many contracted agencies. The Needs Assessment included an in-depth look at each candidate group and the potential number of clients over a three-year period eligible for FFPSA funded services of each specific group. As a result, the FFPSA subgroup identified four candidacy groups that our prevention plan will initially prioritize. However, the Department will potentially oversee approval of and ensure service provisions for up to all 12 candidacy groups outlined in the State's plan.

California has approved ten well-supported Evidence Based Practices. The PPLT is already piloting services with one of the EBPs with three different candidate groups. Because of the diverse array of EBPs, and the unique and multi-faceted needs of each potential candidate group, Sonoma County may opt to use all ten EBPs over the course of the implementation of the prevention plan. In addition, again due to a wide range of family needs, all five protective factors could potentially be met through prevention services with each candidacy group.

The four prioritized candidate groups emerged from the 12 possible groups based on several factors. Of the 12 groups, the four selected:

- Were the most prevalent in the Sonoma County data over the last three years.
- Represented more intensive levels of risk for the children & youth involved, including some of the hardest to address.
- Showed over-representation of BIPOC children & youth including disparity of outcomes.

The following table provides an overview of the prioritized candidate groups selected as the focus for Sonoma's Prevention Plan.

| Four Prioritized Candidate Groups  |   |  |
|--|---|--|
| Children with substantiated or<br>inconclusive disposition, but no<br>case opened  | Children & youth who are victims<br>or at risk of being trafficked—<br>Commercial Sexual Exploitation of  |  |
| These include families that have been<br>called into the hotline, and through<br>the Structured Decision Making (SDM)<br>hotline assessment have been found<br>to meet criteria for an in-person<br>response. Upon completion of the<br>child abuse and neglect investigation<br>the social worker determined that the<br>allegations were either substantiated<br>or inconclusive, per California penal<br>codes. However, based on case<br>specific factors the social worker<br>concluded that a child welfare case<br>did not need to be opened. | Children (CSEC).<br>These are children who have been<br>trafficked or are at high risk of being<br>trafficked. The criteria that have been<br>used in Sonoma County to determine if<br>a youth is at risk of exploitation came<br>from state guidance and includes the<br>following:<br>A child/youth shall be considered "at<br>risk" of CSEC if he/she/they has a<br>minimum of one of the following<br>indicators: |  |
| Estimated number of these clients<br>eligible for FFPSA funded services:<br>approximately <b>1,525</b> .   | <ol> <li>Child/youth exhibits behaviors or<br/>otherwise indicates that she/he is<br/>being controlled or groomed by<br/>another person</li> </ol>  |  |

| Children or youth whose<br>caretakers experience a<br>substance abuse disorder<br>This include caretakers who have<br>been identified as having a substance<br>abuse disorder. When assessing the<br>number of clients this would impact,<br>data was reviewed about the number<br>of children with parents receiving<br>substance use disorder services over a<br>three year period.<br>Estimated number of these clients<br>eligible for FFPSA funded services:<br>approximately 510.<br><b>Families with family maintenance</b><br>cases (voluntary)<br>These include families who have<br>undergone a child abuse and neglect<br>investigation, and due to risk level<br>identified in the SDM Risk Assessment,<br>were found to be in need of services<br>and oversight through the Family<br>Preservation Unit. The Family<br>Preservation Unit holds voluntary family<br>maintenance cases.<br>Estimated number of these clients<br>eligible for FFPSA funded services:<br>approximately 128. | <ol> <li>Child/youth spends time with people known to be involved in commercial sex</li> <li>Child/youth's use of internet, cell phone, or social media involves social or sexual behavior that is atypical or his/her age</li> <li>OR has a minimum of two of the following indicators:</li> <li>Child/youth has a history of running away, unstable housing, including multiple foster care placements, or periods of homelessness, including couch surfing</li> <li>Child/youth has had prior involvement with law enforcement or the juvenile justice system</li> <li>Child/youth is frequently truant</li> <li>Child/youth has a history of substance abuse, specifically narcotics, opiates, crack/cocaine &amp; amphetamines</li> <li>Estimated number of these clients eligible for FFPSA funded services: approximately 68.*</li> </ol> |
|--|--|
|--|--|

\*This number is based on the population who have encountered child welfare: many have not. Although the number is lower than other candidacy groups, the population has the least amount of services available throughout the County. Unfortunately, we have seen adolescents who show risk factors, as well as their parents, not get the help or support they need. This often results in either exploitation, child welfare and/or juvenile probation involvement or in some cases all three.

An example of an EBP that may meet the wide range of each individual family is that of Functional Family Therapy (FFT). Per the Title IV-E Clearinghouse, FFT is a short-term

prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11-18 year-old youth who have been referred for behavioral or emotional problems. The program is organized in multiple phases and focuses on developing a positive relationship between therapist/program and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to a broader context.

In July of 2022, FY&C and probation jointly contracted with a local community-based organization to provide Functional Family Therapy to youth in the juvenile justice system, voluntary family preservation and families with substantiated and/or inconclusive allegation dispositions, where no case was opened. This was a pilot program paid for by the Family First Transition Act (FFTA) and Family First Prevention Services (FFPS) Block Grants. Although initially it seemed as though it would only focus on three candidacy groups, it can potentially address risk factors from all 12 of the candidacy groups. The families served are ones who experience severe risk factors. It is not uncommon for parents in this candidacy group to have a substance use disorder, a youth to be at risk of CSEC, runaways and/or LGBTQ+ identities. Using FFT as a prevention intervention for guardianship/adoptive families at risk of disruption due to similar challenges is also under consideration.

### Gap Analysis: Conclusions from Understanding the Landscape

Taken together, the Needs Assessment and Asset Map findings determined six areas of potential action voiced by the Sonoma community which identify the most pressing conditions that contribute to child abuse and neglect. This analysis guides Sonoma's Prevention Plan toward addressing significant need while developing the current capacity of the service community. These areas are:

**Invest in Addressing Basic Needs** – Many families are struggling to make ends meet. It's hard to find stable shelter, keep food on the table, secure a living wage, have reliable transportation and access quality, affordable childcare. Capacity building is needed to address the high demand for meeting basic needs.

**Expand Trauma-Informed Services to Meet Demand** – Parents who have experienced trauma themselves can struggle with addiction, mental health challenges, or family violence. Left untreated, these circumstances often lead to safety issues for children. Access to treatment, counseling or other services are blocked by long waiting lists, high costs and not enough providers to go around.

**Make It Easier for Families to Get Support** – When families have a need, it's hard to know what services or resources are available, where they are and how to connect to them. Once families find what they need, the service may not fit with their work schedule, offer childcare, or be nearby. Moreover, when parents are overwhelmed, isolated or in crisis it's common to go into survival mode, rather than taking a risk to reach out for help. A strong base of Family Resource Centers exists, but growth and sustainability of this resource is needed across the county and for Tribes.

**Strengthen Culturally Relevant Services & Supports** – Families of color as well as families representing different languages, cultures, abilities or identities, often find the service system inflexible to meet their unique needs. This not only contributes to disparities in safety and well-being, but also feeds mistrust and discourages families from getting the help they need.

**Build Parenting Capacity** – Developing the skills, knowledge & confidence to be a good parent is not automatic. Parents and caregivers need information, resources, practice and guidance all along the way. Each stage of child development also has its own rewards and challenges. Parents who have children with special needs need extra support. The in-home parenting evidence-based practices approved for California's prevention plan (Parents as Teachers, Nurse Family Partnership, Homebuilders, Healthy Families of America) are scarce in Sonoma County and expensive to practice to fidelity.

**Create More Prevention Partnerships** – There is a need for a more coordinated approach to prevention services. Many families are in need of prevention services, but there are limited pathways to connect them to community resources and supports. When services are linked through formal or informal partnerships, families have an easier time. Building on Sonoma's foundation of public-private collaboration is needed.

