



# San Diego, California

## Three years of Community Health Transformation



The Clinton Foundation would like to thank and recognize The San Diego Foundation for their dedication and support in working towards improving the health of San Diego County residents.

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The **San Diego**  
**Foundation**  
Growing a Vibrant Region

## INTRODUCTION

In communities across the country, the Clinton Health Matters Initiative (CHMI) sees a wide range of organizations and actors who are all making a concerted effort to improve health and wellness in their community. These include local governments; hospitals, doctors, and others in the provider community; local nonprofits and support groups; members of the local business community; among many others. However, without one cohesive strategy, many of these efforts to promote health and wellness do not complement each other as effectively as possible, and therefore, are not maximizing the potential for impact.

This is the specific role that CHMI fills – working in communities across the United States, helping unite regional stakeholders around a common blueprint for improving the health and wellness of their residents, and helping implement that blueprint. This means bringing together a wide range of interested organizations, groups and individuals in the community, charting common goals and objectives for improving health, ensuring coordination and lending resources to support programs that achieve these goals. This coalition building and coordination means more effective community action, and more impactful progress in improving the health of the community.

CHMI works with regions disproportionately impacted by chronic disease to improve health outcomes and close gaps in health disparities. San Diego County was the seventh community where we embarked upon this work – our other focus communities include Adams County, Mississippi; Central Arkansas (Little Rock); Coachella Valley, CA; Greater Houston, Texas; Knox County, Illinois; and San Diego County, California.

We take a careful and deliberate approach to building out the blueprint and identifying ways to improve health outcomes. In each of our communities, we:

**EVALUATE THE COMMUNITY:** We take an intensive look at the community's overall health and wellness, including an examination of community and population health indicators to determine areas of greatest asset and need.

**BRING THE COMMUNITY TOGETHER:** We convene key stakeholders from across sectors to hear more about what organizations and leaders have been doing and what their priorities are.

**MAP OUT A BLUEPRINT FOR ACTION:** We work collaboratively with these stakeholders to chart a local Blueprint for Action, which includes key priority areas and specific recommendations.

**HELP IMPLEMENT SOLUTIONS:** For the actions that we've identified in the Blueprint for Action, we work across sectors to help implement these solutions.

**BRING MORE RESOURCES TO BEAR:** We work with national, regional, and local experts and programs to leverage additional resources that will help advance priority actions in the local Blueprint for Action.

CHMI has a proven record of success in communities across the United States. Our community health model improves health infrastructure, policies and outcomes by leveraging partner agencies, aligning regional resources and instilling a cross-sector collaborative model.

## CHMI AND SAN DIEGO

In early 2017, The San Diego Foundation and the County of San Diego invited the Clinton Health Matters Initiative (CHMI) to build upon the Live Well San Diego Initiative; specifically CHMI was asked to partner to improve health outcomes for child welfare and juvenile-justice involved families. Honoring the invitation to build upon the initiated work in San Diego, CHMI established Strong Families, Thriving Communities (SFTC) coalition in the summer of 2017 alongside 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 child welfare and juvenile justice systems. CHMI led SFTC from its inception until handing off leadership to the community at the close of 2019.

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. There are 18 cities in the region, 17 tribal governments (representing 18 Native American tribes), 42 school districts, and 10 law enforcement jurisdictions. 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. This has led organizations to contribute staff time, subject matter expertise, connections to important stakeholders, and express an openness to potential practice change.

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 and Humanity, Civil Society and Social Innovation, Disaster Preparedness and Relief, Education, Environment, Health and Human Services, Housing and 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. The spirit of collaboration present in San Diego created a favorable environment for an outside partner to add value by bringing community stakeholders together for strategic planning.

The Clinton Foundation works with partners to improve the lives of people across the United States and the world through programs that create economic opportunity, inspire civic engagement and improve public health. 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 include reducing the prevalence of preventable health outcomes and closing health inequity and disparity gaps by improving access to key contributors to health for all people.

Making changes in community health must be supported by systems that enhance health and wellness. CHMI recognized this by utilizing the social determinants as a framework for stakeholder engagement. The social determinants framework includes health behaviors, clinical care, social and economic factors, and the physical environment. CHMI facilitated discussion and action amongst community leaders, creating systemic change across the social determinants of health through its Community Health Transformation process. Communities where CHMI 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.



Continuing in the spirit of *Live Well San Diego*, a regional vision for a healthy, safe, and thriving San Diego, CHMI partnered with stakeholders and the County of San Diego and adapted its Community Health Transformation model from working with communities for 5 years to 3 and to focus on the health of children and families that interact with the child welfare and juvenile justice systems. When The San Diego Foundation and County of San Diego defined the goals they wanted the SFTC coalition to achieve, reducing the disproportionate exposure of African-American and Native-American families to child welfare and juvenile justice was paramount. During stakeholder interviews with CHMI, participants expressed concern for all people of color, including the high number of system-involved Latinos.

To support SFTC, CHMI provided a platform to access local, scalable solutions by leading San Diego stakeholders through the process of creating and executing a strategic plan called a Blueprint for Action, which incorporates Bold Action Steps that the community identified. These Bold Action Steps represent the desires of a broad range of coalition members regarding goals to prioritize in striving for better health for children and families. By improving the overall environment that contributes to the health of children and families that interact with child welfare and juvenile justice agencies, and by targeting inequitable access to opportunities, resources, and support, the coalition's work has helped align efforts around achieving equitable outcomes. The Bold Action Steps define systems change that will lead to narrowing disparities in health and well-being for people of color in San Diego.

