

Building California's Community Pathways:

Emerging Themes and Lessons learned in FFPS implementation

INTRODUCTION

As California counties, Tribal partners, and community-based organizations begin to operationalize Community Pathways within the Family First Prevention Services Act (FFPSA) Part I framework (FFPS Community Pathways), initial themes are emerging that can help inform implementation across the state and identify additional resources needed. Currently, 33 counties and two Tribes with California Title IV-E Agreements plan to implement FFPS Community Pathways, with five additional counties considering implementation. While counties vary significantly in readiness, structure, and local context, common themes demonstrate a shared commitment to strengthening community-centered prevention systems, expanding access to evidence-based services, and creating more coordinated pathways for families.

This brief, developed by [Strategies Technical Assistance](#) in partnership with the FFPS Community Pathway Committee and the California Department of Social Services (CDSS), summarizes key implementation themes identified through county interviews and in FFPS planning discussions and highlights examples of how local jurisdictions are approaching FFPS Community Pathways development.

Over the past nine months, Strategies Technical Assistance engaged in 28 interviews and discussions with Title IV-E agency Comprehensive Prevention Planning (CPP) leads (see Appendix A). This brief synthesizes the emerging themes and examples shared through those conversations. As FFPS Community Pathways implementation continues to evolve across California, some jurisdictions may have adjusted their plans, partnerships, funding strategies, or implementation approaches since these conversations occurred. This brief captures the information observed during the interview period and should not be considered a comprehensive or current status report for any individual county or Tribal partner.

UNDERSTANDING COMMUNITY PATHWAYS

A **Community Pathway** is a connected network of local resources, community organizations and trusted providers that help families access voluntary, holistic supports through the places and organizations they naturally turn to before a crisis occurs. By establishing “no wrong door,” aligning resources, and strengthening collaboration, Community Pathways help promote family well-being and prevent unnecessary child welfare involvement and other family crises. A “no wrong door” approach ensures that wherever families first seek help, they are welcomed and connected to a full array of effective services and supports without having to navigate complex systems or find the “right” agency on their own. While the term “Community Pathway” may be new in some communities, the work itself is not. Across California, communities have long-established networks, trusted relationships, and formal and informal referral pathways that connect families to resources

and prevent family crises. Family resource centers, community-based organizations, Tribal partners, schools, health providers, and other trusted organizations have been building these connections for years, providing a strong foundation for broader prevention system development.

FFPS creates an opportunity to recognize, strengthen, and invest in such existing community-based supports. It builds on long-standing prevention efforts in some counties while enabling others to expand existing services or develop new programs. As part of [California’s Five-Year State Prevention Plan](#), the FFPS Community Pathway provides a specific approach for connecting children and families to voluntary prevention services before child welfare or probation involvement is needed. Through the FFPS Community Pathway, families can access evidence-based prevention services before formal involvement with child welfare or probation, as part of an alternative response program, or after being evaluated out of child welfare involvement. To receive Title IV-E Prevention funded services related to one of the ten state-approved evidence-based prevention practices, a Title IV-E agency must determine the family meets candidacy criteria. While Title IV-E Prevention funding under FFPSA Part I offers an important opportunity to expand and sustain prevention, broader Community Pathways extend beyond any single funding stream or program and encompass the full range of formal services, community supports, and trusted local resources on which families rely. Rather than replacing existing community supports, the FFPS Community Pathway is intended to complement and strengthen them. The long-term vision is a stronger partnership between systems and communities—where public agencies, community-based organizations, and families work together to build accessible, coordinated supports that reflect how families seek help.

The themes, examples, and lessons learned that follow are drawn from interviews with CPP leads and thus primarily focus on implementation of the FFPS Community Pathway. However, the FFPS Community Pathway and broader Community Pathways are closely connected, and successful implementation depends on strengthening both. Many of the examples and considerations throughout this brief also reflect broader Community Pathways development and cross-sector collaboration.