### **Prevention Plan Foundation**

### The Groundwork for Sonoma's Prevention Plan

The Prevention Plan as a whole is built on a foundation of components that guide our decisions as we target the elimination of child abuse & neglect in Sonoma County. Dismantling inequitable structures and addressing disproportionality/disparity in system-involved families are our highest priority within our overall goal.

| Mission of Sonoma's  | Sonoma's Vision for Prevention  |
|--|---|
| Prevention Plan<br>To develop a comprehensive Prevention<br>Plan that coordinates the community's<br>efforts to prevent child abuse and<br>neglect through addressing inequities,<br>strengthening protective factors, and<br>reducing stressors for our children, youth,<br>and their families. | All Sonoma County children and families<br>have equitable access to timely,<br>integrated supports that ensure they<br>thrive in safe, responsive, and caring<br>communities where they live, learn,<br>work, and play. |

### **Prevention Plan Values**

**Equity** – Prevention strategies and the systems involved in implementing them incorporate a lens focused on equity

**Lived Experience** - Value the experience and wisdom of individuals who have recovered from challenging life experiences

**Strengths Based** - Build upon family strengths, natural circles of support & community assets to address needs & promote resiliency **Trauma-Informed** - All prevention strategies & interventions recognize the influence of historic & cultural trauma on family strengths & needs

**Culturally Responsive** - All prevention strategies & interventions integrate culturally specific perspectives to meet family needs

Whole Family Approach – Consider the interdependence of individuals within a family to address family needs in a holistic way

### **Prevention Theory of Change**

**IF...**Sonoma County Child Welfare and our child abuse prevention partners listen to the needs of the community regarding the safety and well-being of our children, youth, and families; and

**IF...**the priorities identified by the community stimulate investment in the prevention policies, practices, partnerships and service array to address these needs;

**THEN...**Sonoma's prevention partners, family strengthening organizations, neighborhoods, and natural circles of support across all ethnicities and indigenous peoples are empowered to:

- Promote child and family resiliency, social connections, concrete support in times of need, and knowledge of parenting and child development
- Strengthen the capacity within communities to care for one another
- Ensure an equitable prevention response for all families
- Work effectively together as a network of support
- Leverage resources to increase impact

**SO THAT...**an accessible, equitable, and integrated county-wide system supports families to provide safe, stable, and nurturing relationships and environments for their children and youth;

**THEREBY...** preventing child abuse and neglect.

#### Strengthening Families Framework A Framework for Strengthening Families

The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.

Children are more likely to thrive when their families have the support they need. By focusing on the five universal family strengths identified in the Strengthening Families Protective Factors Framework, community leaders and service providers

can better engage, support, and partner with parents in order to achieve the best outcomes for kids.

**Parental resilience**: Managing stress and functioning well when faced with challenges, adversity and trauma

**Social connections**: Positive relationships that provide emotional, informational, instrumental and spiritual support

**Knowledge of parenting and child development**: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development

**Concrete support in times of need**: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

**Social and emotional competence of children**: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships

### Equity at the Core

Taken together, the foundational components led us to identify a central concept around which the details of the Prevention Plan can be built. All our efforts are pointed in the direction of creating and sustaining an equitable prevention system. From here we launched our strategy development process.



### **Prevention Strategies**

### Methodology

Fortified with the findings of our extensive inquiries into the community, the PPLT launched a deliberate, thorough, and inclusive process to define and confirm priority strategies designed to launch the five-year prevention plan. While not an entirely linear process, the route through strategy development can be summarized in 6 steps.

With our commitment to both service delivery changes and the dismantling of structural and systemic inequities, the PPLT amassed the strategic suggestions, recommendations, and current efforts from each of our stakeholder engagements: online survey, hosted conversations, Indigo Needs Assessment report, Strengthening Families Summit breakout groups, and Summit registrant's responses to "What would you do with \$1 million to reduce child abuse and neglect?".

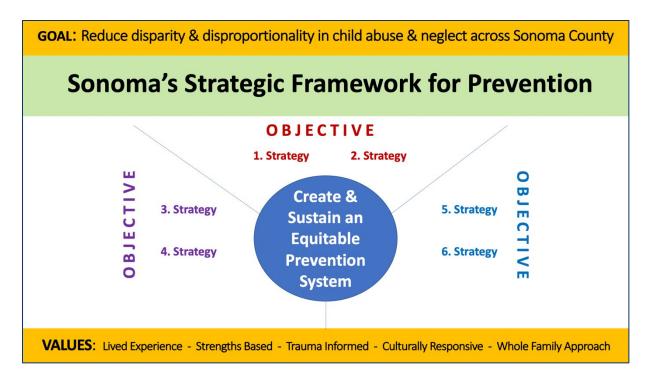
We invited a broad group of stakeholders (49 altogether, from the PPLT and Summit participants) to consider a specific set of criteria and vote on the themes they felt were most important for prevention planning. The criteria fell into three categories:

| Criteria for Strategy Prioritization   |  |  |
|--|--|--|
| <ul> <li>Impact: How well does this strategy move the needle on reducing child abuse &amp; neglect?</li> <li>How well does this strategy align with our prevention values?</li> <li>Is this a strategy that can address multiple prevention objectives?</li> <li>How well does this strategy address the pressing needs of families in our community?</li> </ul> | <ul> <li>Equity: How well does this strategy address racial disparity in child and family outcomes?</li> <li>How well does this strategy build on or fortify existing momentum?</li> </ul> | <ul> <li>Capacity: Is there sufficient<br/>community capacity or can it<br/>easily be developed to carry out<br/>this strategy?</li> <li>Would completing this strategy<br/>set the foundation for other<br/>strategies to take hold?</li> <li>Are there sufficient resources<br/>available to implement this<br/>strategy in a meaningful way?</li> <li>To what degree is there<br/>political will from a broad<br/>segment of the community to<br/>implement this strategy?</li> </ul> |

To hone the list of strategy themes into a shorter list of priority strategies, an additional set of viability criteria was applied. We were careful at his stage to include actions within our control, committing to address issues better suited to an advocacy agenda elsewhere. Viability questions included:

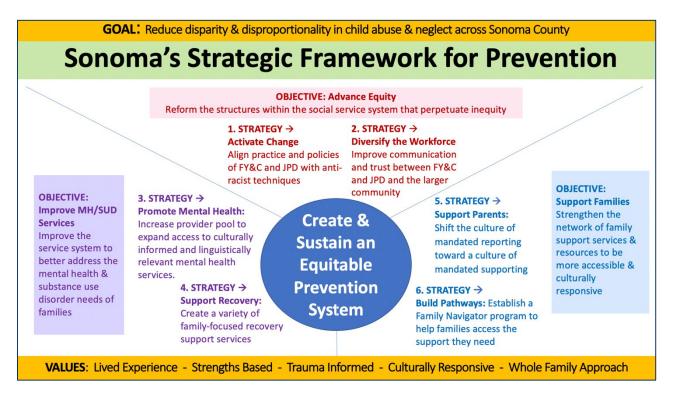
- Are there efforts already underway related to this strategy topic?
- What available services or assets are currently in place related to this strategy?
- Are there funding opportunities to support this strategy?
- What partnerships or alliances would provide support, resources or expertise?
- Is this an area within our reach or scope of authority to advance?
- What timeframe (short-term or long-term) would it take to launch this strategy?

The result at this point was six viable strategy areas that clustered into three Objectives. This provided the clarity we needed to create our overall Strategic Direction for the Prevention Plan:



With our Strategic Direction set, PPLT members divided into three workgroups, one for each Objective. Workgroups set to a deep dive into strategy formulation and prioritization. Additional members were brought into the workgroups to ensure expertise and lived experience were reflected in the group's decisions. Through a rigorous process of detail generation, impact evaluation, equity analysis

and the like, each group finalized their proposal for one strategy per area. This is the basis of the six strategies that form the basis of Sonoma's Prevention Plan.



### Priority Strategies to Launch the Prevention Plan

A set of foundational strategies have been identified to launch the five-year Prevention Plan in motion. Two important factors need to be kept in mind about these strategies:

- Each strategy area contains a "foundational" strategy as well as "follow on" strategies. We provide significant detail about the foundational strategy, as this is the first to be implemented. Follow on strategies are included in a simple list; these will be detailed later in the five-year implementation horizon, as it becomes time for them to be launched.
- In almost every strategy area, a separate set of advocacy steps have been identified. While not required for the CPP, these steps are an important element in adding the endorsement of Sonoma's child abuse prevention council (the governance body for the Plan) to other prevention efforts happening around the county.

The strategies directly serve the key objectives centered around an equity lens to achieve our goal of reducing disproportionality and disparities among children, youth and families at risk for child abuse and neglect. Serving as a foundation to be built

upon as steps are taken and tasks are accomplished, these strategies create an underlying infrastructure upon which subsequent efforts toward the prevention of child abuse and neglect can happen. For convenience, here is the strategy framework again:



To bring each strategy to life, we present a table for each with details about what they are geared to accomplish, who they ultimately serve, how they contribute to our overall goal, and the like. Each table is designed to be used as the foundation for partnership engagement, readiness building and implementation planning: together they form a roadmap for building coalitions and executing the Prevention Plan. Each strategy table includes:

- **Objective**: a milestone toward the accomplishment of our goal
- Foundational Strategy: a cornerstone strategy to advance the objective, upon which follow-on strategies can build
- Strategy Rationale: explanation of how this strategy serves its specific objective and Sonoma's overall goal
- How It Works: description of what the strategy will involve
- **Possible Partners:** the collaborative entities that need to come together to make this strategy happen

- Who is Served: the target populations (primary, secondary, tertiary) who benefit from this strategy
- **EBPs Utilized**: the approved EPBs employed by this strategy, if relevant (some strategies focus on capacity building or infrastructure—setting the stage for later prevention service delivery)
- **Protective Factors**: the specific protective factors from the Strengthening Families Framework addressed by this strategy
- ICPM Alignment: How this strategy demonstrates ICPM practice principles, values and behaviors
- **Potential Funding:** Known or possible sources of funding to initiate or sustain the strategy
- **Timeline**: when in the five-year planning horizon this strategy will be designed, developed, and implemented
- Follow-On Strategies: A list of strategies that build upon the foundational strategy and serve to address the overall objective more fully

The next several pages outline Sonoma's six prevention strategies.

