

CLINTON HEALTH MATTERS INITIATIVE

# Strong Families, Thriving Communities

Blueprint for Action



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# Executive Summary

The “Strong Families, Thriving Communities” (SFTC) coalition was formed in the summer of 2017 by community partners who came together, unified by a desire to improve the health and well-being of children and families that interact with San Diego’s child welfare and juvenile justice systems. The coalition is lead by the Clinton Health Matters Initiative (CHMI), an initiative of the Clinton Foundation, in partnership with The San Diego Foundation (TSDF) and the County of San Diego (COSD). CHMI was invited by The San Diego Foundation and the County of San Diego to help improve outcomes for child welfare and juvenile justice-involved families by leveraging the progress and community momentum already achieved in San Diego through the successful “Live Well San Diego” action framework, which works to improve health for all populations. Using CHMI’s Community Health Transformation model that brings stakeholders together to tackle issues from a systems change approach, the coalition will build on Live Well’s ongoing community collaboration efforts focusing on San Diego County’s most vulnerable residents.

Central to SFTC’s’ mission is a reduction in the disproportional involvement by African Americans, Latinos, and Native Americans with COSD’s Child Welfare Services and Probation agencies. By improving the overall environment that contributes to the health and wellness of children and families that interact with these agencies, and by targeting inequitable access to opportunities, resources, and support, the coalition’s work will help align efforts around achieving equitable outcomes. Facilitated by CHMI, SFTC members created and prioritized their goals for changing this environment through 29 Bold Action Steps — some resulting in short-term impacts, and others with benefits that will be seen in the long-term — which are outlined in this “Blueprint for Action.” The Bold Action Steps are diverse and will require collaboration between community partners in the private, public, and nonprofit sectors to be achieved.

CHMI will support SFTC in accomplishing its Bold Action Steps by managing regional collaboration, facilitating connections between partners, and helping to align resources in San Diego County. It will guide the coalition’s Steering Committee and subject area working groups in their process of refining and implementing the Bold Action Steps, and as the Bold Action Steps are realized, will celebrate the community’s successes. At all stages, SFTC and CHMI will identify and build upon existing efforts in San Diego County to help reach its goals. Indicators to measure progress toward these goals will be selected with the assistance of an independent team from Wake Forest University School of Medicine, and will be tracked and assessed by the SFTC’s’ Steering Committee and working groups. Through the teamwork of engaged coalition members, San Diego County’s children and families will become even stronger and thrive.



The following is a list of all Bold Action Steps identified for implementation by the coalition:

1. Improved health education will be provided in the areas of comprehensive sexual health, drug and alcohol abuse prevention, and oral health.
2. Inpatient substance abuse treatment programs will be created where children can join their parents.
3. There will be improved access to behavioral health services.
4. There will be improved access to clinical care services.
5. Equitable education opportunities will be provided to all students.
6. Affordable child care will be accessible to all families with young children.
7. Parity will be reached in the preventive services offered to juvenile justice and child welfare-involved families.
8. Youth and families will connect with more healthy, long-term role models.
9. Information and data sharing between COSD and outside service providers will be improved to facilitate providers' ability to treat families.
10. Continuity of supportive services will be provided to families and emancipated youth.
11. The trauma-informed care and resiliency-building approaches will become standard practice for all systems and service providers, at all levels, that serve children, youth, and families.
12. Supportive services will be culturally relevant and delivered by staff who reflect the community served and have lived experience.
13. The number of times that a family's case worker changes in child welfare and juvenile justice agencies will be minimized.
14. Screening will improve for risk factors of child welfare and juvenile justice involvement, and families will be linked with supportive services.
15. Formal mechanisms to gather feedback from families will be created and integrated into programs.
16. All services will be delivered through a family-centered approach, including mandatory visits for siblings.
17. Stakeholder involvement in the juvenile justice Reducing Racial and Ethnic Disparities (RRED) process will be expanded, especially where there are gaps in representation.
18. A user-friendly tool to access national best practices for RRED will be created.
19. Family access to children in the juvenile justice system will be improved.
20. Low-interest loan programs for transition-aged and emancipated youth will be implemented.
21. There will be an increase in peer mentorship programs for emancipated youth and mentoring for juvenile justice-involved youth that provide training in life skills, obtaining employment, and accessing public resources.
22. Incentives will be put in place to support the opportunities for youth to earn a living wage without a decrease in financial support from the child welfare system.
23. Pressure to reunify near emancipation age will be reduced.
24. The stigma and misconceptions of foster youth will decrease.
25. Policies will be put into place to protect the credit of youth under 18.
26. There will be improved access to transportation.
27. There will be an increase in availability of affordable and supportive housing.
28. Hubs for services providers will be engaged, supported, and expanded.
29. Barriers to access will be removed for youth to utilize recreational and community facilities, and existing facilities will be repurposed.

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# Background

## STRONG FAMILIES, THRIVING COMMUNITIES

The Clinton Health Matters Initiative (CHMI), the County of San Diego (COSD), and The San Diego Foundation (TSDF) have partnered to improve the health and well-being of children and families who interact with the child welfare and juvenile justice systems, with a specific focus on disparities present among African-American, Native American and Latino families.

In 2017, CHMI and its partners convened stakeholders from family-serving organizations and young people with systems-involved lived experiences to form the Strong Families, Thriving Communities (SFTC) coalition. The coalition will help identify and implement systems change solutions that will address the social determinants of health for these children and families – including access to education, transportation, behavioral health and substance abuse treatment, nutrition and exercise, and community safety. SFTC leverages public and private partners working together to encourage implementation of Bold Action Steps that create systemic solutions to improve the quality of life for children and families in San Diego.

SFTC's mission and vision statements are:

**Vision** – All San Diego communities and families have the opportunity to be safe, healthy, and resilient.

**Mission** – To align child welfare and juvenile justice policies, practices, and resources to increase equity and effectiveness for communities, families, and children.

COSD is an advanced public health community, based on its designation as a Beacon Community for utilizing information technology to improve health as well as various other state and national awards for innovation. SFTC seeks to help align and build on existing efforts for the benefit of the children and families it serves. Applying its proven model in communities across the United States, CHMI is leading San Diego stakeholders through the process of creating and executing a strategic plan called a Blueprint for Action, which incorporates the Bold Action Steps that the community identified. This document and the Bold Action Steps herein represent the desires of a broad range of coalition members regarding goals to prioritize in striving for better health for children and families.

## THE CLINTON HEALTH MATTERS INITIATIVE

The Clinton Foundation convenes businesses, governments, non-governmental organizations, and individuals to improve global health and wellness, increase opportunity for girls and women, reduce childhood obesity, create economic opportunity and growth, and help communities address the effects of climate change. The Clinton Health Matters Initiative (CHMI), an initiative of the Clinton Foundation, furthers this mission by working to improve the health and well-being of all people by activating individuals, communities, and organizations to make meaningful contributions to the health of others.

CHMI's goals are to reduce the prevalence of preventable health outcomes and close health inequity and disparity gaps by improving access to key contributors to health for all people. To support the communities involved, CHMI provides a platform to access local, scalable solutions for the nation's most pressing health concerns.

**Figure 1: CHMI Community Health Transformation Process in San Diego**

Building better health is not limited to making one single life change, but rather a series of small, attainable changes. Furthermore, making changes in one's health must be supported by a community with systems that enhance health and wellness. CHMI recognizes this by utilizing the social determinants of health from the County Health Rankings Model as a framework for its stakeholder workshops and Blueprint development process (see Figure 2: County Health Rankings Model).<sup>1</sup>

CHMI facilitates discussion and action amongst community leaders, creating systemic change in each of the four broad categories of social determinants of health included in the County Health Rankings Model – Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. This process is deeply ingrained in the Community Health Transformation approach developed by CHMI. CHMI works in regions and populations disproportionately affected by chronic disease to improve health outcomes and close gaps in health disparities. Communities where CHMI is deploying or has deployed this process include: The Coachella Valley, California; Central Arkansas (Little Rock); Northeast Florida (Jacksonville); Greater Houston, Texas; Adams County (Natchez), Mississippi; and Knox County (Galesburg), Illinois.

### THE SAN DIEGO FOUNDATION

The San Diego Foundation improves the quality of life in all San Diego communities by providing leadership for effective philanthropy that builds enduring assets and by promoting community solutions through research, convenings and actions that advance the common good. The regional community foundation is engaged in a diverse array of program areas, including: Arts, Culture & Humanity, Civil Society and Social Innovation, Disaster Preparedness & Relief, Education, Environment, Health & Human Services, Housing & Shelter, Public Safety, and Youth Development. As identified in Our Greater San Diego Vision, TSDF is committed to collaboration and partnerships that accelerate desired and necessary change within the framework of WELL — Work, Enjoy, Live & Learn.