FFPS Community Pathway	Broader Community Pathways
The FFPS Program creates a new opportunity to deliver Evidence-Based Practices (EBPs) through partnerships with Title IV-E agencies by leveraging federal funding and reinvesting those resources back into communities. It builds on long-standing prevention efforts in some counties while enabling others to expand existing services or develop new programs. The program is intended to complement—not replace—existing funding streams and services, supporting an integrated, "no wrong door" network of care for children and families. The FFPS Community Pathway is one component of this broader community-based prevention approach, building on existing community supports rather than duplicating them.	A community-based service array providing “no wrong door” access to a broad range of trusted community providers where families naturally seek support, and may include Tribes, schools, health care providers, family resource centers, faith-based organizations, and other local entities. Community Pathways may offer a broad variety of services beyond Title IV-E Prevention funded EBPs.

EMERGING THEMES

1. STRENGTHENING PREVENTION INVOLVES THE ENTIRE SYSTEM OF CARE

While Comprehensive Prevention Plan (CPP) leads are often housed within child welfare, probation, and/or prevention agencies, families interact with many systems, and strengthening Community Pathways requires partnership across the entire system of care. This cross-sector approach is foundational to comprehensive prevention planning and reflected in the work of many CPP teams throughout California. In several counties, the Interagency Leadership Team (ILT), established pursuant to [Assembly Bill \(AB\) 2083](#), which became law in 2018, serves as a key component of the CPP governance structure. Although originally focused on children in care, many counties have expanded their ILTs to encompass prevention, aligning directly with the goals of FFPS. Through this collaboration, agencies align priorities, coordinate services, braid and blend funding streams from multiple sectors—including managed care plans, education, behavioral health, and local resources—and strengthen information-sharing to better support families.

Many counties are recognizing that effective Community Pathways also extend beyond formal system partners. Community-based organizations, Family Resource Centers, Tribal partners, faith communities, and other trusted grassroots organizations bring deep relationships with families, unique community knowledge, and resources that government systems alone cannot provide. Counties are including these partners in Community Pathway development to ensure planning is grounded in community strengths and reflects how families naturally seek support.

This is founded in their belief that when the entire system of care works together, Community Pathways become more sustainable, responsive to local needs, and accessible to families.

Examples

- Calaveras County regularly holds Care Team meetings, which include agencies from their System of Care Interagency Leadership Team as well as families, and use a Child and Family Team Meeting model to address family needs. Calaveras plans to embed a Family Navigator who uses Motivational Interviewing in the Care Team to be able to draw down Title IV-E Prevention funds.
- Contra Costa County met with community partners to develop an Interagency Prevention Partnership Agreement, which outlines commitments such as a shared vision for families, information-sharing, service alignment, and continuous quality improvement.
- San Bernardino County Child Welfare built on its strong relationships with faith leaders to convene multiple prevention-focused community focus groups, creating new opportunities for community engagement and feedback that informs Community Pathway development.
- Santa Clara County built on its System of Care Interagency Leadership Team collaboration and partnered with the City of San José to invest in a “no wrong door” approach, matching city investments with county dollars and exploring Medi-Cal opportunities to sustain and expand supports for families.

2. Building on Existing Prevention Infrastructure

Rather than creating entirely new systems, many counties are leveraging and expanding existing prevention initiatives, including Family Resource Center (FRC) networks, Differential Response (DR) programs, and community partnerships. During interviews, Title IV-E agencies frequently described the FFPS Community Pathway as an evolution of work already occurring within their communities. This approach allows jurisdictions to build upon established relationships, existing service delivery systems, and prevention investments while minimizing duplication of efforts.

Examples

- Santa Clara County expanded its long-standing Strengthening All Families Equitably (SAFE) Program and Differential Response model into a broader Community Pathway, growing from three service providers to six community-based organizations.
- San Francisco County began implementation through its established prevention partner, [Safe & Sound](#), and is now expanding participation across a network of 24 Family Resource Centers.
- Ventura County is building upon existing Healthy Start and Community School infrastructure, focusing on strengthening referral processes, resource navigation, and family-centered coordination rather than creating new service systems.
- Kern County is utilizing the [Kern County Network for Children](#), an established countywide collaborative that already coordinates Family Resource Centers, schools, and behavioral health providers.