### Prevention Plan Strategies

#### FOUNDATIONAL STRATEGY #1

**Objective – Advance Equity**: Reform the structures within the social service system that perpetuate inequity.

**Strategy #1 – Activate Change**: Align practice and policies of FY&C and Juvenile Probation with anti-racist techniques. "Culture means a lot to those we serve. Who we are and where we come from is foundational and often overlooked in the midst of the trauma of child welfare. Need to honor how culturally based supports and services *are* how we recognize trauma and promote powerful healing."

Tribal Parent

| 1. ACT          | VATE CHANGE: Align practice and policies of FY&C and Juvenile Probation with<br>anti-racist techniques   |
|-----------------|--|
| How It<br>Works | This strategy begins with a full examination of existing policy and practice through an anti-racist lens. Emphasis will be placed on revising elements that guide practice such as:  |
|                 | <ul> <li>Clarify criteria for CPS response or JPD intake and identify opportunities<br/>for community-based response for lower risk circumstances.</li> </ul>  |
|                 | • Eliminate the influence of implicit bias when applying safety standards that are primarily driven by poverty related circumstances rather than safety concerns.  |
|                 | <ul> <li>Support alternative interventions to meet case plan goals that are more<br/>culturally aligned with families' values, customs, and traditions.</li> </ul>   |
|                 | <ul> <li>Ensure family assessment tools are practiced with fidelity and are<br/>relevant for diverse families. If not relevant, develop and utilize<br/>alternate, valid methods to identify needs, strengths, and safety<br/>concerns.</li> </ul>   |
|                 | This examination will be integrated with the Targeted Case Review on all separations of African American and Native American children during 2022. Sonoma FY&C is currently conducting this to determine if concerted efforts are being made to keep children safely at home, rather than placement in out-of-home care. Policy and practice changes will be recommended based on this analysis because the Targeted Case Review is being led by an expert in Race Equity Inclusion practice in child welfare using anti-racist principles, techniques, and standards. |
|                 | Some additional steps FY&C and JPD will take to make these changes more visible include:   |

| 1. ACTIVATE CHANGE: Align practice and policies of FY&C and Juvenile Probation with anti-racist techniques |  |
|--|--|
|  | <ul> <li>Create culturally inclusive and welcoming environments in public<br/>buildings through décor, language translations and other visual<br/>indicators.</li> </ul>   |
|  | <ul> <li>For FY&amp;C, expand existing flexible funding supported resources such as<br/>"CarePortal" (provides basic needs such as rental assistance, car<br/>repairs, etc. to families referred to FY&amp;C to address needs contributing<br/>to safety issues) to ensure client barriers to accessing services are<br/>eliminated.</li> </ul>  |
|  | <ul> <li>Consider unrestricted funding for BIPOC communities to determine how<br/>to meet families' needs, especially in the Tribal Community.</li> </ul>  |
| Strategy<br>Rationale  | Alignment of policy and practice with anti-racist techniques will improve<br>engagement of all families—especially BIPOC families—which supports a key<br>aspect of the Strengthening Families Framework. By partnering with parents to<br>ensure Sonoma's policies and programs work for children, youth and families,<br>the stage is set for engaging parents in mutually supportive relationships that<br>build all 5 protective factors: resilience, social connections, knowledge of<br>parenting and child development, access to concrete supports in times of<br>need, and social-emotional competence of children. |
| Possible<br>Partners   | BIPOC community advocates, family and youth with lived experience, REDI experts, Tribal Representatives, County Counsel, Sonoma County Office of Equity, and other accountability partners.  |
| Who is<br>Served   | This strategy would serve all families who encounter or are at risk of becoming involved with FY&C or JPD. (Secondary & Tertiary)  |
| EBPs<br>Utilized   | This is an equity building strategy, so there are no EBPs directly utilized.   |
| Protective<br>Factors<br>Addressed   | An increase in the mental health provider pool and delivery of mental health<br>services to families (especially BIPOC and non-English speaking) will result in<br>primarily building parental resilience and social-emotional competence of<br>children, with secondary focus on social connection and knowledge of<br>parenting in child development.  |
| ICPM<br>Alignment  | Engagement, Inquiry & Exploration, Teaming, Advocacy, Accountability, Communication, Feedback, and Partnership   |
| Potential<br>Funding   | FY&C and JPD will explore specific funding sources to support the equity<br>building activities listed above. Child Welfare Realignment funding has been<br>utilized to support some of FY&C's current, broader priorities to address<br>disparities within the child welfare system and may be redirected to support<br>preventive efforts and address this strategy.   |
| Timeline   | 1-2 years to prepare policy and practice change recommendations; 2-3 years for implementation.   |

| 1. ACTIVATE CHANGE: Align practice and policies of FY&C and Juvenile Probation with anti-racist techniques |  |
|--|--|
| Follow-On<br>Strategies  | <ul> <li>Strengthen and expand training on anti-racist practices to FY&amp;C staff, JPD staff, and community partners who deliver services to vulnerable families.</li> <li>Modify expectations of service providers contracted with FY&amp;C and JPD to address racial equity and inclusion in service provisions.</li> </ul> |

#### FOUNDATIONAL STRATEGY #2

**Objective – Advance Equity**: Reform the structures within the social service system that perpetuate inequity.

**Strategy #2 – Diversify the Workforce:** Improve communication and trust between FY&C and Juvenile Probation (JPD) and the larger community. "I'm Hispanic so my family had a hard time understanding the process. There was not much communication and we always felt lost in the process, not to mention terrified."

Parent

| 2. DIV          | 2. DIVERSIFY THE WORKFORCE: Improve communication and trust between<br>FY&C and Juvenile Probation (JPD) and the larger community  |  |
|-----------------|--|--|
| How It<br>Works | Families of color as well as families representing different languages,<br>cultures, abilities or identities, often find the service system workforce<br>unfamiliar with their unique needs. This not only contributes to disparities in<br>safety and well-being, but also feeds mistrust and discourages families<br>from getting the help they need.  |  |
|                 | Diversifying the workforce is a multi-stage process that begins with trust<br>building. FY&C and JPD have a responsibility to join with Sonoma's BIPOC<br>communities in a genuine effort to increase trust and strengthen<br>communication. This will involve consistent, transparent action and follow<br>through as part of a restorative process with diverse communities,<br>especially those over-represented in child welfare and juvenile probation<br>systems. Once this initial strategy takes hold, the foundation is set for all<br>other workforce diversification strategies to begin. |  |
|                 | <ul> <li>Some examples of trust building activities include:</li> <li>Host "Listening Sessions" held in BIPOC community locations to explore the experiences, concerns and ideas of BIPOC organizations and families who have been involved with FY&amp;C or JPD.</li> <li>Identify opportunities for representatives from BIPOC communities to help define the qualities, behaviors, skills and attitudes needed by the human services workforce to meet the diverse needs of BIPOC families.</li> </ul>  |  |