Beginning in July 2017, CHMI led San Diego stakeholders through the process of creating a Blueprint for Action. SFTC members created 29 Bold Action Steps, some seeking short-term impacts, and others with benefits that will be seen in the long-term. The Bold Action Steps are diverse and require collaboration between community partners in all sectors to be achieved. CHMI led SFTC through a process of building momentum, analyzing data, creating priorities and implementing actions. CHMI facilitated a process to accomplish Bold Action Steps by managing collaboration in subject-area working groups, facilitating connections between partners, helping to align resources in San Diego County, and drive efforts around the group's goals via engagements with San Diego County residents and national partners. At all stages, SFTC has built upon existing efforts in San Diego to help the coalition reach its goals.

Indicators to measure progress toward these goals were selected by SFTC's Steering Committee. They emphasize a reduction in disproportionality for African Americans and Native Americans in the number of abuse/neglect allegations and substantiated allegations, a reduction in disproportionality in the number of juvenile arrests, as well as a reduction in the total numbers for these indicators across all racial groups. Research on the risk and protective factors for involvement in child welfare and juvenile justice demonstrates that the social determinants of health are key drivers in systems involvement. Though interventions targeting the social determinants take a period ranging from a few years to decades to manifest in the overall numbers of child welfare and juvenile justice interactions, these health improvements are anticipated to lead to more

Over the last 10 years, the number of African American youth with an open CWS case has been reduced by 63 percent compared to a 56 percent reduction of the overall number of children with an open case. Similarly, there has been a 56% decrease in the number of African American youth in out of home care, or in foster care, compared to a 47% reduction in the overall number of children in out of home care. The improvements for African American youth have been greater than for the rest of the population involved with child welfare.

#### **Child Welfare Services, County of San Diego**

favorable types of interaction with child welfare and juvenile justice agencies, when warranted, and lower rates of involvement. Creating stronger, more resilient families will, in turn, build a better quality of life for all San Diego residents.

## THE BLUEPRINTING PROCESS

In March 2017, CHMI began conducting 65 interviews with a diverse group of stakeholders with knowledge of San Diego's child and family-serving systems. Critical insights were gathered about the historical context in San Diego, current and past successes in serving children, and challenges that remain to be solved, especially around racial disproportionality. Interview subjects represented a wide variety of organizations and experiences, including young people impacted by child welfare and juvenile justice, community advocates dedicated to keeping families together and strong, San Diego County officials and staff from Child Welfare Services, Probation, and a host of Health & Human Services Agency and Public Safety Group departments, nonprofit leaders who serve families in partnership and independent of the County, and academics and other subject matter experts. CHMI combined this information with extensive background research and data analysis and produced an Environmental Scan which outlined child welfare and juvenile justice processes, publicly available statistics, organizational analyses, the policy and legal context, and recommendations. The Environmental Scan was shared with COSD partners to check for accuracy and presented to TSDF.

Following this initial information gathering, in July and September of 2017 CHMI facilitated two community Blueprinting workshops with a total of 111 stakeholders to create a strategic plan – the Blueprint for Action – that includes specific actions which stakeholders prioritized to improve the health and wellbeing of children and families. In both workshops, participants divided up into breakout sessions for strategic planning around four categories of the social determinants of health: health behaviors, clinical care, social and economic factors, and the physical environment. During the first workshop, a SWOT (Strengths-Weaknesses-Opportunities-Threats) analysis was completed and an overall direction for the coalition was set. In the second workshop, participants built off this work by suggesting potential Bold Action Steps to include in the Blueprint for Action and prioritized them by discussing the impact, feasibility, implementation timeframe, and sustainability of each. Focus groups of youth with lived experience in child welfare and juvenile justice produced additional Bold Action Steps. Finally, the coalition chose a name for itself: Strong Families, Thriving Communities.

After all Bold Action Steps were compiled for coalition review, CHMI combined similar action steps and SFTC members voted via electronic survey which would be featured in its Blueprint for Action (A complete list of all Bold Action Steps was included as an appendix to the Blueprint). Through a series of meetings and surveys with SFTC's Steering Committee – open to all interested parties – the final Blueprint for Action was unveiled in March 2018 and a vision and mission were chosen to guide the coalition's work.

Before launching the Blueprint for Action, CHMI solicited volunteers from a diverse sampling of participants to create a Steering Committee. Its purpose is to provide vision and oversight to the SFTC, make decisions on how to promote the ideals of the coalition, provide leadership and participate in the process to accomplish the goals and vision of the group. The Steering Committee guides coalition efforts by developing the vision and mission statements, defining a common language to provide a foundation for the group's equity work, prioritizing Bold Action Steps for implementation, using data to inform strategy development and learning, tracking work progress using agreed-upon indicators, and making connections between coalition members to ensure coordination and efficiency.

**Mission:** To align Child Welfare Services and Juvenile Justice policies, practices and resources to increase equity and effectiveness for communities, families, and children.