### SAN DIEGO COUNTY

San Diego County is a region of approximately 3.3 million people, with significant variation in its urban, suburban, and rural environments, and in the diversity of its residents. It is the second largest county in California.<sup>2</sup> There are 18 cities in the region, 17 tribal governments (representing 18 Native American tribes), 42 School Districts, and 10 law enforcement jurisdictions.<sup>3</sup> Building a family-friendly environment that leads to good health for San Diego's children and families is the responsibility of a wide variety of government agencies, and requires close coordination with city jurisdictions, tribal governments, and other entities. COSD has a track record of prioritizing health and social services for its residents through efforts like Live Well San Diego, and others mentioned in this document. This has led it to contribute staff time, subject matter expertise, connections to important stakeholders, and an openness to potential practice change.

### WHY CHMI IS WORKING IN SAN DIEGO COUNTY

Through Live Well San Diego, the region's leaders and stakeholders have demonstrated a collective commitment to improve health for all of San Diego County's residents. Live Well San Diego is a regional vision adopted by the COSD Board of Supervisors in 2010 that aligns the efforts of COSD, community partners, and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. "Building Better Health," adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; "Living Safely," adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, "Thriving," adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect, and enjoy the highest quality of life, in areas such as the built and natural environment, community enrichment, education, and workforce development.

Achieving this vision has required COSD to go beyond what many would consider the typical scope of government. COSD has changed the way it does day-to-day business. It redefined the role the entire COSD team plays as stewards of health, safety, and wellness. Seven years after adopting this framework for action, COSD and over 350 Live Well San Diego partners across all sectors, collectively, have initiated and strengthened several efforts to build better service delivery systems, promote positive choices to all residents, and pursue policies and environmental changes that will make positive choices easier for residents to make. Much has also been done to improve workplace wellness, with the belief that the culture within should reflect this bold vision.

Localized efforts have been launched with partners to support healthy safe and thriving communities. One example of coupling vision with action is the Grandparents Raising Grandchildren Summit and Let's Connect Expo, planned and implemented by the Central Region Live Well San Diego Leadership team, a cross-sectoral group in a historically underserved area of the county. Over 50 organizations hosted a resource fair, connecting residents to services in their own community, and offered workshops to support grandparents who, for a number of reasons, now find themselves raising their grandchildren. Workshops covered subjects like managing conflict with grandchildren, communicating with teens, what you need to know about sex and human trafficking, and internet safety. Over 220 residents attended, and in addition to networking and learning opportunities, were connected to health insurance and nutrition assistance, dental varnish for kids attending, as well as food distribution packets.

The SFTC Coalition will build on these early efforts to promote positive choices for families by helping the community create policies, systems and environments that make the positive choice the easy choice to make, regardless of zip code, socio-economic status, race/ethnicity, gender or age.



Continuing in the spirit of Live Well San Diego, TSDF invited CHMI to partner with the COSD and adapt its Community Health Transformation model to focus on the health of families and children that interact with the child welfare and juvenile justice systems. The momentum in San Diego County to date, and the willingness of stakeholders to talk about difficult issues and collaborate across organizations and sectors, position the region to successfully direct CHMI's model toward reaching better health outcomes. SFTC is expected to create positive health transformation for the children and families involved, and in some cases for all San Diego residents. These gains will open possibilities for children to lead more fulfilling, successful lives.

When TSDF and COSD defined the goals they wanted CHMI's Community Health Transformation process to achieve in San Diego, reducing the disproportionately large exposure by African-American and Native-American families to child welfare and juvenile justice was paramount. CHMI's focus on equity is a critical piece of its community transformation process, and this mission alignment between the three partners presented an opportunity for collaboration in San Diego with a potential for high impact and reach. During stakeholder interviews with CHMI, concern for all people of color, including the high percentage of system-involved Latinos, was expressed. The intent is that the improvements in health made by this Blueprint will positively affect all children and families, including all those disproportionately affected by both systems.

With a focus on underserved families and communities, specifically African-American and Native-American communities, the work of the SFTC coalition will enfold existing COSD and community efforts as appropriate, and identify new areas of emphasis where necessary, to ensure that all San Diego communities and families regardless of family composition, race/ethnicity, socioeconomic status, or geographic location — have the opportunity to be safe, healthy, and resilient. In doing so, it is the aim of SFTC to align child welfare and juvenile justice policies, practices, and resources, whether they be in COSD government, other jurisdictions or in the communities themselves, to increase equity and effectiveness for families and children.

CHMI and its partners are committed to further strengthening capacity and accelerating systems change for the health of the community. The plan for how SFTC will accomplish this is outlined in the Bold Action Steps contained within this document. Once implemented, they will create systems change that will lead to narrowing disparities in health and well-being for people of color in San Diego. These health improvements are anticipated to lead to more favorable types of interaction with child welfare and juvenile justice agencies, when warranted, and potentially lower rates of involvement. Creating stronger, more resilient families will, in-turn, build a better quality of life for all San Diego residents.

### CHILD WELFARE & JUVENILE JUSTICE

In San Diego County, Child Welfare Services (CWS), under the COSD's Health and Human Services Agency (HHS), the Probation department, under the Public Safety Group, and local courts all work together to ensure the safety and well-being of children. CWS is primarily responsible for addressing issues of child abuse and neglect, while Probation also addresses abuse and neglect issues as they pertain to children/youth who have committed a crime. Close coordination is required between these departments; between COSD and the other jurisdictions in the region; and between COSD and Community-Based Organizations (CBOs).

In 1998, the COSD Board of Supervisors adopted the Comprehensive Strategy for Youth, Family and the Community. This is a collaborative and integrated systems approach to reduce delinquency and to promote positive outcomes for youth. COSD has recommitted to the Strategy over the years, continuing to support evidence-based practices focused on family strengthening and positive youth development, working through the Juvenile Justice Coordinating Council and the Juvenile Justice Comprehensive Strategy Task Force. COSD is currently one of three jurisdictions nationwide working with national experts to implement the Youth in Custody Practice Model, which includes a youth development approach that prioritizes family engagement.

Through execution of the 1998 Strategy and other related efforts, COSD has made significant strides in improving outcomes for its most vulnerable children. Large reductions have been made over the last five years in the rate of substantiated allegations of child abuse or neglect, and the rates at which children enter and remain in foster care, all of which are better than the State of California rates overall.<sup>4</sup> However, African Americans and Native Americans are still disproportionately affected, a problem which COSD has recognized for some time and has taken steps to address.

The U.S. Centers for Disease Control and Prevention have outlined several risk factors for child abuse and neglect that are applicable nationwide, which include socio-economic and neighborhood characteristics such as poverty and lack of affordable housing options.<sup>5</sup> These and other risk factors are present in parts of San Diego County, where housing costs and overall poverty have increased over the last five years.<sup>6</sup> Anxiety about these issues may also contribute to two other risk factors for child welfare system involvement: substance abuse and mental health issues.

COSD has taken an open approach to addressing disproportionate contact by African-American and Native-American families to the child welfare system. Part of the problem is caused by the economic risk factors noted above, while national research suggests that additional causes can include bias (conscious and unconscious) among child protective workers and mandated reporters.<sup>7</sup> CHMI was informed during the Blueprint workshops and stakeholder interviews that a climate of distrust, impacted by multi-generational exposure to child welfare and juvenile justice, has made parents hesitant to accept help from COSD agencies in obtaining needed services. One aim of SFTC is to explore local solutions to this issue.

The need to continue to make child welfare, juvenile justice, and supportive services more trauma-informed was brought up in stakeholder interviews, and by the coalition at large at workshops and in surveys. Children and families impacted by these two systems have often experienced multiple Adverse Childhood Experiences (ACEs), which can affect decision-making and can lead to re-traumatization by people in their network of care if proper training and monitoring is not conducted. In particular, coalition members noted the importance of integrating knowledge of the psychological effects of ethno-historical trauma inflicted on minority populations into screening and treatment.