| 2. DIV                             | 2. DIVERSIFY THE WORKFORCE: Improve communication and trust between<br>FY&C and Juvenile Probation (JPD) and the larger community   |  |
|------------------------------------|---|--|
|                                    | <ul> <li>Regularly meet with BIPOC organizations and families to increase communication, practice transparency, and receive feedback on progress toward building a more trusting relationship between BIPOC communities and FY&amp;C and JPD.</li> <li>Apply the findings from BIPOC community dialogues to build "Equity Profiles" for line staff, supervisors and managers. These behavioral descriptions can be used to modify job descriptions, refine staff training &amp; development curricula, inform supervision and guide workforce recruitment efforts.</li> </ul>   |  |
|                                    | In collaboration with community public and private partners, explore specific funding sources to support the equity building activities listed above.   |  |
| Strategy<br>Rationale              | Ensuring the workforce more closely reflects the diversity of the<br>populations served by child welfare and juvenile probation requires<br>seeking out candidates from BIPOC communities. Across America, the<br>level of trust between communities of color and both child protection<br>and juvenile justice agencies have historically been strained and Sonoma<br>County is no exception. Healing these tensions and building trust will<br>increase opportunities for greater understanding and partnership. This in<br>turn will create a foundation for staff recruitment, retention, and<br>advancement of BIPOC individuals in the workforce. When families and<br>youth experience caseworkers or probation officers from similar<br>communities, backgrounds and identities as their own, they will be more<br>likely to utilize the preventive help and resources offered to strengthen<br>their circumstances at home, at school and in the neighborhood. |  |
| Possible<br>Partners               | FY&C, Juvenile Probation, BIPOC organization such as Sonoma County<br>Black Forum, BIPOC student unions, Tribes, NAACP, Sonoma County Office<br>of Equity and other equity partners.  |  |
| Who is<br>Served                   | Builds capacity to better serve BIPOC parents, youth and children involved with or at risk of involvement in the child welfare system. (Secondary & Tertiary)   |  |
| EBPs<br>Utilized                   | This is an equity building strategy, so there are no EBPs directly utilized.  |  |
| Protective<br>Factors<br>Addressed | Improving communication and trust with the BIPOC community will<br>increase confidence of BIPOC families in the service system—a key<br>element of the Strengthening Families Framework. By partnering with<br>parents to ensure FY&C and JPD are trusted helping systems that work for<br>children, youth and families, the stage is set for engaging parents in<br>mutually supportive relationships that build all 5 protective factors:<br>resilience, social connections, knowledge of parenting and child<br>development, access to concrete supports in times of need, and social-<br>emotional competence of children.  |  |

| 2. DIV                  | 2. DIVERSIFY THE WORKFORCE: Improve communication and trust between<br>FY&C and Juvenile Probation (JPD) and the larger community   |  |
|-------------------------|---|--|
| ICPM<br>Alignment       | Create a Learning Environment, Monitor Practice Effectiveness, Teaming, Advocacy, Accountability, Communication, Feedback, and Partnership  |  |
| Potential<br>Funding    | Child Welfare Realignment funding will be used as necessary to support<br>the dialogues. Training and implementation of these strategy areas will be<br>integrated into the already funded structures for staff training.   |  |
| Timeline                | Community conversations and relationship building with BIPOC communities will begin in year 1, yet the key will be consistency and follow-through. Trust building is envisioned to occur during all 5 years, with follow-on strategies starting in years $2-5$ .  |  |
| Follow-On<br>Strategies | <ul> <li>Improve recruitment of potential candidates from BIPOC communities to diversify the workforce of FY&amp;C and JPD so that the direct service staff is more representative of the families and youth served.</li> <li>Increase retention and advancement for BIPOC staff at FY&amp;C and JPD through mentorship, support, and incentives focused on continuing education, credentials, and other benefits.</li> </ul> |  |

#### FOUNDATIONAL STRATEGY #3

**Objective – Improve MH/SUD Services:** 

Improve the service system to better address the mental health & substance use disorder needs of families.

**Strategy #3 – Promote Mental Health:** Increase provider pool to expand access to culturally informed and linguistically relevant mental health services. "We need more services to address early childhood trauma of both Indian and non-Indian parents affecting their ability to inhabit an attuned and nurturing relationship with their children."

Tribal Service Provider

| <ol><li>PROMOTE MENTAL HEALTH: Increase provider pool to expand access to<br/>culturally informed and linguistically relevant mental health services</li></ol> |  |  |
|--|--|--|
| How It<br>Works  | Sonoma County will build on and leverage existing public and private coalitions to design and implement recruitment, retention and incentive structures to build mental health service delivery capacity in County agencies and CBOs throughout Sonoma. Funding and capacity building aimed at BIPOC-led CBOs and activities already happening in the community will be leveraged. |  |
|  | Specific approaches for broadening the definition of mental health services to be more inclusive of non-traditional resources include:   |  |
|  | Develop peer-led community health navigation services.   |  |
|  | • Partner with community and peer representatives to expand what is considered mental health services (Tribal rituals, art & cultural events, farm-worker clinics, peer/student mentors, convivencias and the like).   |  |
|  | Specific incentives to encourage practitioners or paraprofessionals to enter the mental health field include:  |  |
|  | <ul> <li>Increase contractor rates to expand provider pool and offer<br/>premiums for bilingual staff.</li> </ul>  |  |
|  | • Create targeted educational benefits within county departments<br>and CBOs to support and incentivize education (e.g., tuition support,<br>flex time for attending classes) to encourage staff to move into<br>mental health fields.   |  |
|  | • Establish an educational collaborative to increase pathways for training, licensure and supervisory guidance for new or existing mental health professionals. Communicate opportunities for different career paths as people identify their educational and employment goals.  |  |
|  | Leverage shared capacity with schools, CBOs, and county partners to create internships and opportunities for career exploration in the   |  |

|                                    | MOTE MENTAL HEALTH: Increase provider pool to expand access to<br>rally informed and linguistically relevant mental health services  |
|------------------------------------|--|
|                                    | mental health field. Offer internship rotations to increase exposure and cross-training opportunities.   |
|                                    | In collaboration with community public and private partners, explore specific funding sources to support the capacity building activities listed above.  |
| Strategy<br>Rationale              | Developing more culturally focused provider capacity will increase<br>access for all families, particularly BIPOC and non-English speaking<br>families. Receiving mental health services that address parenting/safety<br>challenges or other destabilizing conditions helps to minimize the risk of<br>harm that children experience. |
| Possible<br>Partners               | Behavioral Health, Sonoma County Community Foundation, First 5<br>Sonoma, FY&C, Tribes, Juvenile Probation, Public Health, local higher<br>education institutions, community health clinics, legislative partners,<br>Sonoma Connect   Sonoma Unidos, Sonoma Suicide Prevention Coalition  |
| Who is<br>Served                   | Builds capacity to better serve parents, youth and children experiencing<br>mental health needs, especially BIPOC and underserved areas of the<br>community. This potentially aligns with all 12 of the candidacy group<br>populations once funding becomes available. (Primary, Secondary,<br>Tertiary)                               |
| EBPs<br>Utilized                   | This is a capacity building strategy, so there are no EBPs directly utilized.<br>However, upon capacity being developed, Prevent Child Abuse Sonoma<br>County (Sonoma's CAPC) will explore the potential use of FFPSA identified<br>mental health focused EBPs.  |
| Protective<br>Factors<br>Addressed | An increase in the MH provider pool and delivery of MH services to<br>families (especially BIPOC and non-English speaking) will result in initially<br>building parental resilience and social-emotional competence of<br>children, with later focus on social connection and knowledge of<br>parenting in child development.          |
| ICPM<br>Alignment                  | Readiness Building, Partnership, Advocacy, Teaming, and Accountability   |
| Potential<br>Funding               | Potential funding partners include Sonoma Behavioral Health and First 5<br>Sonoma County. Portions of the FFPS and ARPA-CBCAP one time<br>allocations will also be used to implement these services as pilots in the<br>near term.   |
| Timeline                           | 5 years, including a 3-year design and development phase and 2-year implementation phase.  |
| Follow-On<br>Strategies            | <ul> <li>Expand current avenues for service delivery.</li> <li>Further grow programming for behavioral health focused peer support in rural and other underserved areas of the county.</li> </ul>  |

| 3. PROMOTE MENTAL HEALTH: Increase provider pool to expand access to<br>culturally informed and linguistically relevant mental health services  |  |
|---|--|
| <ul> <li>Expand access to childcare to improve parent participation in mental health services.</li> <li>Create wellness programs to support mental health through partnership with and utilization of existing CBOs and services focused on physical health and wellness.</li> <li>When FFPSA funding is available, voluntary Family Maintenance cases and referrals to FY&amp;C will be eligible to receive FFPSA eligible mental health focused EPBs such as Family Functional Therapy, Parent Child Interactive Therapy and others.</li> </ul> |  |

#### FOUNDATIONAL STRATEGY #4

**Objective – Improve MH/SUD Services:** Improve the service system to better address the mental health & substance use disorder needs of families.

**Strategy #4 – Support Recovery**: Create a variety of family-focused recovery support services.

"I desperately needed child care before removal and couldn't afford it. It would be so much better if Sonoma County had treatment facilities that offer child care."