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

These highly-engaged stakeholders then prioritized two Bold Action Steps to immediately begin implementing:

**BOLD ACTION STEP #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.*

**BOLD ACTION STEP #21** – *There will be an increase in [the effectiveness of] 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.*

Cross-sectoral working groups were formed around these Bold Action Steps, and their members promptly created a list of goals and potential projects for each, which are outlined later in this document. Once work materialized and significant progress was made, two more working groups formed to address three additional Bold Action Steps:

**BOLD ACTION STEP #3** – *There will be improved access to behavioral health services*

**BOLD ACTION STEP #28** – *Hubs for services providers will be engaged, supported, and expanded*

**BOLD ACTION STEP #13** – *The number of times that a family's caseworker changes in child welfare and juvenile justice agencies will be minimized.*

The equity principles which the Steering Committee adopted to govern SFTC efforts are as follows: (1) Diversity, (2) Equity, (3) Inclusion, (4) Disproportionality, (5) Disparities, (6) Trust and Relationships, (7) Institutional Racism, (8) Individual Racism, (9) Systemic/Structural Racism, and (10) Implicit Bias. Furthermore, assistance selecting outcome measures related to the Bold Action Steps, which the coalition has termed Community Change Metrics, was provided by CHMI's evaluation team from Wake Forest University School of Medicine in Winston-Salem, North Carolina. SFTC's Steering Committee took responsibility for tracking these metrics throughout the execution of the Blueprint. Some Bold Action Steps, including those designed to change underlying socio-economic conditions in San Diego County, will require a longer timeframe to complete, while others can be accomplished within a shorter time horizon. The final community change metrics focus on racial disproportionality and overall child welfare and juvenile justice interaction concerning (1) Juvenile Arrests, (2) Abuse/Neglect Allegations, and (3) Substantiated Abuse/Neglect Allegations.

To collect information on how coalition members view each other as part of a “social network,” the Wake Forest team conducted a survey that was completed by 31 organizations. This Social Network Analysis was an important starting point for SFTC to evaluate how connections between organizations from all sectors can be enhanced so that partners work together more seamlessly to achieve shared goals.

## **PARTNER HIGHLIGHTS AND ACTIONS**

**The San Diego Foundation** partnered with the County of San Diego Health & Human Services Agency and Clinton Health Matters Initiative (CHMI) to launch Strong Families, Thriving Communities (SFTC), a three-year effort formed in response to the County's identification of priority opportunities for improved access to care and support in the region. The San Diego Foundation-funded SFTC aims to address racial disparities within child welfare and juvenile justice systems and to support the development of a strategic plan informed by community voice and knowledge. In partnership with the County of San Diego, and with the support of The California Endowment, the Waitt Foundation, and The San Diego Foundation donor community, this SFTC effort has increased community capacity for cross-sector action. A broad coalition of community partners has contributed knowledge, time and insight to identify and propose ways to address key obstacles to better outcomes in the child welfare and juvenile justice systems. The San Diego Foundation worked with Strong Families Thriving Communities Initiative as well as The San Diego Foundation's Early Childhood Initiative, to address several Bold Action Steps:

**BOLD ACTION STEP #5** – *Equitable education opportunities will be provided to all students.)*

**BOLD ACTION STEP #6** – *Affordable child care will be accessible to all families with young children by developing and launching the Early Childhood Initiative, focused on access to quality, affordable early care, increasing access to opportunity for children and parents.*

- *The contribution of over \$4 million in funding that has been committed to helping San Diego nonprofits expand capacity to serve LMI (low-moderate income) families with children in alignment with the Early Childhood Initiative.*

**BOLD ACTION STEP #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. the establishment of a cross-sector partnership with the County of San Diego, with partners facilitating internal change, including:*

- *The Probation Department's commitment to rolling out a department-wide mandatory training to address implicit bias and trauma-informed care integration, kicking off with 69 staff completing implicit bias and 106 staff completing trauma-informed care training in 2018.*
- *The Child Welfare Department's commitment to assessing policy and procedures in support of trauma-informed care and anti-bias objectives. As of 2019, contracts with trainers have been amended to include restorative practices, childhood brain development, trauma-informed care, and implicit bias training.*

**BOLD ACTION STEP #14** – *Screening will improve for risk factors of child welfare and juvenile justice involvement, and families will be linked with supportive services.*

- *The County's facilitation of options for families with children ages 0-5 through the 211 San Diego call-in system serving San Diego. 211 San Diego now operates a First5 'hotline' to connect families at risk that might not meet the criteria for child welfare engagement (but have underlying needs) to access support services.*

**County of San Diego Health & Human Services Agency (HHSA)** in partnership with CHMI and TSDF has contributed time and resources to move the SFTC work forward in their commitment to addressing Bold Action Steps set forth by CHMI and the San Diego Community that include:

**BOLD ACTION STEP #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.*

- *The County of San Diego Health and Human Services Agency has been actively engaged in enhancing trauma-informed care practices for children and families. HHSA established a Trauma-Informed Systems Integration Team in 2014 to ensure services are delivered in a trauma-informed manner across all HHSA departments.*
- *HHSA worked with The San Diego Foundation and the Clinton Health Matters Initiative to support youth development of the Trauma-Informed Code of Conduct. HHSA has also trained all of its employees in Mental Health First Aid.*

“We want to support the expansion of access to care that is not only high quality and addressing the needs of the children that they serve, but that is also accessible financially to families.”