Changing legal, policy, and political landscapes as well as budget constraints, pose new challenges to effective management of child welfare and juvenile justice agencies. The State of California requirements stemming from Public Safety/Child Welfare Services Realignment, Continuum of Care Reform, and Extended Foster Care have added new reforms, but also new responsibilities for staff and budgets. In this context, a fiscally conservative approach to social services programming requires substantial realignment to continue implementing evidence-based practices that serve families most effectively. The prospect of diminishing federal funds being made available for child welfare services hampers COSD's ability to deal with these challenges: about 41.5 percent of CWS' total revenues originate from the federal government.<sup>8</sup>

Coalition members have stated that collaboration between members of the service delivery system, which includes COSD agencies and CBOs, is hindered by a lack of financial and staff capacity, difficulties changing longstanding service delivery practices, and procedural and contractual constraints. Some of the issues mentioned include: perceptions among coalition members that management goals do not always translate to actions by front-line staff, challenges looking beyond individual job responsibilities to treat families more holistically, different approaches to treating clients between HHSA and Public Safety staff, lack of capacity to obtain COSD contracts by smaller CBOs, and legal and procedural challenges to data sharing. Because child and family health issues are multi-factorial and require close coordination among service providers, system disconnects that are not appropriately addressed can have severe impacts. One of the major goals of this coalition will be to bridge these gaps so that resources are maximized for the benefit of children and families.

### TIMELINE OF EVENTS

The events below have taken place to-date and correspond to Steps 1 through 3 in *Figure 1: CHMI Community Health Transformation Process in San Diego*.

#### March 2017

CHMI began conducting interviews with community stakeholders to understand the unique circumstances in San Diego County.

#### May 2017

CHMI drafted an Environmental Scan summarizing findings from background research and stakeholder interviews.

#### July 2017

Partners hosted the first of two Blueprint workshops at TSDF. Participants discussed a vision for the work, assessed strengths, problems, opportunities, and threats to success, and named the coalition “Strong Families, Thriving Communities.”

#### September 2017

Partners hosted the second of two Blueprint workshops. Participants proposed and analyzed Bold Action Steps to be included in the Blueprint for Action, and focus groups with younger members produced additional Bold Action Steps. All Bold Action Steps were compiled for coalition review.

#### October 2017

SFTC members provided a second round of feedback on the Bold Action Steps via a survey. The SFTC Steering Committee formed to guide further drafting and implementation of the Blueprint for Action.

#### November 2017

CHMI hosted two tracks at Live Well Advance related to SFTC: one focusing on Resource Families, and one on Court-Appointed Special Advocates (CASAs) and Mentors. The Steering Committee met in person to begin its evaluation of the Bold Action Steps.

#### December 2017 and January 2018

The SFTC Steering Committee concluded its evaluation of the Bold Action Steps and finalized the coalition’s mission statement and vision. Drafting of the Blueprint for Action was finalized.

#### February 2018

The SFTC Steering Committee prioritized Bold Action Steps and identified working groups to begin implementation of the Blueprint for Action.

#### March 2018

Partners and coalition members formally launched the Blueprint for Action and implementation of the Bold Action Steps began.

CHMI started by interviewing more than 65 stakeholders in a variety of roles about the state of San Diego’s child welfare and juvenile justice systems. It combined these findings with extensive data collection and background research in an Environmental Scan. The Environmental Scan helped inform the topics of focus for the Blueprint process.

During Blueprint workshops held at TSDF in July and September 2017, a total of 111 stakeholders were led through facilitated group discussions, during which they set the direction of SFTC’s work and generated Bold Action Steps to improve the health of children and families. Coalition members reviewed the proposed Bold Action Steps for potential inclusion in the Blueprint, rated them for their impact, feasibility, sustainability, and implementation timeframe, and voted on which Bold Action Steps to prioritize. Two focus groups were held separately with Transition-Aged Youth (TAY) in San Diego County, which produced additional Bold Action Steps. A second opportunity to vote and rate Bold Action Steps was provided to the coalition via an online survey. After results were compiled from the in-person workshops and the online survey, the CHMI team worked with SFTC’s Steering Committee to refine the proposed Bold Action Steps and finalize them for publishing in the Blueprint for Action.

The outcome of the community engagement process above is the creation of San Diego’s Blueprint for Action, which addresses key issues and solutions identified by coalition members. This document sets goals, measures progress, and gives voice to community members, stakeholders, and organizations within San Diego County. With the Blueprint in place, San Diego County has a framework to guide the task of improving health for children and families.

Launch of the Blueprint for Action concludes the initial phase of the Blueprint creation process and establishes a foundation for the work that remains to be done. Success in improving health and well-being and in closing disparity gaps will require focus and commitment from stakeholders across all sectors and throughout the County. CHMI will guide SFTC in implementing its Bold Action Steps by facilitating the work of the coalition's Steering Committee and subject area working groups, creating connections between organizations that are needed to carry out Bold Action Steps, helping to problem-solve and overcome implementation challenges, and continuing to elevate the coalition's success in the community.

Through the many initiatives and programs currently being implemented in San Diego County, elements of some Bold Action Steps are already being addressed and SFTC will support these efforts, avoiding duplication and integrating approaches. Through the work of the SFTC Steering Committee, ongoing efforts will be identified and opportunities to fill gaps between those efforts and the Blueprint will be explored, helping to coordinate partners and resources. The Steering Committee and working groups will establish detailed work plans for executing Bold Action Steps. Assistance selecting process and outcome measures related to the Bold Action Steps will be provided by CHMI's evaluation team from Wake Forest University in Winston-Salem, North Carolina. SFTC's working groups and Steering Committee will take responsibility for tracking these measures throughout execution of the Blueprint.

The Blueprint for Action and Bold Action Step work plans are designed to be living documents that will be refined at key intervals to address circumstances in the community, including any barriers to implementation. SFTC's Steering Committee and working groups will help to elevate issues and solutions related to executing Bold Action Steps as they occur, and will guide updates to the Blueprint to reflect the status of the work being done.

Some Bold Action Steps, including those designed to change underlying socio-economic conditions in San Diego County, will require a long timeframe to complete, while others can be accomplished within a shorter time horizon. The evaluation team at Wake Forest University will guide the coalition in establishing outcome metrics that it will use to monitor how Bold Action Steps are achieving their goals. The Steering Committee and working groups will be responsible for tracking these metrics as well as the activities underway for each Bold Action Step.

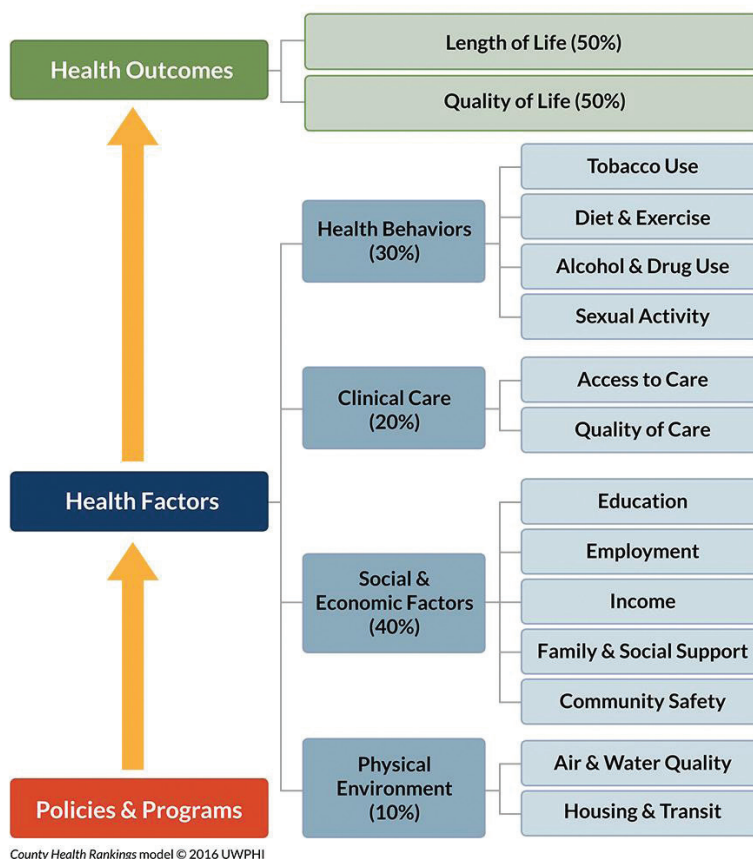
The implementation of the Bold Action Steps also includes seeking out and incorporating additional coalition members who can contribute new subject expertise and capacity to assist in implementation of Bold Action Steps. All potential stakeholders who wish to participate in working groups or otherwise contribute to SFTC will be embraced.