Parent

| 4. \$                 | 4. SUPPORT RECOVERY: Create a variety of family-focused recovery support services  |  |
|-----------------------|--|--|
| How It<br>Works       | Sonoma County will offer a comprehensive array of long-term services that<br>parents in recovery can access using a "whole family" intervention<br>approach emphasizing cultural responsiveness. Delivered through a<br>wraparound home visiting program model flexible enough to meet families<br>where they are most comfortable and works best for them. These<br>supplemental/ancillary treatment services include:<br>• Nursing support<br>• Parenting education<br>• Income support through job training and career development<br>• Housing assistance<br>Specific barrier reduction and engagement efforts to improve the likelihood<br>of parents in recovery taking advantage of available service and support |  |
|                       | <ul> <li>opportunities include:</li> <li>Advocate for removal of barriers to employment related to background checks.</li> <li>Increase availability of recovery housing that caters to individuals (especially fathers) with children.</li> <li>Facilitate positive childhood experiences—family events and gatherings in community—as an antidote to ACES.</li> <li>Focus on building community connections and networks of support to help families expand healthy social relationships in support of their recovery.</li> <li>In collaboration with community public and private partners, explore specific funding sources to support the interventions and advocacy efforts listed above.</li> </ul>               |  |
| Strategy<br>Rationale | Developing more family-focused recovery support services in the context<br>of enhanced community and social connection will promote wellness<br>and recovery, improve family stability and strengthen social support for<br>families impacted by substance use disorders. This in turn will improve the  |  |

| 4. SUPPORT RECOVERY: Create a variety of family-focused recovery support services |   |
|---|---|
|   | safety, permanency and well-being outcomes for children and youth with parents in recovery.   |
| Possible<br>Partners  | Behavioral Health, FY&C, Juvenile Probation, Faith-Based Organizations,<br>Substance Use Disorder Treatment Programs, Tribes, Public Health,<br>Employment & Training Division of HSD, Sonoma Connect   Sonoma<br>Unidos, Parks & Recreation, fitness gyms, yoga programs.  |
| Who is<br>Served  | Parents in recovery from substance use disorders and in need of<br>supplemental support in recovery, especially BIPOC families and those in<br>underserved areas of the community. Eligible participants in services can<br>include parents recently exited from residential treatment or other<br>treatment programs as well as parents in ongoing treatment (e.g.,<br>Medication Assisted Treatment—MAT). (Primary, Secondary, Tertiary). |
| EBPs<br>Utilized  | This strategy can utilize all the FFPSA identified EBPs, especially<br>motivational interviewing, due to the wide range of needs families<br>present such as mental health concerns, recovery support, and need for<br>in home parenting support.   |
| Protective<br>Factors<br>Addressed  | An increase in family focused recovery support services (especially for<br>BIPOC families) will result in initially building parental resilience and social<br>connection, then later grow knowledge of parenting in child<br>development and social-emotional competence of children.  |
| ICPM<br>Alignment   | Advocacy, Engagement, Inquiry & Exploration, Teaming, Accountability, Communication, Feedback, and Partnership  |
| Potential<br>Funding  | Potential long term funding partners include Sonoma Behavioral Health<br>and SAMHSA grants. Child Welfare Realignment funding may be utilized<br>as a matching source for federal funds.  |
| Timeline  | 5 years, including a 3-year design and development phase and 2-year implementation phase.   |
| Follow-On<br>Strategies   | <ul> <li>Create new options for treatment programs that address the multidimensional needs of families.</li> <li>Expand home visiting programs focused on substance use disorder treatment interventions.</li> <li>Continue to partner with health services to advocate for new programming including cultivation of partnership opportunities that expand capacity.</li> </ul>   |

#### FOUNDATIONAL STRATEGY #5

**Objective – Improve MH/SUD Services:** Improve the service system to better address the mental health & substance use disorder needs of families.

**Strategy #5 – Support Parents**: Shift the culture of mandated reporting toward a culture of mandated supporting.

"My parent's drug addictions/mental health were a hindrance on their ability to make us kids and our needs a priority. When these behaviors are evident it would be beneficial if other adults didn't turn a blind eye."

Former Foster Youth

| 5. SUP          | 5. SUPPORT PARENTS: Shift the culture of mandated reporting toward a culture of mandated supporting  |  |
|-----------------|--|--|
| How It<br>Works | Modify the culture of parent education & services to emphasize support<br>rather than reports to the hotline being the only pathway to assistance. Train<br>personnel in trauma-informed approaches and gear practices around the<br>Strengthening Families Framework.   |  |
|                 | Sonoma County FY&C as the recipient of all Hotline reports is committed to<br>new ways to partner with community-based networks focused on family<br>support to link early identified families in stress to the resources that will help<br>stabilize them. As more opportunities for family strengthening, skill-building,<br>and trauma-informed approaches are available, this reframing and change<br>in practice will lessen the barriers to parents seeking support. Assistance will<br>be embedded throughout the organizations, locations and institutions that<br>parents frequent. Specific actions to move these changes forward include: |  |
|                 | Establish a new philosophy / Shift the culture   |  |
|                 | <ul> <li>Rally the coalition of human service partners across Sonoma around<br/>this concerted effort to develop a "Mandated Supporter" culture<br/>(e.g., Family Resource Centers; School Family Support programs;<br/>pediatrics/health clinics)</li> </ul>  |  |
|                 | • Develop common language; trauma-informed, strength-based<br>approaches; strengthening families framework; skill development,<br>and competency building of all family serving workforces to become<br>"mandated supporters"  |  |
|                 | • Educate the mandated reporter community (e.g., teachers, physicians, etc.) about the new mandated supporter philosophy to reframe their role into a new culture and climate of family support including raising awareness about racial disparity and building skills to promote Racial Equity, Diversity and Inclusion (REDI)  |  |
|                 | Launch a broad community information campaign to spread the<br>word about the shifting culture toward family support   |  |

| 5. SUPPORT PARENTS: Shift the culture of mandated reporting toward a culture of mandated supporting |  |
|---|--|
|   | Build readiness for responding to families through community based interventions   |
|   | <ul> <li>Design the "mandated supporting" workforce configuration to<br/>deliver support under this new model through partnership<br/>agreements between Community Based Organizations (CBO) and<br/>FY&amp;C</li> </ul>   |
|   | <ul> <li>Build workforce within the CBO sector to expand capacity for<br/>delivering family support services, resources and navigation<br/>guidance.</li> </ul>  |
|   | <ul> <li>Co-create easily accessible methods to connect families to the<br/>available resources they need and ensure access at the point of<br/>contact where families may express need (e.g., navigator system for<br/>families in stress to get the support they need)</li> </ul>  |
|   | <ul> <li>Create an accountability mechanism to ensure fidelity to trauma-<br/>informed practice approaches is maintained anywhere a parent<br/>receives support</li> </ul>   |
|   | While readiness building activities are underway, parallel efforts will be made to develop the services and support resources to serve a broader range of families facing challenges.  |
| Strategy<br>Rationale   | Shifting the culture of parent support to one based on skilled attention to trauma and focused on building on family strengths will reduce the stigma of parent support services and increase families' acceptance of participating in these supports throughout the county. Asking for help will no longer be viewed as a deficit, but instead as a strength. More participation of families in the services that meet their needs will increase their protective capacity, thus improving child safety and reducing the incidence of child abuse and neglect in Sonoma County. |
| Possible<br>Partners  | Service delivery organizations who intersect with families: Behavioral<br>Health, Tribes, CBOs that support parents/families, First 5 Sonoma County,<br>FY&C, Probation, Public Health, schools, community health clinics,<br>university/community colleges, hospitals, law enforcement, Community<br>Health Workers/Training Providers, Sonoma Connect   Sonoma Unidos  |
| Who is<br>Served  | While the culture shift applies to all parents who interact with supporting<br>services of any kind, the access and navigation tools will begin with<br>BIPOC families and other underserved populations in the community.<br>(Primary, Secondary)   |
| EBPs<br>Utilized  | This is a foundational/capacity building strategy. Once the culture shift takes hold and infrastructure is in place, motivational interviewing and inhome parenting EBPs would be utilized in the follow-on strategies.  |

| 5. SUPPORT PARENTS: Shift the culture of mandated reporting toward a culture of mandated supporting |   |  |
|---|---|--|
| Protective<br>Factors<br>Addressed  | Embedding a culture of parent support across institutions and agencies of<br>all kinds will result in building parental resilience and increasing<br>knowledge of parenting in child development, with the possibility of<br>enhancing social connections and providing concrete supports, while<br>building a foundation for tending the social-emotional competence of<br>children. |  |
| ICPM<br>Alignment   | Advocacy, Engagement, Inquiry & Exploration, Teaming, Accountability,<br>Communication, Feedback, Partnership, and Practice Monitoring  |  |
| Potential<br>Funding  | Children's Services Sales Tax Initiative (Childcare & Children's Health<br>Initiative); Community Health Worker Funding; CalAIM, MediCAL  |  |
| Timeline  | The main focus of the 5-years will be on shifting the culture and building the infrastructure to support families more effectively and universally across Sonoma.   |  |
| Follow-On<br>Strategies   | <ul> <li>Expand training of and access to parent mentors, specifically cultivating a pool of BIPOC parent mentors</li> <li>Expand home visiting programs</li> <li>Provide concrete support to address basic needs</li> <li>Establish universal access to parent education classes</li> </ul>  |  |

#### FOUNDATIONAL STRATEGY #6

**Objective – Support Families:** Strengthen the network of family support services and resources to be more accessible & culturally responsive.