**Katie Rast, Director of Community Impact**  
The San Diego Foundation



- *Child Welfare Services has increased trauma-informed training for CWS staff and provides trauma-informed training to community service providers and schools.*
- *CWS is working alongside Behavioral Health Services to enhance the quality of mental health service providers who work with children and families involved with CWS. Over the past two years, CWS and BHS have worked together to implement a common mental health screening tool, the Child and Adolescent Needs and Strengths (CANS), for children and youth served by both systems. This has improved early identification of needs and quicker referrals for youth to access services.*
- *HHSA and Juvenile Probation jointly offered two trainings to service providers working with Native American families to enhance the knowledge of service providers regarding culturally specific aspects of trauma-informed practice within the Native American community.*

**BOLD ACTION STEP #13** – *The number of times that a family’s caseworker changes in child welfare and juvenile justice agencies will be minimized.*

- *Child Welfare Services (CWS) completed data analysis to determine at what point children are most likely to have changes in their assigned caseworker. This has allowed CWS to focus on specific transitions and review policies to help reduce the number of caseworkers assigned.*
- *Additionally, CWS added 125 new positions, most of which went to front line staff, to help reduce caseload size and enhance staff retention, which will also lead to fewer changes in assigned caseworkers.*

**BOLD ACTION STEP #17** – *Stakeholder involvement in the juvenile justice Reducing Racial and Ethnic Disparities (RRED) process will be expanded, especially where there are gaps in representation.*

- *CWS and Public Health Services (PHS) were added as key stakeholder partners to the RRED.*
- *CWS and PHS regularly participate in RRED meetings, reviewing Juvenile Probation data and providing recommendations about enhancements that could be made to Juvenile Probation practices to help reduce disparities.*

**BOLD ACTION STEP #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.*

**HHSA** is a regular participant on the San Diego Mentorship Network and has partnered with other mentoring organizations to complete an exploratory survey of mentoring programs in San Diego. With over 100 mentoring programs in San Diego, the San Diego Mentorship Network created a website to help easily connect youth who need mentoring services with the right program for them. HHSA continues to be an active member of the network supporting training and capacity building efforts across the region.

HHSA is working concurrently on Bold Action Step #3 (improved access to behavioral health services). Bold Action Step #4 (improved access to clinical care services) and Bold Action Step #28 (Hubs for services providers will be engaged, supported, and expanded).

**Behavioral Health Services** is working to create behavioral health hubs in strategic locations across San Diego County. These hubs are integrated care environments designed to accelerate transition from behavioral health crisis to sustainable continuous chronic care management to provide community services, creating easier, and will include clinical care services such as inpatient psychiatric care, outpatient step-down services, and crisis stabilization, as well as linkages to care coordination for community members. The County has initiated action steps to create

hubs in the Central and North Inland regions of San Diego County, with plans being developed for hubs in additional communities, including the South and East regions as well as a Children and Youth hub in North Central region. Work is ongoing in this area and will continue to develop over the next several years

**The County of San Diego's Probation Department**

has focused on four of the Bold Action Steps to make change in the lives of those youth and families that are involved in the justice system. These include:

During a SFTC event with Chelsea Clinton, the vice chair of the Clinton Foundation, the awareness of a need for a van to transport youth became known. The Probation Department responded to this by donating a van to a community organization to assist with youth transportation to community events and services.

**BOLD ACTION STEP #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.*

- *The Probation Department rolled out a depart-wide mandatory training to enhance knowledge around implicit bias and trauma-informed care, "Growing Resiliency Within a Trauma-Informed Lens."*
- *Through the Youth in Custody Practice Model, a technical assistance program through the Center for Juvenile Justice Reform, there is now an increased use of strength-based, developmentally appropriate and trauma-informed approaches; improved outcomes in education, employment, and other youth competencies; increased family participation, engagement, and visitation; and reduction in the use of custody to address technical violations.*
- *Probation increased youth access to strength-based, developmentally appropriate and trauma-informed approaches- mental health screenings and trauma informed care contracts were expanded.*

**BOLD ACTION STEP #17** – *Stakeholder involvement in the juvenile justice Reducing Racial and Ethnic Disparities (RRED) process will be expanded, especially where there are gaps in representation.*

- *The department responded by expanding this group to include Child Welfare and Public Health representatives. Additionally, the Probation Department continuously redesigns the detention screening instrument to stay consistent with research that supports factors that are directly relevant to the safety of the youth and the community. This detention screening instrument was redesigned to reduce discretion to detain and decrease the number of aggravating factors that could be used to justify detention. Research has shown that discretion and aggravating factors are more likely to be used in ways that negatively impact youth of color.*

**BOLD ACTION STEP #19** – *Family access to children in the juvenile justice system will be improved- Probation expanded visiting hours and redefined family to allow more visits by supportive individuals.*

- *New strategies include Skype visitation to allow families the additional option to visit with youth electronically and transportation assistance to families of youth with longer custodial commitments. The Probation Department has developed a process to identify youth who are not receiving frequent regular visits and pair them with treatment staff who work with them to identify family members who can visit, clear any obstacles to visitation, provide enhanced access to Skype visitation, and connect youth with mentors who will visit them.*

**BOLD ACTION STEP #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.*

- *In response to this, the Probation Department awarded contracts to community providers for Resilience Mentorship programs where mentors receive best practices training and have lived experiences.*

## IMPACT

*See Timeline of Milestones in the Appendix*

### Trauma-Informed Care

A trauma-informed care working group was established to bring together nonprofit, county, and community partners to prioritize steps that help accomplish the Bold Action Step shown below, and to collaborate on its implementation.