3. Trusted Community Partners Drive Success

A consistent theme across counties is the importance of selecting community partners that are already deeply embedded within the communities they serve. County interviews indicated the following common criteria for selecting partners:

1. Established trust within communities
2. Existing service footprint in high-need areas
3. Ability to deliver evidence-based practices (EBPs)
4. Strong relationships with county agencies
5. Geographic accessibility and reach
6. Cultural capacity

Examples

- Humboldt County engaged 20 partners, including 16 Family Resource Centers, 3 Tribal organizations, and a Transition-Age Youth collaborative. Partners were selected based on existing community trust and geographic accessibility.
- Kern County selected the Kern County Network for Children because of its longstanding relationship with families, deep connections to community-serving organizations, and strong relationship with the county.
- San Diego County prioritized organizations already delivering EBPs to fidelity and strong community relationships. They selected 6 service providers; the Family Connection Hub completes the assessments and Family Well-Being Plans and then coordinates services with 5 EBP providers.

4. Phased Implementation Is the Preferred Approach

Many counties are intentionally taking a phased approach to FFPS Community Pathway implementation rather than launching fully developed community-based systems from the outset. Recognizing the complexity of building new referral pathways, establishing partnerships, training staff, developing data systems, and navigating FFPSA Part I requirements, many jurisdictions are prioritizing incremental implementation that allows for learning, adaptation, and capacity-building over time. This often includes starting with one or two evidence-based practices (EBPs), particularly those already being provided in the community, and expanding over time. Based on Strategies TA interviews, Motivational Interviewing (MI) and Parents as Teachers (PAT) were the EBPs most frequently cited as being implemented across the state.

For many counties, the first phase focuses on training internal child welfare staff and initiating a Title IV-E Pathway. By beginning internally, counties can test processes in a more controlled environment before expanding services to external partners. A second common approach involves beginning implementation with a small number of trusted community-based organizations by launching pilots with one or two organizations to better understand eligibility and referral patterns, family engagement, communication protocols, and service coordination needs. Their intent is to use the learnings to address challenges and refine processes prior to expansion.

Many jurisdictions also described using phased implementation as a risk mitigation strategy. Counties are navigating significant uncertainty related to funding sustainability, California Automated Response and Engagement System (CARES) implementation, workforce capacity, and administrative requirements. Starting with a smaller pilot allows communities to assess feasibility, identify challenges, and refine operational processes before scaling out.

Examples

- El Dorado County plans to start internally with Child Welfare Family Preservation cases to better understand implementation and reimbursement processes before expanding to community-based referrals.
- Sacramento County and Sonoma County are considering beginning Motivational Interviewing (MI) within Child Welfare Services before expanding to community-based providers.
- Solano County plans to start with internal staff and embed social workers into community organizations.
- Alameda County and Napa County have each initiated pilots with one trusted community-based provider before gradually expanding to additional agencies and community entry points.

5. Infrastructure to Ensure Coordinated Data Sharing and Information Exchange

Many counties have identified the need to establish core infrastructure to ensure service delivery, referrals, and data collection are coordinated across all partners involved in FFPS. To that end, several counties are investing in coordinated referral systems, Community Information Exchanges (CIEs), and data-sharing platforms to improve service coordination and track outcomes.

Examples

- Humboldt County utilizes a Community Information Exchange through the North Coast Health Improvement and Information Network (NCHIIN). All 20 service providers will utilize the Protective Factors Survey as an assessment.
- Calaveras County is implementing Unite Us as a closed-loop referral platform and is working with Evident Change to build a Calaveras Community Response Guide tool.
- Ventura County is developing a Community Information Exchange and exploring additional referral technology solutions.