**Strategy #6 – Build Pathways**: Establish a Family Navigator program to help families access available prevention services & supports. "Bring our parent mentors in early in the case. A lot of us wouldn't have gotten where we are today without them. It's really true when you hear people say "it takes a Village" because it does, of support. Not hate. Not ridicule. SUPPORT."

Parent

|                 | UILD PATHWAYS: Establish a Family Navigator program to help families<br>cess available prevention services & supports  |
|-----------------|--|
| How It<br>Works | Schools and Family Resource Centers are familiar places where Sonoma families can learn about and be linked to supports and resources to strengthen well-being (e.g., food/nutrition, mental health services, parenting skills, and assistance with other basic needs). However, not all schools have the capacity to address the demand for support and many parents don't know where to get help or how to go about asking for help. A robust Family Navigator program would start closing this gap. Specific activities to advance this strategy include: |
|                 | Cultivate a partnership to design and test a Family Navigator program  |
|                 | • Identify a school or Family Resource Center committed to expanding their services vulnerable families in zip code areas where most CPS referrals come from.  |
|                 | • Design a pilot Family Navigator program operated onsite to help families find the help they need, including transportation, support for recovery, connections to childcare, parenting education and other needs.   |
|                 | • Evaluate the pilot program to measure outcomes, operational adjustments, and implementation considerations for further expansion.  |
|                 | Bring the Family Navigator program to scale in other areas of the county   |
|                 | • Following implementation and evaluation of the pilot program, replicate the program at other schools and FRCs with other high need areas of the county.  |
|                 | • Conduct a targeted outreach campaign to widely disseminate information about what services are available for parents and how to access them.   |
|                 | • Continue to cultivate relationships with schools and Family Resource<br>Centers to advocate for sufficient resources to sustain their role as<br>pathways for family support.  |

| 6. BUILD PATHWAYS: Establish a Family Navigator program to help families access available prevention services & supports |   |  |
|--|---|--|
| Strategy<br>Rationale  | When families are assisted with supportive guidance to link them to the services and supports they need, they are more likely to participate in family stabilization efforts. This in turn, will strengthen their well-being and increase protective factors, thus diminishing the chance of experiencing child maltreatment.           |  |
| Possible<br>Partners   | All school districts, California Family Resource Association, childcare facilities, Family Resource Centers, Non-Public Schools, families with lived experience.  |  |
| Who is<br>Served   | Families from zip codes throughout Sonoma County that are frequently referred to CPS. (Primary)   |  |
| EBPs<br>Utilized   | This strategy can utilize all the FFPSA identified EBPs, especially<br>motivational interviewing, due to the wide range of needs families<br>present such as mental health concerns, recovery support, and need for<br>in home parenting support.   |  |
| Protective<br>Factors<br>Addressed   | Establishing a Family Navigator program will result in building parental<br>resilience and increasing knowledge of parenting in child development,<br>with the possibility of enhancing social connections and providing<br>concrete supports, while building a foundation for tending the social-<br>emotional competence of children. |  |
| ICPM<br>Alignment  | Advocacy, Engagement, Inquiry & Exploration, Teaming, Accountability,<br>Communication, Feedback, Partnership, and Practice Monitoring  |  |
| Potential<br>Funding   |   |  |
| Timeline   | 5 years with pilot testing in the first 3 years and expansion in years 4 and 5.   |  |
| Follow-On<br>Strategies  | <ul> <li>Get the word out about available and accessible services to support families.</li> <li>Leverage local government expertise to support expansion of capacity for FRCs and other CBOs.</li> </ul>  |  |

### Considerations for Launching the Prevention Plan

The Prevention Plan is only as good as the implementation sequence that delivers it. Well-planned governance, monitoring & oversight, evaluation, and ongoing funding sources are among the key areas that bring the Plan to life in a smooth and sustainable way. The following sections bring forward several elements that will be the focus of that forward momentum.

### Governance, Implementation, & Monitoring

Sonoma County has Prevent Child Abuse-Sonoma County (PCA-SC) as our child abuse prevention council. The council provides networking opportunities, education, and professional trainings for those involved in child abuse prevention and intervention services. PCA-SC, in collaboration with FY&C, works to increase public awareness about issues related to child abuse and neglect in the community. This includes, but is not limited to:

- Building a community that protects and promotes healthy families
- Raising community awareness and educating parents, professionals, and community members through trainings and classes
- Championing the local Blue Ribbon child abuse prevention campaign each
   April

To help create results locally, PCA-SC strives to make the Sonoma community aware and therefore more involved in protecting children and strengthening families. The council advocates for policies that support families and protect children. The PCA-SC has been a pivotal part of our prevention plan, as its mission aligns with that of the FFPSA. In addition, the PCA-SC has allowed for transparency with our community on our prevention planning by making available to the public the recordings of the planning meetings. This transparency is a key piece of our foundation for engagement and collaboration with community stakeholders, allowing for a partnership that can work together to reduce child abuse and neglect throughout Sonoma County.

The implementation and ongoing monitoring of the CPP will be an evolutionary process, based on feedback from the governing structure and the community. The initial core members of the governing structure will include, but are not limited to:

| Core Members of Governance Team |                                  |  |
|---------------------------------|----------------------------------|--|
| Child Abuse Prevention Council  | Community-Based Organizations    |  |
| Child Welfare Agency            | Family Resource Centers          |  |
| Probation Department            | Youth Leader (Lived Experience)  |  |
| Tribal Representation           | Parent Leader (Lived Experience) |  |
| Office of Education             | First 5 Sonoma County            |  |
| Behavioral Health Department    | Sonoma Works-Public Assistance   |  |
| Regional Center                 | Parks & Recreation Department    |  |

The governance team will be a committee within the Child Abuse Prevention Council whose role is to oversee the implementation of the CPP, monitor progress, evaluate results, and act on changes based on feedback. The committee will meet quarterly to review data, get status updates, brainstorm funding options, monitor program fidelity, and discuss DEI efforts and community engagement. This will allow the committee to discuss and provide recommendations, for which the team will develop a plan to implement necessary changes. There is the potential for separate workgroups, depending on the phase of implementation, barriers identified and/or the targeted strategies. As a part of the oversight structure, FY&C will continue to inform the ICWA Roundtable and will be meeting with community-based organizations quarterly to share information and updates including discussion of successes and challenges as implementation rolls out.

The implementation and ongoing monitoring of the CPP by the PCA-SC will include plan development to ensure sustainability. This may involve leveraging money and utilizing existing services in the community to support the goals of the prevention plan. Through the feedback provided to this committee, barriers identified will be addressed and an action plan created utilizing existing resources and bringing in new ones. This action plan will then be implemented and studied for effectiveness in reducing child abuse and neglect. One measure of this will be through a reduction of youth entering foster care over the five-year period. Another key metric is measuring improvement in disparity and disproportionality.

### Sonoma County Training Plan

Sonoma County currently contracts with Bay Area Academy (BAA) as our Regional Training Academy. BAA is contracted to provide Common Core training to social workers, supervisors and managers as outlined in the State Prevention Plan. The FY&C Staff Development Department offers frequent and ongoing training within the framework of the Integrated Core Practice Model (ICPM). In addition, we have a Training Unit for Social Workers that ensures all training requirements are met and tracked. We have utilized the State's Training Plan, as outlined in Tier 1. As the State's Training plan for Tier 2 and 3 unfolds Sonoma County will provide the necessary training to the required positions.

FY&C has funded the certification of a contracted provider in Functional Family Therapy to build capacity in this evidence based practice within the community. Also, initial conversations are underway between FY&C and Juvenile Probation regarding training staff in Motivational Interviewing.

The values and principles embedded in the ICPM related to Workforce Development will be emphasized in training the cross-sector workforce who will implement Sonoma's prevention strategies. The aim is to build confidence and skills of staff at all levels – those delivering the innovations and the supervisors, managers, and other leadership who support them. Ongoing professional development plans and practices will include assessing diverse staffing needs, supporting and coaching supervisors, and strengthening staff retention. Specific topics related to reinforcing ICPM include:

- Promote clarity and understanding of the ICPM and what it will take to infuse this approach across system partners, service providers and community based organizations who are working together to implement Sonoma's prevention strategies.
- Understand the ICPM values, behaviors, and principles as they apply to direct service staff and leadership roles in Sonoma's prevention work.
- Understand how to utilize practice profiles and other fidelity tools to assess and encourage use of ICPM behaviors when delivering specific prevention practices.