## THE COUNTY HEALTH RANKINGS MODEL

CHMI uses the County Health Rankings Model (Figure 2) as a framework for creating discussion around challenges and solutions for Community Health Transformation. The County Health Rankings & Roadmaps project is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, focused on measuring and building awareness of the multiple factors that influence health.

**Figure 2: County Health Rankings Model**



During Blueprint workshops and subsequent Blueprint creation activities in San Diego, the four broad categories of community health—Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment—helped organize the coalition’s work as it determined Bold Action Steps. This included breakout activities at the workshops based upon these categories, designed to assess the current state of health for affected families and to propose Bold Action Steps. The County Health Rankings & Roadmaps project defines the issues included under each of these categories below:

1. Health Behaviors – Alcohol and Drug Use, Diet and Exercise, Sexual Activity, Tobacco Use, Insufficient Sleep
2. Clinical Care – Access to Care, Quality of Care
3. Social and Economic Factors – Community Safety, Education, Employment, Family and Social Support, Income
4. Physical Environment – Air and Water Quality, Housing and Transit

The Bold Action Steps described in the remainder of this document are grouped based upon these four County Health Ranking areas, and the order they are presented in does not reflect prioritization.

# Bold Action Steps

Listed below are the Bold Action Steps that were identified as priorities by the SFTC coalition.

Following each group of Bold Action Steps is a brief discussion of the research, environment, and ongoing programs being implemented by COSD. This discussion does not touch on the myriad programs provided by Community-Based Organizations; a full assessment of all existing initiatives related to each Bold Action Step is continuously being conducted with the help of the Steering Committee and other partners, and will shape the work plans designed to guide their execution. Each Bold Action Step is accompanied by an implementation timeframe which was determined based upon coalition feedback.

Note: The Bold Action Steps shown in this section do not include all that were proposed during the Blueprint process. For a complete list of Bold Action Steps discussed, including how coalition members rated them across a number of factors, please see the Appendix.

Bold Action Steps that, in whole or in part, were proposed by younger coalition members during focus groups are indicated by **blue font**.

## HEALTH BEHAVIORS

- 1. Improved health education will be provided in the areas of comprehensive sexual health, drug and alcohol abuse prevention, and oral health. (3-5 years)**
2. Inpatient substance abuse treatment programs will be created where children can join their parents. (3-5 years)

## What We Know

The Centers for Disease Control and Prevention identify substance abuse and intimate partner violence as two risk factors for child welfare system involvement.<sup>9</sup> This coincides with a national trend where, in 2012, parental alcohol or drug use was the documented reason for removal for almost 31 percent of all children placed in foster care.<sup>10</sup>

Both families and youth, at all stages of interaction with child welfare and juvenile justice agencies, benefit from increased awareness of how to protect themselves from issues like drug use and dependency, unhealthy and abusive relationships, and unintended pregnancy. Health education can include preventative information for parents and youth, assistance for both parents and children while families are working towards reunification, and education for Transition-Age Youth (TAY) before they emancipate.

Family planning information is one key prevention measure; children who have been removed from their home by a government agency experience a higher teen birth rate (about 60 percent of young women become pregnant within a few years of leaving foster care), and a survey of young Midwestern men who were former TAY showed that by age 26, about half were fathers, compared to about one quarter of their peers.<sup>11 12 13</sup>

Another health area that is often overlooked is one of dental care. While COSD is doing better than California overall by ensuring that 76 percent of its foster youth received regular dental check-ups in 2016 (which is an improvement from 64.7 percent in 2011), COSD noted last year that it was not meeting its target for dental exams for foster youth.<sup>14 15</sup> Dental health education can play a role in helping the COSD further increase this number.

## What We Heard

Among the individual behaviors that the County Health Rankings model identifies as drivers of community health, drug and alcohol abuse and sexual health were singled out by stakeholders as important areas to focus on. SFTC members identified substance abuse as a common reason for child removal in San Diego County.

Stakeholders have also reported that, currently in the San Diego juvenile justice system, sexual health and family planning information is not provided to all system-involved youth and is not at the service level the population needs.

CHMI has also heard from coalition members that regular and consistent dental screenings and services for youth in juvenile detention is not provided at present, and there is a need to develop a comprehensive system of care for these children's dental health.

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## BOLD ACTION STEPS

### What Is Already Happening

There are a number of COSD programs currently underway to address these issues. California has expanded—and San Diego has implemented—Independent Living Skills services to children ages 14 and older in foster care, which includes education about health, sexual health, and substance abuse. CWS and Probation staff are being trained in curriculum for talking with youth about preventing commercial sexual exploitation of children (human trafficking), and CWS is developing a plan for how to educate all foster youth on this issue. HHSA has multiple home visiting programs that provide parents with education about health, oral health, and substance use, including those provided by First 5 First Steps home visiting program, Nurse-Family Partnership, and SafeCare. In addition, two residential drug treatment programs are available for mothers to attend with their children: McAlister Kiva and MHS Family Recovery Center.

### CLINICAL CARE

**3. There will be improved access to behavioral health services. (3-5 years)**

**4. There will be improved access to clinical care services. (3-5 years)**

### What We Know

A community's access to health care services and the quality of those services have significant impacts on health overall. The Centers for Disease Control and Prevention state that mental health and substance abuse issues are both risk factors for child welfare involvement, while access to healthcare has been identified, but not yet extensively validated as a protective factor.<sup>16</sup> Nationally, one in three foster children with a potential mental health need lack access to mental health services and national research has shown that African-American families are less likely to receive in-home services like home visiting, individual or family therapy, and referral for substance abuse, mental and behavioral health treatment (as opposed to child removal/foster care) than White or Asian families.<sup>17 18</sup>

Like other supportive services, adequate clinical care plays an important role for children and parents before, during, and after interventions by child welfare or juvenile justice agencies. For example, Nurse-Family Partnership, a program for expectant parents that COSD participates in, has been shown nationally to reduce child maltreatment by 48 percent, children's behavioral and intellectual problems by 67 percent, and youth arrests by 59 percent.<sup>19</sup>

COSD is doing better than California overall in ensuring that 95 percent of its foster youth got regular medical exams in 2016, which is an improvement from 92.5 percent in 2011.<sup>20</sup> That said, a recent analysis of San Diego TAY found that a service gap exists in the area of mental health services.<sup>21</sup>

### What We Heard

The coalition emphasized that making services for physical and mental health more accessible to low-income San Diegans in the communities where they live would have a positive impact toward eliminating some of the causes of child abuse and neglect. Accordingly, they included addressing barriers to access in the Bold Action Steps.

Wraparound clinical care delivered to families in their homes was put forward by coalition members as an option for improving access. Similarly, stakeholders suggested increasing the reach of clinical services to children by expanding school-based health centers.

### What Is Already Happening

COSD has taken steps to connect its youth to mental and behavioral health care. The Pathways to Well-Being program was implemented in 2014 to improve access to behavioral health services for children with an open CWS case, which includes mandatory mental health screening and the expansion of Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) for children/youth who met Enhanced Services criteria. ICC and IHBS are now available to all children and youth covered by Medi-Cal who meet the criteria, regardless of their involvement with CWS, expanding access to these services for youth in the community with specialty mental health needs.

Pathways to Well-Being is another program now being expanded to include youth involved with Probation foster care. The Health Care Program for Children in Foster Care (HCPCFC) provides Public Health Nurses who work with children in foster care (both CWS and Probation) to ensure their physical and oral health needs are met. Finally, KEEP, a promising resource parent

training program that helps parents improve their child's behavioral and emotional problems, was shown in San Diego County to make positive exits from foster care to permanency twice as likely.<sup>22 23</sup>