Innovative Approaches to Strengthening and Sustaining Community Pathways

Counties identified several practices as being helpful in deepening understanding of local systems and improving coordination across partners.

Examples

- Beyond traditional asset mapping, Napa County engages in learning tours, where staff visit community-based organizations and service providers directly. These tours help teams better understand available services, strengthen relationships, and build trust across the network of partners supporting families.
- San Diego County conducted family journey mapping, where they created real life scenarios focused on understanding the system from the family's perspective. This approach asks: *"What does it actually look like for a family to navigate available services from first contact through connection and follow-up?"* By mapping the family experience, counties are better able to identify barriers, gaps, and points where families may disengage, and then redesign pathways to be more accessible, coordinated, and responsive.
- Alameda County went on a "marketing roadshow" to provide education and increase awareness of services available through FFPS Community Pathways. They prioritized schools and hospitals due to their high report, low substantiation rates.
- Humboldt and Ventura Counties are prioritizing broader, community-driven pathways by not relying on FFPSA Title IV-E or State Block Grant funding to establish or sustain community partner infrastructure. Instead, they are building pathways designed for long-term sustainability and focused on primary and secondary prevention by leveraging or exploring funding sources such as First 5, California Advancing and Innovating Medi-Cal (CalAIM), and the County Children's Trust Fund.

Counties are also blending and braiding funding from a range of traditional and less traditional sources to support Community Pathway implementation and sustainability. Examples mentioned include:

- Title IV-E Prevention under FFPSA Part I
- State Block Grant, including shared dollars from Probation's allocation
- County realignment
- Behavioral Health Services Act (BHSA)
- School district matching
- City matching

- Independent Living Program (ILP)
 - Commercial Sexual Exploitation of Children (CSEC)
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COMMON CHALLENGES

While counties and Tribal partners have demonstrated significant commitment to advancing Community Pathways, several common challenges emerged across interviews. These challenges reflect both the complexity of systems change efforts and the evolving nature of FFPS implementation in California.

1. Workforce Capacity and Competing Priorities

Many jurisdictions reported limited staffing capacity and competing initiatives as barriers to implementation. Child welfare agencies, community-based organizations, and Tribal partners are simultaneously managing multiple system reforms, funding requirements, and service delivery demands. As a result, FFPS Community Pathways planning and implementation has been competing with other urgent priorities, making it difficult to dedicate sufficient time and resources to development efforts. Staff turnover has also created ongoing challenges related to EBP training requirements and the effective transfer of institutional knowledge.

2. Uncertainty Around Long-Term Sustainability

Although many jurisdictions are leveraging State Block Grant funding, realignment funds, and other prevention resources, questions remain regarding the long-term sustainability of funding for Community Pathways. Concerns about ongoing funding, administrative burden, staffing costs, and reimbursement processes have influenced implementation timelines and design decisions. Some partners expressed hesitation about expanding services without greater confidence in future funding stability.

3. Navigating FFPSA Part I Requirements and Reimbursement Processes

For many communities, translating the vision of FFPS Community Pathways into operational processes has proven challenging. Counties are working to understand candidacy determination, documentation requirements, reimbursement procedures, Payer of Last Resort, and the practical implications of drawing down Title IV-E prevention funds. Counties have expressed skepticism in the rollout of the CARES database, and several jurisdictions described a desire to move forward cautiously until implementation and reimbursement processes become clearer and more established.

4. Building Shared Understanding Across Systems

Community Pathways require collaboration among many different systems. Developing a shared vision, common language, and coordinated processes across these systems has been challenging. Differing organizational priorities, mandates, and levels of familiarity with FFPSA Part I has made it difficult to align partners around a unified prevention approach, and some communities are experiencing difficulty moving from exploration to implementation, with stalled decision-making hindering forward momentum.