### Collaboration

Sonoma County has strong relationships between the Departments of Juvenile Probation, Behavioral Health, and Public Health. This allows for a collaboration that

maximizes available funding while ensuring FFPS funds are the payer of last resort. Child Welfare already has a formal partnership with Behavioral Health to maximize EPSDT funding for wraparound services, as well as partnership with Probation to implement the Functional Family Therapy pilot. Behavioral Health is receiving significant local funding specific to addressing youth mental health needs, and they are open to exploring ways to create new resources to implement Prevention Plan strategies. Child Welfare is also meeting quarterly with First 5 Sonoma County to address mutual strategic prevention goals.

### Funding & Sustainability

One significant barrier to the initial development of and sustainability for creating new prevention programming is the lack of certainty around the timeframe and specific implementation requirements to draw down FFPSA funding. The available FFPSA block grant funds have been invaluable to create new programs and support community planning efforts; however, when these funds are no longer available it is a strain on the Department's resources to consider filling the gaps for an extended time. Additional block grant funding would support uninterrupted program development until FFPSA entitlement funds are readily available.

#### **FFPS Spending Plan**

Sonoma County has invested significantly in broad-based child abuse prevention efforts through the thoughtful utilization of one-time and ongoing prevention funding. Through the utilization of the FFPS allocation as well as other one-time funding streams, Sonoma County has funded new prevention efforts in three major areas:

- Facilitation of a two-year community driven planning process to develop the 5year Comprehensive Prevention Plan
- Commitments of dedicated staff to lead the implementation of the CPP and engage parents in preventive services
- Pilot projects for direct services that align with the requirements of California's plan for implementing FFPSA funded services

Using one-time funding, Sonoma County has created multi-year spending plans specifically for preventive services that maximize planning and service delivery efforts.

A breakdown of one-time revenue for the FFPS program is as follows:

| Funding Source  | Expenditure<br>Amount* |
|---|------------------------|
| FFPS Family First Prevention Services   | \$1,421,622            |
| Certainty Grant   | \$ 533,123             |
| Family First Transition Act (FFTA)  | \$307, 351             |
| 2011 Realignment  | \$297,800              |
| American Rescue Plan – Community Based<br>Child Abuse Prevention (ARPA-CBCAP) | \$219,177              |
| Total Funding   | \$2,779,073            |

\*Specific amounts based upon planning as of January 1, 2023 and are subject to change

These one-time allocations (and ongoing Realignment funding) will be spent over a multi-year period. FFPS Block Grant funding, along Family First Transition Act (FFTA), ARPA-CBCAP funding with other resources, is currently being used to expand the availability of prevention services within the County in three primary areas:

#### Development of the Community-Driven 5-Year Comprehensive Prevention Plan

FFTA one-time funding has been utilized to hire a facilitator to lead the prevention planning process, conduct an in-depth community needs assessment to inform the child abuse prevention plan and augment the existing services provided by the Child Abuse Prevention Council in order to partner with FY&C to lead the development of the prevention plan. This two-year effort concluded June 30, 2023 and implementation of the plan objectives will be led by child welfare management in partnership with the Child Abuse Prevention Council so no additional one-time funding is required at this time.

#### **Dedicated Staffing and Family Engagement Supports**

Three new FY&C positions have been created as part of the FFPS program; each position is at least partially funded through one or more of the above-listed allocations. A permanent management position was created and began in Spring 2023 to oversee the final stages of development and implementation of Sonoma County's CPP. This position will partner with the governance team to create partnerships, maximize available community funding, and ensure that community voice is lifted at every stage of implementation. This position will be funded on an ongoing basis through Realignment and FFPSA entitlement funding.

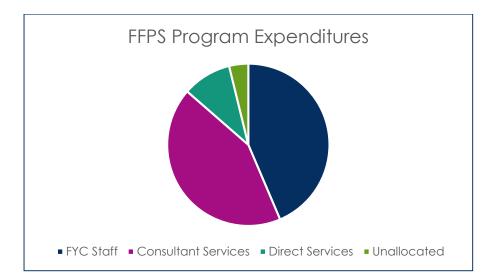
Additionally, two time-limited social work positions were created and partially funded through these one-time funds. These positions are responsible for engaging with

families in two candidate groups (involved at some level with child welfare services) to support their engagement and follow through in preventive services. These positions are funded through one-time allocations through June 2025. These staff will utilize Motivational Interviewing and may be eligible to draw down FFPSA funding, depending on program design and availability of funding.

#### **Piloting Direct Services Compliant with FFPSA Requirements**

FFPS funding, the largest one-time funding grant, has been used to pilot projects of the Functional Family Therapy model for families in several of the Candidate groups identified in California's State Prevention Plan and as prioritized populations in Sonoma County's prevention planning efforts. Sonoma County intends to continue utilizing FFPS for this pilot project through the FY 24-25. As of July 1, 2025, ideally, the State and County will be ready to begin implementing the requirements of FFPSA in order to begin drawing down the entitlement dollars; however, if that is not the case, Sonoma County is prepared to utilize available Certainty Grant funding (revenue received related to prior participation in the Title IV-E Waiver project) in order to continue the pilot uninterrupted for at least one more fiscal year.

FFPS funds are also used for a second program, providing Wraparound services to youth and families as part of a Candidate population. Wraparound services are provided for up to three months, using a High-Fidelity Wraparound model and focusing on mental health needs. This pilot is committed and budgeted through June 2025; the program will continue if ongoing funding is available through FFPSA or another source.



| Area of Expense     | Budget       | Percentage of<br>Budget |
|---------------------|--------------|-------------------------|
| FY&C Staff          | \$ 1,211,499 | 43.6%                   |
| Direct Services     | \$ 1,190,000 | 42.8%                   |
| Consultant Services | \$ 271,600   | 10%                     |
| Unallocated         | \$ 105,974   | 4%                      |
| Total               | \$ 2,779,073 | 100%                    |

#### **Unallocated Funding**

Approximately \$105,000 of FFPS Program funding as well as additional Certainty Grant funding remains unallocated and will be utilized to initiate direct services to begin fulfilling Prevention Plan strategies.

### Assurances

### **EBP Fidelity Oversight**

The County will include terms in its contract agreements to ensure fidelity to any practice model funded through FFPSA funds. FY&C will meet with the contracted entity quarterly to review fidelity measurements, equitable access, acknowledge successes and discuss barriers. In addition, most of the EBPs identified in the State plan require a purveyor that trains, certifies, and oversees fidelity measurements for a period of time, ensuring fidelity. For example, FY&C is currently contracting with True to Life Children Services for a pilot program to provide Functional Family Therapy, one of the ten EBPs in the State plan. The Functional Family Therapy purveyor uses Clinical Services System (CSS) database to collect data and has ongoing and regular oversight to ensure fidelity to the model. In addition, the Department will work with the contracted agency the State hires to oversee fidelity.

**ASSURANCE**: Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement 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), Sonoma County Family, Youth & Children's Services assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, data collection, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

### **Ongoing Safety and Risk Assessment**

FY&C will continue to utilize the Structured Decision-Making (SDM) tool to assess for safety and risk. As part of our community pathway, FY&C will require that child safety and risk assessments be completed at designated times for families that will be referred to services under FFPSA. These will be completed by contracted providers, and will be outlined in the contract. Currently we are awaiting guidance from the State as to what tools can be used by community pathways to determine candidacy and monitor safety and risk.

**ASSURANCE:** Child Safety Monitoring In accordance with section 471 (e) (5) (B) (ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), Sonoma County Family, Youth & Children's Services assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. The agency further assures it will monitor and oversee the safety of children and periodic risk assessments for children who receive FFPS program services through its contracted 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 re-examination of the prevention plan will be conducted in partnership with the Indian child's Tribe. This includes assurance that all staff and others involved in safety planning are aware of, trained in and understand the Indian Child Welfare Act and Cal-ICWA.

### **Additional Assurances**

### **Title IV-E Prevention Program Reporting**

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California WIC Section 16587(d)(9), Sonoma County Family, Youth & Children's Services is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

### **Child Safety Monitoring**

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), Sonoma County Family, Youth & Children's Services assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. The agency further assures it will monitor and oversee the safety of children and periodic risk assessments for children who receive FFPS program services through its contracted

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 re-examine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any re-examination of the prevention plan will be conducted in partnership with the Indian child's Tribe. This includes assurance that all staff and other involved in safety monitoring are aware of, trained in and understand the Indian Child Welfare Act and Cal-ICWA.