Working group members identified their goals as helping to build relationships between clients and staff, and ensuring that contracting agreements enable these relationships; enhancing coaching, support, and accountability for staff to deliver trauma-informed care; communicating to the community the great trauma-informed care work already happening across the county; furthering progress made in the juvenile justice environment; expanding parental education on trauma, emotional wellness, resilience-building, and efforts to de-stigmatize accessing counseling; employing more people with lived experience in provider organizations and County agencies; and evaluating how much additional effort is needed related to secondary traumatic stress among provider staff.

One example of the impact of simply bringing community members and systems providers together occurred during an early trauma-informed care working group meeting. Vania, a local young person who was disillusioned with her quest to regain custody of her daughter from Child Welfare Services, met a Child Welfare Services partner named Shlyn Guarian, who provided her with the personal attention and help she needed:

“She talked to me, she called me,” Vania said of Shlyn Guarian (CWS). “She asked me, ‘What do you need? What is it that you’re looking for? What are your concerns? Where can we help you?’” These trauma-informed interactions made a difference in Vania’s perspective of Child Welfare Services. “I’m getting housing for my daughter. I have a job. I’m going to school,” Vania said, “I don’t want other people that are going through the same thing to be like ‘This is so hard, so I’m just going to give up.’ At the end of the day, it’s worth the fight.”

### Code of Conduct

The most important result of these efforts has been the Trauma-Informed Care Code of Conduct. CHMI worked with a group of approximately 35 young people with systems-involved lived experience to understand their needs, provide an outlet for their voices to be heard and facilitated the creation of a Code of Conduct, which is a statement of youth expectations about how children, youth, and families should be treated by government agencies, nonprofits, and communities of support who interact with them. These youth came from three San Diego organizations: Youth Empowerment Project, Just in Time for Foster Youth, and Project A.W.A.R.E. CHMI worked to expand awareness and change current experiences by gaining the support and adoption of the Code of Conduct by organizations who work with youth and families. Agencies who have adopted the Code of Conduct committed to applying trauma-informed care practices to ensure that their interactions, behaviors, services, and communities of support are accountable to avoid worsening the effects of trauma, to support youth in building resilience, and to being balanced, healthy, and empowered.

**See Code of Conduct in Appendix**

CHMI and working group members drove adoption of the Code of Conduct by more than 30 organizations around San Diego, many of whom have participated in Learning Collaboratives designed by CHMI to provide their staff with best practices and a community of peer support as they institute practice changes. Learning Collaborative participants used their collective knowledge to create an inventory of best practices corresponding to the items in the Code of Conduct, and used these group sessions to offer helpful advice, share successes, coach each other through organizational changes, and share their successes with a larger community. CHMI facilitated six Learning Collaboratives with a flexible approach designed to assist different parties with the recognition that they were in different stages of their trauma-informed journeys. The Learning Collaboratives were structured around a six-step process for organizational change that involved Building Support, Understanding the Organization, Determining a Strategy and Plan, Identifying Resources, Taking Action, and Evaluating Results. CHMI provided participants with a toolkit of national resources matched to the specific Code of Conduct actions they help to implement, as well as an action plan template for organizational planning.

The creation of the Code of Conduct and the actions taken by its adopters have furthered the working group's goals of improving client-staff relationships, enhancing coaching, support, and accountability in trauma-informed care, and reducing secondary traumatic stress among staff serving children and families.

Finally, CHMI brought together youth and local partners to create a Training-of-Trainers course for new organizational adopters, the development of which was coordinated by organizations including the Youth Action Board of the San Diego Regional Task Force on the Homeless, ACEs Connection, National Conflict Resolution Center, Phenomenal Families, the Chadwick Center for Children and Families at Rady Children's Hospital. CHMI helped the group ideate the learning objectives and format of the training and brought together the subject matter experts needed to enable youth to educate community organizations with confidence and an approach taken from the best scientific information available.

In October 2019, the San Diego Unified School District passed a resolution to integrate the Code of Conduct into its programs by directing school district-contracted organizations to implement a survey, to be completed by young people, which will measure the degree to which Code of Conduct principles are being put into practice in organizations' interactions with students. The survey will initially be rolled out to after-school program providers.

In November, at a Community Accountability for Health Meeting, Dana Brown, Executive Director for Youth Voice and Community Manager at ACEs Connection, shared a powerful explanation about "Community Trauma" and how Adverse Childhood Experiences (ACE's) can affect overall wellbeing of entire communities. Statistics were shared that by merely asking, relating, and understanding someone's traumatic experiences can act as a powerful "community healing" tool and encourages trust building. She also explained that parents and mentors

"The whole process of working on the Code of Conduct with my peers has made me feel like I've accomplished something big, and I now feel like I have a voice. I will continue doing my part and working to get it implemented in as many places as possible because it changes mindsets and builds communities of support systems. I want to continue being an example for others and let youth know that people are rooting for them and that change is always possible."

**Jonathan Curiel, a local changemaker, leader, and formerly incarcerated youth,** reflecting on what the Code of Conduct means to him



may have the largest impact on preventing and addressing the impact of ACEs and highlighted Strong Families, Thriving Communities Initiative, Trauma-Informed Care Code of Conduct that was produced by a group of youth with lived experience in the Child Welfare and Juvenile Justice Systems, for organizations to adopt. She then introduced Felicity Tolbert, a young woman from the community who has endured ACEs and participated in the creation of the Code of Conduct as a young community member. Felicity presented the Trauma-Informed Care Code of Conduct and explained how each principle has personally affected her. While presenting the “safety” section, Felicity shared her experiences growing up feeling unsafe while walking around her own San Diego neighborhood, including fear of law enforcement and authority figures. Speaking from personal experience, she also emphasized the positive impact of having a mentor who can encourage youth to feel empowered and stable where they’d otherwise be lacking this type of support. Felicity received a standing ovation from attendees for her courage and vulnerability while sharing her personal experiences with the group.