## SOCIAL & ECONOMIC FACTORS

5. Equitable education opportunities will be provided to all students. (5+ years)
- 6. Affordable child care will be accessible to all families with young children. (3-5 years)**
7. Parity will be reached in the preventive services offered to JJ and CW-involved families. (3-5 years)
- 8. Youth and families will connect with more healthy, long-term role models. (3-5 years)**
9. Information and data sharing between COSD and outside service providers will be improved to facilitate providers' ability to treat families. (3-5 years)
- 10. Continuity of supportive services will be provided to families and emancipated youth. (3-5 years)**
11. The trauma-informed care and resiliency-building approaches will become standard practice for all systems and service providers, at all levels, that serve children, youth and families. (1-2 years)
- 12. Supportive services will be culturally relevant and delivered by staff who reflect the community served and have lived experience. (3-5 years)**
13. The number of times that a family's case worker changes in CW and JJ agencies will be minimized. (1-2 years)
14. Screening will improve for risk factors of CW and JJ involvement, and families will be linked with supportive services. (3-5 years)
15. Formal mechanisms to gather feedback from families will be created and integrated into programs. (1-2 years)
- 16. All services will be delivered through a family-centered approach, including mandatory visits for siblings. (3-5 years)**
17. Stakeholder involvement in the juvenile justice Reducing Racial and Ethnic Disparities (RRED) process will be expanded, especially where there are gaps in representation. (1-2 years)
18. A user-friendly tool to access national best practices for RRED will be created. (3-5 years)
19. Family access to children in the JJ system will be improved. (1-2 years)
- 20. Low-interest loan programs for Transition-Aged and emancipated youth will be implemented. (3-5 years)**
- 21. There will be an increase in peer mentorship programs for emancipated youth and mentoring for juvenile justice-involved youth that include life skills training, obtaining employment, and accessing public resources. (1-2 years)**
- 22. Incentives will be put in place to support the opportunities for youth to earn a living wage without a decrease in financial support from the child welfare system. (3-5 years)**
- 23. Pressure to reunify near emancipation age will be reduced. (1-2 years)**
- 24. The stigma and misconceptions of foster youth will decrease. (5+ years)**
- 25. Policies will be put into place to protect the credit of youth under 18. (3-5 years)**

## What We Know

The desire by SFTC members to emphasize social and economic inequities coincides with research on risk factors for abuse and neglect, which include: poverty, high unemployment, community violence, lack of understanding of child development and parenting skills, and families that are socially-isolated, disorganized, or where there is intimate partner violence.<sup>24</sup> It is important to note that the social and economic issues at play are not only relevant for prevention, but can be stressors for parents and children working toward reunification, as well as justice-involved youth and TAY who are trying to become self-sufficient.

These factors affect child health and well-being when an inability to work and provide stable income increases stress and makes it difficult to provide for basic needs, making delinquency and abuse/neglect more likely. When parents are working but don't have adequate child care options, they may face a dilemma between child supervision and earning money. Help with child care during periods when parents are unavailable can be provided by subsidized center-based and home-based child care organizations, and in times of crisis, respite care is an option for parents that provides temporary, full-time child care.<sup>25 26</sup>

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## BOLD ACTION STEPS

Efforts to correct disparities in educational opportunity need to begin early and continue throughout a child's life. Children of low-income families can access state-funded prekindergarten programs that help them start school off on the right foot.<sup>27</sup> Early interventions like this are especially critical since research shows, for example, that an average of 61 percent of children entering foster care nationally have developmental delays (compared to 4-10 percent in the general population).<sup>28</sup> However, young people interacting with the foster care and probation systems face barriers to education both while they are in COSD custody and after they emancipate or return to their communities. For example, the average child in foster care in California loses over three years of critical learning due to school instability (frequently changing schools).<sup>29</sup> Research suggests that youth who age-out of foster care are less likely than their peers to complete high school and attend college as well as obtain reliable, solid employment.<sup>30 31</sup>

Parental education programs can help disseminate useful knowledge on positive discipline techniques, child development skills and milestones, and more.<sup>32</sup> Parents often benefit from talking to peers who have faced similar challenges. One study in Louisiana demonstrated that an evidence-based parenting education program became cost-neutral shortly after implementation, implying that reduced rates of abuse and neglect should save the local child welfare agency in the long-term and allow it to absorb all program costs.<sup>33</sup>

According to the U.S Department of Health and Human Services, in-home services for families with child welfare cases should be “family centered, community based, culturally competent, and should engage the family by using their input to determine what types of supports or services will be most helpful to them.”<sup>34</sup> The State of California recently affirmed this by passing California Assembly Bill 403, which implements a court ruling in *Katie A. v. Bonta* to emphasize child and family teams when determining case plans (comprised of children, families, formal service providers and informal supports), as opposed to a single social worker.<sup>35 36</sup>

### What We Heard

Most of the issues raised during workshops, interviews, and other interactions with coalition members centered around the social and economic conditions in neighborhoods disproportionately involved with the child welfare and juvenile justice systems. SFTC stakeholders have confirmed some of the risk factors mentioned above — namely poverty, high unemployment, community violence — to be true in many of these neighborhoods.

The importance of child care was highlighted by SFTC; while subsidized child care options are available in San Diego County, stakeholder interviews suggest that they are not widespread or accessible enough to meet the need. For the reasons previously mentioned, increasing the supply of affordable child care has the potential to eliminate one of the major drivers of delinquency and abuse/neglect.

Though workforce development programs targeted at child welfare and juvenile justice-involved youth exist, children who have interacted with these systems still face difficulties finding work, and the coalition indicated that additional attention is needed on this issue. Coalition members (especially younger members) also stressed the need for healthy role models, employment-focused mentors, life skills training, and low-interest loans. Parental mentorship and training was also highlighted by SFTC stakeholders.

There was consensus within SFTC that more effort is required to make all supportive services more culturally relevant, inclusive of family members, and trauma-informed. The coalition suggests that, in order to reach optimal solutions for children and families — which includes breaking down feelings of distrust — services should be delivered by staff who reflect the community served and have lived experience.

### What Is Already Happening

While stakeholders stated the need for an increase in the availability of affordable child care, if the local supply of these services were to increase, help paying for them would be aided by California Senate Bill 89's Child Care Bridge Program. The Child Care Bridge Program provides six months of subsidized child care to resource families with children in foster care (Probation and CWS), as well as parenting youth who are in foster care. In addition, families receiving CalWorks benefits (cash assistance for eligible families with children) may be eligible for subsidized child care services.



The COSD Office of Education (SDCOE) partners with school districts to improve educational opportunities for all youth. For youth in foster care (both CWS and Probation), Foster Youth Education Liaisons are co-located with CWS staff to facilitate communication between schools and CWS, and to ensure that children and youth achieve academic success. SDCOE has also modified the Juvenile Court and Community Schools program to better serve youth active in Probation or congregate care, develop a more individualized, trauma-informed approach, and to mitigate disparities for children of color. CWS is expanding partnerships with the SDCOE and school districts to improve transportation to schools of origin for children in foster care.

Initiative has been taken at the state and local levels to better equip young adults with the tools and assistance needed to enter the workforce. California Assembly Bill 12, otherwise known as Extended Foster Care, allocates additional financial and other resources to this population, including funds for groceries, mentoring and counseling, and support obtaining further education and preparing for a job.<sup>37</sup> A program called Independent Living Skills (ILS) Works, which is administered by the San Diego Workforce Development Partnership, HHSA, and two CBOs, has been honored as a Model of Collaboration by the U.S. Department of Labor for providing workforce preparation and case management to current/former foster youth between the ages of 16 and 21.<sup>38</sup>

Programs providing role models and life skills training are provided by the COSD, by CASAs (Court-Appointed Special Advocates), and by CBOs, but there is unmet need. CWS fills some of the need for mentors via its Foster Youth Mentor program. The Board of Supervisors has also requested that the Probation department establish a mentoring program for youth, and Probation staff are participating in community discussion on mentoring models. COSD's Parent Partner program offers coaching and mentorship delivered to parents with active CWS and Probation cases by parents who were previously in the same position.

HHSA's Trauma Informed Systems Integration team has an action plan with specific goals to be implemented by each HHSA department to improve delivery of trauma-informed services. This includes requirements for contractors to train their staff on trauma. CWS is also engaged in a number of programs intended to make its services more culturally relevant. The agency adopted the Safety Enhanced Together practice framework in 2015, which articulates guiding principles to demonstrate cultural humility when working with families. It is currently expanding its cultural brokerage contract to serve families County-wide, and has implemented the voluntary Cultural Responsive Academy, a yearlong learning experience that utilizes e-learning, classroom skill building, coaching, and a practicum project aimed at reducing disproportionality. In addition, the Fairness and Equity subcommittee of the Child Abuse Prevention Coordinating Council meets two-to-three times per year to review CWS data on disproportionality and provide recommendations for improvements.

In an effort to reach parity in the preventative services available to children and families involved with Probation and CWS, the two agencies share multiple programs, including Permanent Connections (family finding and engagement) and Wraparound Services. Together, they implemented the Crossover Youth Practice Model to ensure that youth who cross from one system to the other are effectively served and receive the right services. Probation has begun to update its training for new Probation Officers to reflect topics such as trauma-informed practice and cultural humility, utilizing some curriculum from CWS. Both CWS and Probation participate on the Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council and helped to launch the Ugly Truth campaign, the Hotel/Motel Association campaign, and the Safe San Diego campaign at Comic-Con.