5. Community-Based Provider Capacity

Several Title IV-E agencies reported challenges related to provider readiness and service capacity. Some EBPs are not widely available in all regions, particularly in rural communities, and launching a new EBP is cumbersome and expensive. Community-based organizations face workforce shortages, limited staffing, or competing service demands that can affect their ability to expand prevention services, especially with the anticipated increase of referrals. Building and sustaining provider capacity remains an important consideration for long-term implementation success.

6. Balancing Fidelity with Community Responsiveness

Jurisdictions are working to balance the use of approved EBPs with the desire to provide culturally responsive, community-driven supports. This challenge is particularly relevant for Tribal communities, rural regions, and culturally diverse populations whose needs may not always align neatly with existing evidence-based service models. Communities continue to explore how to maintain fidelity requirements while ensuring services remain relevant, accessible, and reflective of local strengths and traditions.

7. Family Engagement and Accessibility

Even when services are available, families may face barriers to participation due to competing responsibilities, transportation challenges, economic stress, childcare needs, and the time commitment required from EBPs. Several implementation efforts highlighted the importance of addressing concrete needs and building trusted relationships to support engagement. Ensuring that Community Pathways are accessible and family-centered remains an ongoing area of focus.

Counties also discussed challenges around communicating with families about Community Pathways and the supports available to them. Santa Clara County reported that some families perceived unexpected outreach from providers as potential scams, highlighting the importance of trust-building and clear communication when initiating contact. Humboldt County initially mailed families a list of available services directly, via their Differential Response program, but engagement remained low. In response, the county shifted its approach and now routes this letter through mandated reporters to support a “warm hand-off” process, improving connection and follow-through to services.

8. Expanding Beyond the Approved EBPs

A theme emerging across county and Tribal partner interviews is the desire to build Community Pathways that extend beyond the 10 approved EBPs identified in California’s Five-Year State Prevention Plan and better reflect the cultural strengths, traditions, and needs of local communities. Tribal partners discussed interest in traditional healing approaches and culturally relevant parenting supports. Many counties expressed interest in utilizing other EBPs that have already been established within their communities, such as Positive Parenting Program (Triple P), Nurturing Parenting Program (NPP), and Incredible Years, which are not included in California’s approved EBPs at this time.

CLOSING

Across California, FFPS Community Pathways implementation reflects a shared commitment to strengthening prevention systems that are more coordinated, accessible, and grounded in community relationships. While approaches vary based on local context, infrastructure, and capacity, counties and Tribal partners are consistently building on existing systems, working collaboratively with trusted community-based organizations, and adopting phased strategies that allow for iterative learning and adaptation.

At the same time, implementation efforts highlight the complexity of this system's transformation. Workforce capacity constraints, uncertainty around long-term sustainability, evolving FFPS requirements, and the need for shared understanding across partners continue to shape the pace and structure of progress. Title IV-E agencies are actively working through these challenges while maintaining a focus on improving family experience and access to prevention services.

As FFPS Community Pathways continues to evolve, ongoing cross-county learning, Tribal leadership, and intentional documentation of implementation experiences will be critical. The themes outlined in this brief reflect an early but important snapshot of a statewide effort that is still developing, with continued opportunity to refine, align, and strengthen how prevention services are delivered to families across California.

If you have questions or would like additional information about this brief, please contact: Tabitha Grier at tgrier@thecapcenter.org and Kristen Gast at kgast@thecapcenter.org

Appendix A- List of Counties & Tribes Interviewed

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| 1. Alameda | 15. San Bernardino |
| 2. Calaveras | 16. San Diego |
| 3. Contra Costa | 17. San Francisco |
| 4. El Dorado | 18. San Luis Obispo |
| 5. Humboldt | 19. San Mateo |
| 6. Karuk | 20. Santa Barbara |
| 7. Kern | 21. Santa Clara |
| 8. Lake | 22. Sierra |
| 9. Madera | 23. Solano |
| 10. Napa | 24. Sonoma |
| 11. Orange | 25. Stanislaus |
| 12. Placer | 26. Tulare |
| 13. Sacramento | 27. Ventura |
| 14. San Benito | 28. Yurok |