Listed below are a sampling of the policy and practice changes that have been implemented by adopters of the Trauma-Informed Code of Conduct and shared during Learning Collaboratives:

**San Diego County Behavioral Health Services, Children, Youth & Families** – incorporated Code of Conduct language into two Provider Operations Handbooks for mental health and substance use disorders and included the Code of Conduct as an appendix to Provider Operations Handbooks. They also incorporated the Code of Conduct into Statement(s) of Work in provider contracts. This includes encouraging providers to integrate it into their overall code(s) of conduct, making it available to clients, and utilizing it to inform staff trainings.

**San Diego Regional Task Force on the Homeless** – requires the use of Code of Conduct and trauma-informed care training for their grant recipients, in their role as a third-party administrator of U.S. HUD grant funds and determines trauma-informed care concepts to include in planned training for their grant recipients around U.S. Interagency Council on Homelessness principles.

**Promises2Kids** – embedded the Code of Conduct into staff, volunteer, and mentor training, updated language that staff uses with clients and with each other to be more trauma-informed, and refined standard operating procedures to include additional items related to nonviolent environment and privacy/confidentiality policies.

**Children’s Legal Services** – completed vicarious trauma training with staff, has integrated evaluating concepts that include the Code of Conduct into the onboarding process and performance evaluations and staff are sent trauma-informed care reminders and given a resource monthly.

**SAY San Diego** – incorporated Code of Conduct into new staff onboarding and subcontracts and uses Code of Conduct as an engagement tool with clients.

**Youth Empowerment** – uses the Code of Conduct to engage youth with lived experience to build a relationship of trust and commonality, showing youth that they hear them, they have been where they are, and they are here to assist.

**National Conflict Resolution Center** – conducts regular small group meetings where staff share and flesh out their ideas of how to implement Code of Conduct inventory items as well as overcome issues that arise.

**San Diego County Office of Education, Foster Youth Services Coordinating Program** – begins each of their TIPS training for teachers and administrators of Juvenile Court and Community Schools program by introducing the Code of Conduct.

**University of San Diego Joan B. Kroc Institute for Peace and Justice** – has included the Code of Conduct in their training and toolkit on youth development being implemented for teachers in the San Diego Unified School District.

### **Native American Cultural Competency and Trauma-Informed Care**

The working group has catalyzed two workshops bringing together Native American tribes, San Diego County agencies, nonprofits, and academics for shared learning in a format that is the first of its kind in San Diego County.

The first workshop took place in August 2019 and focused on the theme of historical trauma, with presentations by a former Chairman Anthony Pico of the Viejas Band of

Kumeyaay Indians, along with youth leader Jake Jacome, Dana Brown of ACEs Connection, and Maegan Rides At The Door of the University of Montana's National Native Children's Trauma Center. The event included traditional blessings, songs, and other rituals performed by San Diego Native American leaders, in addition to presentations on the history of the native people of the San Diego area and on key principles of trauma and resilience concerning the Native American experience.

In a follow-up, partners held a second workshop in November 2019 and focused on the theme of self-care with indigenous practices, with presentations by local experts on resilience, representing both native and non-native perspectives and teachings. Approximately 160 people attended the two workshops, which have served to propel the momentum already created by the existing Warrior Spirit movement to Heal Historical Trauma, enfolded many additional COSD and community partners and providing a basis for continued collaboration. **The San Diego American Indian Health Center (SDAIHC)** utilized these workshops to leverage existing community resources and began to build partnerships that would inform grant deliverables in their clinic. A planning group consisting of COSD and community partners who organized the first two Native American cultural competency workshops are assessed learnings from these events and committed to plan the most effective way forward for future engagements, balancing the needs and desires of a wide variety of stakeholders.

These dialogues have helped achieve the working group's goals of enhancing coaching, support, and accountability in trauma-informed care, communicating to community members the trauma-informed care work already happening across the county, furthering progress made in the juvenile justice environment, and reducing secondary traumatic stress among staff serving children and families.

### **Other Achievements**

Utilizing different platforms, SFTC partners have provided speaking opportunities to approximately 15 young people to address public audiences with their personal stories of resilience and demands for systems change. These presentations have included three *Live Well San Diego* Advance breakout sessions, a California statewide Child Welfare Policy Roundtable meeting, a San Diego Dependency Policy quarterly meeting, a national Transition-Aged Youth Collaborative webinar hosted by the National Child Traumatic Stress Network, and a mentorship training provided to all San Diego County probation officers furthering the awareness of the Trauma-Informed Code of Conduct.

In April 2019, judges and administrative staff from the San Diego Juvenile Court received introductory training on building a trauma-informed court environment by local experts from inside and outside the County system. Judges were provided bench cards as a resource and were educated on their use. Bench

“Thank you so much for this training, it was eye-opening and so needed. It filled my cup.”

**Mayra Arambula**  
Center for Children

Cards provide judges with useful guidelines to help make decisions based on emerging scientific findings in traumatic stress. There was positive feedback and momentum created in the Court, and further trainings are being contemplated for attorneys.