Screening and client feedback are enabled by a handful of outside frameworks and tools. CWS screens families for safety and risk assessment using the Structured Decision-Making web-based tools, and additional tools from Safety-Organized Practice, such as safety mapping, have increased the accuracy of social worker assessments. Both CWS and Probation now require the use of a CSEC screening tool for all youth ages 12 and older. In addition to annual surveys of parents, guardians, and caregivers, 100 case reviews are conducted annually that include interviews with these groups, which are used to develop policy changes and training and coaching opportunities for staff. Furthermore, HEART customer service surveys are conducted by all COSD departments.

Sharing of aggregated data occurs via the Live Well San Diego website as well as CWS' and Probation's annual County Self-Assessment and System Improvement Plans. To better coordinate supports for individual families, CWS engages in joint data sharing with contracted service providers using Efforts to Outcomes. ConnectWellSD may also improve data sharing between COSD and service providers.

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## BOLD ACTION STEPS

### PHYSICAL ENVIRONMENT

**26. There will be improved access to transportation. (3-5 years)**

**27. There will be an increase in availability of affordable and supportive housing. (3-5 years)**

28. Hubs for services providers will be engaged, supported, and expanded. (3-5 years)

29. Barriers to access will be removed for youth to utilize recreational and community facilities, and existing facilities will be repurposed. (1-2 years)

### What We Know

Housing costs in San Diego County increased between 2011 and 2016, amplifying the problem of residential instability, which the Centers for Disease Control and Prevention report is a risk factor for abuse and neglect.<sup>39 40</sup> By contrast, adequate housing and access to health care and social services (which can be hindered by lack of transportation) have been identified as protective factors for families.<sup>41</sup>

TAY and juvenile justice-involved youth are particularly sensitive to housing insecurity. For example, a study of midwestern foster care alumni demonstrated that these young people are more likely to become homeless.<sup>42</sup> An analysis of San Diego TAY found that service gaps existed in the areas of transportation and housing availability and affordability.<sup>43</sup>

### What We Heard

Coalition members focused attention on the effect that inadequate housing and transportation has on families as well as the geographic accessibility of supportive services. Stakeholder interviews revealed that the high cost of housing/low availability of affordable housing is a regional challenge.

Interviewees also noted that limited transportation availability and access County-wide inhibits the use of supportive programs. Car ownership is an important means for employment and social mobility in San Diego, but automobiles may be too expensive for parents or TAY. SFTC's younger members highlighted the need for low-interest loan programs that would assist them in purchasing a vehicle.

### What Is Already Happening

COSD and the state of California have taken problems of housing insecurity seriously, though more work remains. COSD's Emancipated Foster Youth Transitional Housing Program has been recognized by the National Association of Counties as a best practice for its monetary rental assistance and concurrent provision of supportive services.<sup>44</sup> California Assembly Bill 12 allocates additional financial and other resources to TAY for housing costs and offers TAY a number of different options for supportive housing, including Transitional Housing Program + Foster Care (THP+FC) and Supervised Independent Living Placement (SILP) Program.<sup>45 46</sup> Despite these supportive efforts, challenges remain.

COSD also took a step toward improving connections between housing and supportive services for families when its Housing and Community Development Services merged with HHSA in 2016. HHSA currently has multiple projects focused on these issues. Project One for All expands housing opportunities and supportive services to those with serious mental illness, and CWS has recently implemented the Bringing Families Home program, providing housing vouchers and housing navigation services to families in reunification.

Another solution for increasing usage of supportive programs is to concentrate service providers at hubs located in neighborhoods where families need them most. One way this is being addressed is through COSD Live Well centers where community members can access services all in one place.

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# APPENDIX

Rating information for each Bold Action Step was collected through a combination of in-person workshop results and online surveys. The rating information below reflects the consensus opinion of all participants who voted on Bold Action Steps.

“Impact” describes the magnitude of the potential benefit to children and families if the Bold Action Step is completed — High (H) / Medium (M) / Low (L)

“Feasibility” indicates how realistic a Bold Action Step is to be implemented in the current environment — High (H) / Medium (M) / Low (L)

“Sustainability” captures the likelihood that the Bold Action Step will continue to be maintained in the long term — High (H) / Medium (M) / Low (L)

“Timeframe” measures the amount of time until the Bold Action Step is fully complete.

The “Resources” columns denote participants’ consensus about the level of resources that are already committed to and/or are needed to complete each Bold Action Step. Multiple “Resources” categories are marked to indicate ties.

Bold Action Steps proposed in focus groups with Younger Coalition Members are indicated by **blue font**.

## APPENDIX

HEALTH BEHAVIORS	Impact	Feasibility	Sustainability	Timeframe (Years)	Align Existing Resources	Bolster Existing Resources	New Resources Required
a. Institute comprehensive health education	M	M	M	3			X
b. Link robust screening for parent trauma with supportive services	H	H	M	3			X
c. Ensure continuity of supportive services for families when their circumstances change	H	H	M	3		X	
d. Increase parity between the Child Welfare and Juvenile Justice systems in the services offered to children and families	H	L	H	3			X
e. Identify, engage, and support community hubs for youth services providers	M	L	H	3		X	
f. Create and utilize a formal mechanism to gather feedback from families	H	H	H	2			X
g. Help youth and families identify and connect with healthy, long-term role models	H	L	L	3			X
h. Create a multi-disciplinary case conferencing group to address the most challenging cases	H	H	H	1	X		
i. Develop case studies that highlight examples of successes and failures and identify system roadblocks	H	H	H	1	X		
j. Implement peer-led, comprehensive and continuous sex education that is inclusive of different sexual identities and is not “abstinence-only”	H	H	H	3	X		X
k. Develop age-appropriate substance abuse and mental/behavioral health prevention and intervention tactics for Transition-Aged Youth	H	M	M	3			X
l. Centralize mentor and peer programming in San Diego County	H	L	L	3			X
m. Create or improve a messaging app to support families with long-term maintenance	M	H	M	2			X
n. Institute comprehensive and continuous drug and alcohol abuse education	M	M	M	3		X	
o. Reduce the stigma associated with obtaining CalFresh and WIC benefits	H	L	H	3		X	
<b>p. There will be an increase in available sexual health education opportunities for youth</b>	<b>M</b>	<b>M</b>	<b>L/M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
q. Inpatient substance abuse treatment programs will be created where children can join their parents.	--	--	--	--	--	--	--

CLINICAL CARE	Impact	Feasibility	Sustainability	Timeframe (Years)	Align Existing Resources	Bolster Existing Resources	New Resources Required
a. Ensure that preventative and continuing clinical care is affordable and neighborhood-based	H	H	M/H	3			X
b. Expand in-home clinical services for families to improve access	H	M	L	3		X	
c. Secure additional funding for supportive services targeted at children and families	H	L/M	L	3			X
d. Improve strategies for dealing with trauma among youth to prevent future substance abuse and mental health needs	--	--	--	--	--	--	--
e. Enhance staff training on restorative practices and trauma-informed practices	--	--	--	--	--	--	--
<b>f. There will be expanded access to mental health services for youth</b>	<b>M/H</b>	<b>M</b>	<b>L</b>	--	--	--	--
<b>g. Expand comprehensive, wraparound, in-home services</b>	<b>H</b>	<b>M</b>	<b>M</b>	--	--	--	--
h. Ensure continuity of supportive services for families when their circumstances change	H	M	L	2	X		
i. Implement better quality assurance and measurement for mental/behavioral health treatments and outcomes	H	M	M	2			X
j. Ensure trauma-informed and culturally relevant clinical care	H	H	H	2		X	X
k. Improve information and data sharing that facilitates provider teams' ability to treat families	--	--	--	--	--	--	--
l. Improve the availability and consistency of mental health services targeted at children	--	--	--	--	--	--	--
m. Improve access to mental/behavioral health services	--	--	--	--	--	--	--
n. Expand outreach to make the community aware of available mental/behavioral health services	--	--	--	--	--	--	--
o. Expand school-based health centers to increase access to care	--	--	--	--	--	--	--
p. Implement evidence-based prevention programs in schools (such as Incredible Years and Second Step)	--	--	--	--	--	--	--
q. Partner with the business sector on creative opportunities to expand access to transportation	--	--	--	--	--	--	--
r. Improve oral health education and services	--	--	--	--	--	--	--
s. Improve access to mental health and other support services for juvenile justice-involved youth that are trauma-informed, culturally competent, and incorporate restorative justice principles	--	--	--	--	--	--	--