### Workforce Development and Training

In accordance with section 471 (e) (5) (B) (viii) of the federal Social Security Act, Sonoma County Family, Youth & Children's Services assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the All County Letter No. 23-23 (p. 8) community and Title IV-E agency pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families they serve, accessing and delivering the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all other foundational requirements, including but not limited to, understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state laws intersect with prevention services provided through the community based and Title IV-E agency pathways.

### Trauma-Informed Service Delivery

Sonoma County Family, Youth & Children's Services assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC Section 16587(d)(6), each service in the CPP provided to or on behalf of a child will be 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

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), Sonoma County Family,

Youth & Children's Services assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, data collection, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program. This includes collaboration with Tribes to ensure improved outcomes for Indian children.

### Equitable and Culturally Responsive Services and Supports

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, Sonoma County Family, Youth & Children's Services assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, and queer children and youth.

### **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), SONOMA COUNTY FAMILY, YOUTH AND CHILDREN SERVICES assures the agency will establish 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.

### Conclusion

Sonoma County Family, Youth and Children's Services is proud to partner with our community on this monumental shift in values and practice. We believe that the wellbeing of families and the well-being of the community are interrelated, and that being responsive to community needs will strengthen families and thereby strengthen the entire community. We believe that all families deserve to live in communities that are safe, healthy, and resilient and within which they are treated with dignity and respect. We are committed to supporting families to access needed resources, supports, and services in order to safely maintain their children in their care.

We recognize and support Tribal sovereignty. We respect, understand, and appreciate the government to government relationships we have with Tribes and recognize those relationships as essential to best supporting and serving our shared citizens. We recognize Tribes as equal partners in this work, and we will continue to strive to listen to, hear and value the unique and expansive knowledge they bring both to the work and to the community at large.

Sonoma County values the work of racial equity, diversity, and inclusion. Our vision is to implement anti-racist techniques uniformly such that BIPOC families have equitable outcomes to their white counterparts. We will strive to cease and amend the many harms done to communities of color by government agencies. We will do this through transparency, partnering, listening to, and acting on concerns raised by these communities. We recognize that this type of reparative work requires consistent efforts, demonstrated over time, when it is easy, and especially when it is hard. We are committed to this work and are prepared to demonstrate that commitment, not simply in words, but also in consistent actions over time.

We value the hard work and loving spirit our employees bring to this work with our community every day. We will strive to ensure that employees have the resources they need to do the best possible work, and that they feel a sense of inclusion, value and shared sense of ownership and purpose in the work they do on behalf of the community.

We recognize that this is a big lift, but we believe Sonoma County is ready to make these changes with an open heart and humble spirit. Together, with our community, we can make this vision a reality.

### Appendix

### **Glossary of Terms**

| ARPA = American Rescue Plan Act              |  |  |
|--|--|--|
| BIPOC = Black, Indigenous, People of Color   |  |  |
| BOS = Board of Supervisors                   |  |  |
| CAP = Child Abuse Prevention                 |  |  |
| CPP = Comprehensive Prevention Plan          |  |  |
| CDSS = California Dept of Social Services    |  |  |
| DEI = Diversity, Equity & Inclusion          |  |  |
| FFPSA = Family First Prevention Services Act |  |  |

FY&C = Family, Youth & Children's Services ICPM = Integrated Core Practice Model JPD = Juvenile Probation Division PPLT = Prevention Planning Leadership Team SCOE = Sonoma County Office of Education SELPA = Special Education Local Plan Areas SUD = Substance Use Disorder UBI = Universal Basic Income

### **Prevention Planning Leadership Team Roster**

| Name                | Role/Affiliation                              | Email                                     |
|---------------------|---|---|
| Alison Whitemore    | Federated Indians of Graton<br>Rancheria      | awhitemore@gratonrancheria.com            |
| Angel Burdick       | YEP Youth Ambassador                          | angelsonomayep@gmail.com                  |
| Angie Dillon-Shore  | Director, First 5 Sonoma County               | adillonshore@first5sonomacounty.org       |
| Anne Barron         | Notetaker/Coordinator, CPI                    | anneb@calparents.org                      |
| Brad Michnevich     | Probation Deputy Chief                        | Brad.Michnevich@sonoma-county.org         |
| Briana Downey       | Section Manager, FY&C                         | bdowney@schsc.org                         |
| Bridget Beck        | Deputy Probation Officer                      | Bridget.beck@sonoma-county.org            |
| Charity Doronila    | Section Manager, FY&C                         | doronc@schsd.org                          |
| Christine Slaymaker | Head Start                                    | cslaymaker@capsonoma.org                  |
| Dana Swilley        | Sonoma Connect                                | Dswilley@sonomaconnect.org                |
| Deborah L. Reece    | Attorney at Law (DV)                          | Reece@perrylaw.net                        |
| Debra Sanders       | Foster Care Liaison, SCOE                     | dsanders@scoe.org                         |
| Delashay Benson     | Representative, BLM                           | carmonabenson@gmail.com                   |
| Dominic Uyeda       | PPEA, FY&C                                    | duyeda@schsd.org                          |
| Donna Broadbent     | Director, FY&C                                | dbroadbent@schsd.org                      |
| Hailey Ferroni      | Indian Child & Family<br>Preservation Program | hailey@icfpp.net                          |
| Heloisa Heinen      | CASA of Sonoma, Exec Director                 | heloisaheinen@sonomacasa.org              |
| Jan Cobaleda-Kegler | Director Behavioral Health                    | Jan.cobaleda-kegler@sonoma-<br>county.org |
| Јо МсКау            | Section Manager, FY&C                         | <u>mckayj@schsd.org</u>                   |

| Name                 | Role/Affiliation  | Email                             |
|----------------------|---|-----------------------------------|
| Joanne Willis Newton | Attorney / Tribal Law Expert for<br>Indian Child & Family Preservation<br>Program                                     | jwn@willisnewtonlaw.com           |
| Jody Rodgers         | Parent Mentor, CPI  | jodyr@calparents.org              |
| Joni Thacher         | Program Planning Evaluation<br>Analyst, UpStream Investments  | jthacher@schsd.org                |
| Justine Arenander    | Program Planning Evaluation<br>Analyst, FY&C  | jarenander@schsd.org              |
| Karin Sellite        | Section Manager, Sonoma<br>County Behavior Health   | Karin.Sellite@sonoma-county.org   |
| Kelvina Landriani    | ICWA Representative, Federated<br>Indians of Graton Rancheria   | klandriani@gratonrancheria.com    |
| Kris Hoyer           | Director, Juvenile Probation  | kris.hoyer@sonoma-county.org      |
| Lara Walker Sproul   | ICWA Representative, Federated<br>Indians of Graton Rancheria   | lwalker@gratonrancheria.com       |
| Leslie Ann Hay       | Facilitator, Hay Consulting   | leslieann@hayconsulting.org       |
| Lizbeth Perez        | Community Development<br>Specialist   | <u>lperez@lafamiliasana.org</u>   |
| Liz Elgin DeRouen    | Executive Director, Indian Child & Family Preservation Program  | liz@icfpp.net                     |
| Maureen Geary        | Attorney (Maier Pfeffer Kim Geary<br>& Cohen LLP) / Tribal law expert<br>for Federated Indians of Graton<br>Rancheria | mgeary@jmandmplaw.com             |
| Matt Defer           | Attorney, Dependency Legal<br>Services  | deferm@dependencyls.com           |
| Melissa Struzzo      | Section Manager, SUD Treatment  | Melissa.struzzo@sonoma-county.org |
| Rachelle Lynch       | Social Work Supervisor, FY&C  | rlynch@schsd.org                  |
| Regina de Melo       | Program Development Mgr, FY&C   | rdemelo@schsd.org                 |
| Robin Bowen          | Executive Director, CPI   | robinb@calparents.org             |
| Robyn Robbins        | Advocate, Former Foster Parent,<br>Mentor   | robynrobbins@hotmail.com          |
| Sabrina Johnson      | Prevention Manager, FY&C  | scoylejohnson@schsd.org           |
| Saskia Garcia        | Sonoma Connect  | sgarcia@sonomaconnect.org         |
| Save Gasaiwai        | Sonoma County Human Services<br>Program Planning Evaluation<br>Analyst, PREE  | sgasaiwai@schsd.org               |
| Segretta Woodard     | Representative, NAACP   | segrettaw@gmail.com               |
| Shadee Laines        | Sonoma Co. Indian Health Project  | Shadee.laines@scihp.org           |
| Shannon Cavanaugh    | Parent Mentor, CPI  | shannonc@calparents.org           |
| Toni Abraham         | Catholic Charities of Santa Rosa  | tlabraham@srcharities.org         |

**Infographic** 

Needs Assessment Report by Indigo Team

Assets by Protective Factors

Assets by Social Determinants of Health