These trainings and youth presentations furthered the working group's goals of improving client-staff relationships, enhancing coaching, support, and accountability in trauma-informed care, communicating to community members the trauma-informed care work already happening across the county, furthering progress made in the juvenile justice environment, expanding parental education on trauma, emotional wellness, and resilience, and reducing secondary traumatic stress among staff serving children and families.

## Mentorship

CHMI established a mentorship working group to bring together nonprofit, County, and community partners to prioritize steps that help accomplish the Bold Action Step shown below, and to collaborate on its implementation.

**BOLD ACTION STEP #21:** *There will be an increase in the reach and effectiveness of 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.*

Working group members identified their goals as understanding the landscape and capacity building desires of youth mentorship programs across the county; establishing and implementing a training program to universalize a high standard of mentorship/coaching services; creating a searchable directory of mentorship programs and a repository of tools and resources; enhancing communications strategies that reach past and current child welfare and juvenile justice-involved young people (and adults) for mentor and mentee recruitment; and improving coordination and avoiding duplication of services.

In support of its first goal, the working group created a mentorship program assessment, collecting information from 40 organizations to understand the landscape of mentoring and coaching services in San Diego, including details about programmatic goals, participants, and practices, and to tailor external capacity building opportunities based upon interest. In addition, CHMI created a repository of tools and training resources for mentors and mentees to provide the group with digital assets needed to accomplish its goal. Finally, CHMI assembled a comprehensive listing of more than 130 mentorship programs and services in San Diego from a variety of sources, including program details, information on populations and geographies serves, and contact information. Community partners who lead the continuing mentorship work will put their energy in 2020 towards turning this into a public-facing resource, allowing anyone to find tailored, up-to-date information on mentorship services for young people.

## San Diego Mentorship Network

The most important result of these efforts has been the launch of the San Diego Mentorship Network (SDMN), a physical and virtual space that connects more than 150 mentorship program leaders, young people, service providers, and interested citizens – visit SDMN Website [HERE](#). SDMN enhances collaboration between organizations and individuals who mentor youth by facilitating capacity-building and training opportunities, catalyzing programmatic partnerships between organizations, promoting existing work and driving recruitment through outreach and events, and celebrating individual and programmatic successes. The networking and training opportunities provided via SDMN help achieve partners' goals of establishing a training program, enhancing mentoring organizations' communications strategies, and reducing duplication of services through more programmatic collaboration.

SDMN has held two events for its members to network, sign up for trainings, and catalyze partnerships, with more than 130 people already trained by pro bono partners so far. In May 2019, the Network launched to the public at its Activation Summit. Among other things, SDMN members registered for eight capacity-building and promotional opportunities designed to help them:

1. Engage young people as equal partners in reaching their goals.
2. Use proven strategies to brand their mentorship program to recruit more mentors and mentees, like **Just in Time for Foster Youth's** Coach Approach Program.
3. Communicate in a way that is inclusive of all people, regardless of their background, and meets them where they are.
4. Diffuse conflicts and come to mutually-beneficial solutions with youth.
5. Receive customized technical assistance to help their mentorship program evolve in a variety of ways depending on their needs.
6. Join the Alliant University's Community Mentor Training, a rigorous certification program for street outreach workers mentoring justice-involved kids.
7. Set up a table at the Community Mentor Summit.
8. Become a *Live Well San Diego* Partner, with benefits like support with data and outcome tracking and opportunities to showcase programs through web, media, and events.

In August 2019, the second SDMN event brought together its members for facilitated networking around the theme of Back-to-School, where they shared best practices and resources and made connections that helped them better serve their young people who are getting ready for the school year. Finally, in September 2019, SDMN leaders held a daylong Mentoring 101 training session covering the following topics:

- Overview of Design and Implementation of Youth Mentoring Programs
- Mentoring Philosophies and Program Models
- Using Elements of Effective Practice as a Program Development Tool
- Personnel/Assistance for Program Development
- Developing Materials to Guide Your Effort
- Review of Elements of Effective Practice (Program Tasks)
- Program Development Resources.

SDMN's third networking event was held in January 2020 to correspond with National Mentoring Month and brought together members for another quarterly meeting to enhance community capacity and spark organizational partnerships. In addition to the directory mentioned above, SDMN's Leadership Committee will organize additional trainings in 2020 on member-driven topics, pursue opportunities for joint fundraising and grant applications among member organizations, and evaluate the potential for providing members with technical assistance provided on measuring their programmatic outcomes.

## Behavioral Health

CHMI established a behavioral health in community hubs working group to bring together nonprofit, County, and community partners to prioritize steps that will help accomplish the two Bold Action Steps shown below, and to collaborate on implementation.

**BOLD ACTION STEPS #3:** *There will be improved access to behavioral health services*



**BOLD ACTION STEP #28:** *Hubs for services providers will be engaged, supported, and expanded.*

Working group members identified their goals as identifying what services are offered around San Diego and how families access them, identifying gaps in access to establish targeted solutions, and catalyzing partnerships to enhance access to behavioral health supports in neighborhood hubs that are close to where people live. In the interest of exploring what is already happening around access to behavioral health services in San Diego, 211 San Diego assisted the working group by producing a behavioral health Asset Map which includes over 18,000 behavioral health needs (incoming calls) that are mapped by zip code, overlaid with a map of over 590 behavioral health service providers across San Diego County. The group's next task is to analyze the data set for identifying gaps and opportunities to guide partnership building. The Asset Map put this working group on good footing to help it achieve its goal of identifying available services, gaps, and targeted solutions for improving access to behavioral health supports.