SOCIAL & ECONOMIC FACTORS	Impact	Feasibility	Sustainability	Timeframe (Years)	Align Existing Resources	Bolster Existing Resources	New Resources Required
a. Improve the availability of high-quality preventative services	H	M	M	3.5			X
b. Centralize information used by community organizations	H	M	M	4			X
c. Remove barriers to the County of San Diego sharing data with outside service providers	H	L	M	5			X
d. Remove the burden of finding services from families (by supporting initiatives such as Connect Well)	H	M	M	4		X	
e. Improve collaboration between service providers and between jurisdictions	H	L	H	3	X		
f. Put into place mechanisms that ensure County contracts are awarded to organizations that reflect the community served	H	M	M	4			X
g. Ensure equitable education opportunities for all students	H	L	L/M	7			X
h. Ensure that supportive services for children and families are culturally-relevant	H	H	H	3	X		
i. Replicate ICWA protocols when dealing with the broader San Diego County population	M	L	L/M	6			X
j. Increase Transition-Aged Youth services provided at colleges	M/H	M	M	4			X
k. Improve screening for risk factors for Child Welfare and Juvenile Justice system involvement	H	M	M	3	X		
<b>l. There will be expanded access to affordable child care</b>	<b>H</b>	<b>L/M</b>	<b>L/M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>m. There will be incentives in place to support the opportunities for youth to earn a living wage without a decrease in financial support from the child welfare system</b>	<b>H</b>	<b>M</b>	<b>M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
n. Ensure that the staff of County contractors reflect the community served	H	M	M	4			X
o. Improve staff recruitment and retention in Child Welfare and Juvenile Justice agencies	H	L	M	5			X
p. Increase the supply of jobs that yield a living wage	H	L	M	8			X
q. Ensure that all services are delivered through a “family-centered” approach	--	--	--	--	--	--	--
r. Ensure that the trauma-informed care approach is standard practice for all service providers	--	--	--	--	--	--	--
s. Increase the educational attainment rate for high school graduation and post-secondary education	--	--	--	--	--	--	--
<b>t. There will be streamlined continuity of care (no interruption in services) for emancipated youth</b>	<b>H</b>	<b>M</b>	<b>M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>u. There will be an increase in the availability of life skills training for emancipated youth</b>	<b>H</b>	<b>M/H</b>	<b>M/H</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>v. Elevate more people with lived experiences to decision-making levels</b>	<b>H</b>	<b>M</b>	<b>M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>w. Reduce reunification pressure near emancipation age</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>x. There will be improved access to services when youth relocate to new jurisdictions</b>	<b>H</b>	<b>H</b>	<b>M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>y. There will be a decrease in the stigma and misconceptions of foster youth</b>	<b>M</b>	<b>M</b>	<b>L/M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>z. Educational opportunities will be tailored to align with local employment needs</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>

SOCIAL & ECONOMIC FACTORS	Impact	Feasibility	Sustainability	Timeframe (Years)	Align Existing Resources	Bolster Existing Resources	New Resources Required
aa. There will be policies in place to protect the credit of youth under 18 from being exploited by family members	H	M/H	M	--	--	--	--
bb. There will be policies instituting mandatory visits for siblings	H	H	H	--	--	--	--
cc. There will be an increase in the number of CASAs available in San Diego County	H	M/H	M/H	--	--	--	--
dd. Support small and mid-sized businesses and help them maintain local ownership	--	--	--	--	--	--	--
ee. Make high-quality, affordable care and education available to all children ages 0-5	--	--	--	--	--	--	--
ff. Ensure that law enforcement works alongside service providers to identify and address the root causes of crime	--	--	--	--	--	--	--
gg. Improve guidance for emancipated youth on system navigation, how to access resources	H	M	M	--	--	--	--
hh. There will be a comprehensive review of the policies addressing requirements for and accountability of resource providers	M	M	M	--	--	--	--
ii. There will be an increase in the number of peer mentorship programs for emancipated youth that focus on employment	H	M	M	--	--	--	--
jj. Low-interest loan programs for Transition-Aged and emancipated youth will be implemented	M/H	M	M	--	--	--	--
kk. Increase salary and recruitment of social workers; reduce turnover and caseload	M	L/M	L/M	--	--	--	--
ll. Expand trauma-informed care training for service providers and County staff who interact with juvenile justice-involved youth.	--	--	--	--	--	--	--
mm. Deliver diversion and other programs to prevent gang involvement early in students' lives	--	--	--	--	--	--	--
nn. Stakeholder involvement in the Juvenile Justice system's Reducing Racial and Ethnic Disparities (RRED) process will be expanded, especially where there are gaps in representation.	--	--	--	--	--	--	--
oo. A user-friendly tool to access national best practices for Reducing Racial and Ethnic Disparities (RRED) in Juvenile Justice will be created.	--	--	--	--	--	--	--
pp. Family access to children in the Juvenile Justice system will be improved.	--	--	--	--	--	--	--
qq. The number of times that a family's case worker changes in CW and JJ agencies will be minimized.	--	--	--	--	--	--	--

PHYSICAL ENVIRONMENT	Impact	Feasibility	Sustainability	Timeframe (Years)	Align Existing Resources	Bolster Existing Resources	New Resources Required
a. Create new private and public options that improve transportation access for children and families	H	H	M	2.5		X	X
b. Create hubs for supportive service providers that also include opportunities for healthy activity	H	H	H	3.5		X	X
c. Expand incentives and outreach to encourage landlords to increase the supply of supportive housing	L/M	L/M	L/M	3		X	X
d. Remove barriers for foster youth, probation youth, and Transition-Aged Youth to utilize County facilities, and re-purpose existing facilities	H	H	H	2		X	
e. Create safe spaces for youth to go after-hours that also benefit the larger community	H	M	L	3		X	X
f. Enhance capacity-building and empowerment efforts for community leaders	H	H	H	3		X	
g. Institute penalties and/or incentives to increase RHNA-compliant affordable housing	H	L	H	3		X	
h. Advocate for and enact inclusionary zoning policies that will increase affordable housing	H	L	H	4			X
i. Implement tax incentives and/or financial penalties related to developing vacant property	H	H	H	4.5	X		X
<b>j. Improve access to transportation</b>	<b>H</b>	<b>M</b>	<b>H</b>	--	--	--	--
<b>k. Increase supply of subsidized public housing (Section 8 housing)</b>	<b>H</b>	<b>M</b>	<b>H</b>	--	--	--	--

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Please see below for a list of all individuals who have engaged with the SFTC coalition via workshops and other channels.

Aguirre, Alfredo - Behavioral Health Services	Burns, Tami - Probation Department	Eldred, Steve - The California Endowment
Alexander, Kat - San Diego Unified School District	Burton, Rosalina - San Pasqual Academy	Elimu, Rashida - Promises 2 Kids
Anderson, JJ - District Attorney's Office	Cabrera, Jorge* - Casey Family Programs	English, Marilyn - Cultural Brokers
Angulo, Aidee - San Diego Unified School District	Caietti, (Hon.) Carolyn - Juvenile Court of San Diego	Escobedo, (Sup.) Francisco - Chula Vista Elementary School District
Arellano, Bella - Child Welfare Services	Campbell, Yvonne - Child Welfare Services	Esquivel, Krysta - YMCA of San Diego County
Arias, Martin - District Attorney's Office	Caswell, Laura - Southern Indian Health Council, Inc.	Evans, Sue - Walden Family Services
Arias, Susan - Words Alive	Cedrun, Misty - San Diego Police Department	Farley, Tim - New Alternatives
Auzenne, Keiara - San Diego Clean Slate Clinic	Cervantes, Matthew - Sierra Health Foundation	Fernandez, Lorraine* - Probation Department
Bailey, Kitty - Be There San Diego	Chavez, Omar - Just In Time for Foster Youth	Ferree, Anne - Alliance for a Healthier Generation
Barnett, Mike - Sheriff's Department	Corbett, Lyn - University of San Diego	Fidler, Cheri* - Rady Children's Hospital
Barón, Moisés - San Diego Center for Children	Corral, Gloria - First 5 San Diego	Fischer, Sierra - National Council on Crime & Delinquency
Barrera, Richard - San Diego Unified School District	Cortez, (Pres.) Carlos - San Diego Continuing Education	Fitch, Deborah - Project Save Our Children
Bell, Michelle - San Diego Unified School District	Couch, Megan - San Diego County Taxpayers Association	Fleming, Dale - Health & Human Services
Benvenuto, Stefanie - San Diego Regional Chamber of Commerce	Covin, Jennifer - Health Center Partners of Southern California	Fletcher, Terrell - City of Hope International Church
Bevelyn, Pat - Project Save Our Children	Cox, (Supv.) Greg - Board of Supervisors	Fonseca, Julio - San Ysidro School District
Birkmeyer, (Hon.) Laura - Juvenile Court of San Diego	Curiel, Wendy - Child Welfare Services	Franco, Eileen - Child Development Associates
Boles, Patty* - Straight From The Heart	Davila, Breanna - Maxim Healthcare Services	Funk, Mia - San Diego Unified School District
Bombardier, Leticia - Probation Department	Davis, Charlie - Rady Children's Hospital	Gallo, Kimberly - Health & Human Services
Boretzky, Staci - Alliance for a Healthier Generation	Davis, Vanessa* - Just in Time for Foster Youth	Gannon Hornberger, Nancy* - SAY San Diego
Boright, Charles - Probation Department	De los Diaz, Josue - Health & Human Services	Gay, BreAnn - YMCA of San Diego County
Brown, Dana* - ACEs Connection Network	Dickau, Joyce - Home Start	Giardina, Kimberly* - Child Welfare Services
Brunker, Michael* - Jackie Robinson YMCA	Dynes, Ann - The San Diego Foundation	
Burleigh, Jennifer - Voices for Children		

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## APPENDIX

Gomez, Belen - Just in Time for Foster Youth	Keaton, Sandy - San Diego Association of Governments	Meléndrez, Blanca - University of California San Diego Medical School
Gomez, Oscar - MAAC Project	Knoll, Greg - Legal Aid Society of San Diego	Melgoza, Ana - San Ysidro Health Center
Gomez, Shelby - YMCA of San Diego County	Koenig, Yael - Behavioral Health Services	Melgoza, Danny - Office of Supervisor
Gonzales, (Chief) Adolfo - Probation Department	Kohn, Laura - San Diego Workforce Partnership	Mickelson, Jim - California State University San Marcos
Goosby, Sabrina - Voices for Children	Kolb, Karan - Indian Health Council, Inc.	Moder, Cheryl - Community Health Improvement Partners
Gordon, Ian* - United Way of San Diego County	Lauer, Jim - The San Diego Foundation	Moore, Stephen - Voices for Children
Graber, Sara - San Diego Youth Services	Lawrence, Sharon* - California CASA Association	Nakamura, Ken - San Diego State University
Greenway, Kat - San Diego Unified School District	Lembo, Kathryn* - South Bay Community Services	Navala, Jennifer - Health & Human Services
Griffin, Dawn - Alliant University International	Lempert, Ted - Children Now	O'Connor, Deirdre - National Council on Crime & Delinquency
Grounds, Karis* - 2-1-1 San Diego	Leon-Torres, Eve - Behavioral Health Services	Ohanian, John - 2-1-1 San Diego
Hansen, Pamela - San Diego Center for Children	Lidot, Tom - San Diego State University	Ouya, Carlyne - Access Inc
Harlan, Emily - County Counsel's Office	Lozada, Rosa Ana* - Harmonium	Packard, Ashley - Junior Achievement
Harris, Alexis - Just in Time for Foster Youth	Maarten, Cindy - San Diego Unified School District	Palatella, Cathi - Child Welfare Services
Hellerud, Jennifer - Child Support Services	Macchione, (Dir.) Nick - Health & Human Services	Passons, Omar - (Candidate) Board of Supervisors
Hernandez, R. Daniel - San Ysidro Health Center	Manzano, Carolina - Southern Indian Health Council, Inc.	Pauter, Sarah* - Phenomenal Families
Hong, Haney - San Diego County Taxpayers Association	Martinez, Angelrose - Just in Time for Foster Youth	Philips, John - County Counsel's Office
Hood, Rodney - Multicultural Health Foundation	Martinez, Trish - United Nations Indigenous Committee	Philips, Walter - San Diego Youth Services
Huerta, Patti - Escondido Education Compact	Matthews, Chuck - Health & Human Services	Photias, Helene - Hazelden Betty Ford Foundation
Huizar, Scott - Probation Department	Mattson, Kevin - San Ysidro Health Center	Pollard, Khea - Office of Supervisor Greg Cox
Hurd, Pam - Child Welfare Services	McBrayer, Sandy* - The Children's Initiative	Pope, Aisha - San Diego Center for Children
Hurlburt, Michael - University of Southern California	McCroskey, Jacquelyn - University of Southern California	Powell, O. Yvonne - San Diego Association of Black Social Workers
Isackson, (Hon.) Carol - Voices for Children	McDevitt, Kate - San Diego Unified School District	Prado-Olmos, Patricia L. - California State University San Marcos
Jefferson, Lan - The Blue Heart Foundation	McDonald, Judy - The Parker Foundation	Quintong, Wil - Office of Military and Veteran Affairs
Jella, Steven - San Diego Youth Services	McDougal, Kim - YMCA of San Diego County	Rast, Katie - The San Diego Foundation
Jiménez, Barbara - Health & Human Services	Mead, Kathlyn - The San Diego Foundation	Reyes, Felicia - Just in Time for Foster Youth
Jones, Ramona - DREAM Builders Youth Mentoring Network		Rivera-Lacey, Star - San Diego Community College District
		Rosas, Elizabeth - Child Welfare Services



Rotto, Gary* - Borrego Community Health Foundation	Starling, Suzanne - Rady Children's Hospital	Villegas, Noemi - San Diego Unified School District
Rowe, Angela - Vista Hill Family Treatment & Recovery Services	Stephan, Summer - District Attorney's Office	Weinreb, Lisa - District Attorney's Office
Ruiz, Araceli - South Bay Community Services	Steppe, Cecil - Gompers Preparatory Academy	Weir Harrison, Jahari - Southern Indian Health Council, Inc.
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Ruiz, Saychelle - YMCA of San Diego County	Supranovich, Ruth - University of Southern California	Wells, Don* - Just in Time for Foster Youth
Schoonhoven Scott, Dawn - San Diego State University	Tambuzi, Robert - Project New Village	Wiemann, Jeff - Angels Family Foster Network
Seidle, Charlene - Leichtag Foundation	Tange, Lisa* - Casey Family Programs	Wilson, Charles - Rady Children's Hospital
Sharit, Aisha - San Diego Youth Services	Thomas, Megan - San Diego Grantmakers	Woempner, Carolyn - YMCA of San Diego County
Sheik Mohamed, Amina - University of California San Diego Medical School	Thompson, Tracy - Office of Education	
Sidelinger, Dean - Health & Human Services	Thrush, Dorothy* - Public Safety Group	
Singleton-Daniels, Felicia - San Diego Unified School District	Torosian, Tonya - Promises 2 Kids	*represents volunteers on the Strong Families, Thriving Communities Steering Committee, which provides vision, guidance, and oversight to the broader coalition and its goals.
Smith, Brook - The Children's Initiative	Torres, Elsa - SAY San Diego	
Smith, Pam - Health & Human Services	Tucker-Tatlow, Jennifer* - San Diego State University	
Spence, Nancy - Indian Health Council, Inc.	Tullis, Lauren - Reality Changers	
	Twitchell, Geoff - Probation Department	
	Vales, Kelly - SAY San Diego	

## ENDNOTES

<sup>1</sup> County Health Rankings and Roadmaps

<sup>2</sup> County Population Totals and Components of Change: 2010-2016

<sup>3</sup> County of San Diego, County Self-Assessment, pp. 33

<sup>4</sup> California Child Welfare Indicators Project

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<sup>7</sup> Racial Disproportionality and Disparity in Child Welfare, pp. 5

<sup>8</sup> County of San Diego, Operation Plan and Budget Information: Health and Human Services Agency, pp. 250

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<sup>13</sup> Hook, Jennifer L., and Mark E. Courtney, pp. 571

<sup>14</sup> County of San Diego, Annual SIP Progress Report, pp. 28

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<sup>16</sup> Child Abuse and Neglect: Risk and Protective Factors

<sup>17</sup> California Children's Report Card, pp. 54

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<sup>38</sup> U.S. Dept. of Labor

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<sup>41</sup> Child Abuse and Neglect: Risk and Protective Factors

<sup>42</sup> Courtney, et. al

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<sup>46</sup> California's Fostering Connections to Success Act, Slides 24-29

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