The primary focus of SFTC's behavioral health work is expanding access to non-clinical behavioral health outreach, education, and service navigation support through the establishment of programmatic partnerships. CHMI catalyzed a project to bring providers into the Jackie Robinson YMCA to serve families in the club's immediate vicinity, especially, but not limited to those with Child Welfare Services and Probation interaction. Families receive free club memberships to encourage their utilization of these supports which provide an increase in the stability and influence of the family, help young people develop values in a complex and changing world, and improve school attendance, behavior, and performance.

Further, the group secured three additional organizational partners for an existing project with **Alliant Educational Foundation** that places Alliant International University psychology students at direct service providers across San Diego. PhD-track psychologists will be placed at these organizations in August 2020 to complete a practicum that will enhance partner agencies' ability to diagnose and treat issues in children's mental health. As a result of the working group's efforts, students will now begin working at YMCA, Home-Start, and Harmonium sites around San Diego. In addition to the families who benefit directly from the practicums, CHMI anticipates a new crop of psychologists will be better trained and inspired to remain involved in providing services through the non-profit community. CHMI helped expand Alliant's work even further and connected community-based providers with much needed behavioral health services capacity.

One of these providers reflected on the value that having the Alliant students on-site brings:

*"Having a clear picture of the **problem** is critical in addressing mental health needs efficiently and effectively. We have a TON of service providers out here in San Diego, but are they effective? [Alliant's] students offer higher than average education in the field, the ability to administer testing to support differential diagnosis (getting the clear and full picture so that treatment is effective), and give a nonprofit the ability to offer this kind of service (which has generally been unseen in most programming) as we tend to get what we can afford (which is not typically psychologist level work)."*

These two projects helped the working group meet its goal of enhancing access to behavioral health supports in neighborhood hubs.

## Staff Changes and Improvements

**BOLD ACTION STEP 13.** *The number of times that a family's caseworker changes in CW and JJ agencies will be minimized*

Families have at times expressed frustration at the lack of clear understanding of the process for their children's interactions with the child welfare and juvenile justice systems. CHMI brought together a working group

composed of leaders from Child Welfare Services and the Probation Department and held a series of meetings in 2018 to gather data and identify needs concerning improving engagement and communication between case managers, probation officers, and the families they serve. It was determined that reducing the supervisor-to-staff ratio for front line employees in these two departments was a key factor in enabling staff to spend more time engaging with families. Child Welfare Services completed data analysis to determine at what point children are most likely to have changes in their assigned caseworker. This has allowed CWS to focus on specific transitions and review policies to help reduce the number of caseworkers assigned. Additionally, CWS added 125 new positions, most of which went to front line staff, to help reduce caseload size and enhance staff retention, which means fewer changes in assigned caseworkers. The Probation Department reallocated staff to reduce the caseload ratio from 50:1 to 25:1. The Probation Department also focused on increasing the utilization of individualized case planning for youth and families, to include the development of case plan training. Additionally, Probation Officer trainings now include a panel of community providers to share information on available community resources.

### **Overall SFTC Engagement and Impact**

SFTC has strived since its launch to include as many voices as possible into its community strategic planning sessions and other public engagements. In doing so, the coalition has:

- Hosted Chelsea Clinton in February and May of 2019 to visit SFTC partners and highlight the importance of the coalition's goals.
- Hosted a Philanthropy Roundtable to highlight to systems leaders and philanthropists what interventions are needed to improve health for vulnerable children and families.
- Convened over 500 stakeholders from over 120 government, nonprofit, and private sector organizations.
- Engaged 136,000 individuals through social media channels.
- Received coverage in 15 media outlets.
- Facilitated 1 live-streaming panel interview and one live TV news interview.
- Produced three blog posts featuring San Diego youth.
- Distributed five newsletters to over 400 San Diego stakeholders
- Engaged approximately 200 community members during three *Live Well San Diego* Advance breakout sessions, providing speaking opportunities to 13 young people and community members to share personal stories, issues, and solutions.

## **CONCLUSION**

### **What's Next**

Through the diverse set of organizations and individuals who made Strong Families, Thriving Communities a success over the last three years, each avenue of work has a group of sustainability partners (see Appendix for full list) that are helping to advance different projects.

The San Diego County Board of Supervisors requested that the Chief Administrative Officer provide recommendations to the Board of Supervisors regarding how the work that started with the Strong Families, Thriving Communities coalition will continue. Recommendations will be made to the Board of Supervisors ensuring that the Blueprint for Action continues to make an impact toward reducing disproportionality and disparities for children, youth, and families involved with juvenile justice and child welfare.

## Trauma-Informed Care

The Training-of-Trainers course for new organizational adopters of the Trauma-Informed Care Code of Conduct is under development and will continue with additional participating organizations in 2020. The course curriculum is fine-tuned and young people from the Youth Action Board of the Regional Task Force on the Homeless, who will serve as the trainers for participating organizations, are prepared for their roles by the training partners who have contributed content for the course.

San Diego Unified School District contracted providers of after school programs are being introduced to student and staff versions of the Code of Conduct evaluation survey and will be used as a continuous improvement and contract renewal tool by the School District.

A planning group consisting of COSD and community partners who organized the first two Native American cultural competency workshops are planning the most effective way forward for future engagements, balancing the needs and desires of a wide variety of stakeholders.

## Mentorship

The San Diego Mentorship Network's Leadership Committee is validating its existing list of over 130 local mentorship programs and will launch a directory to the public with certain assistance provided by 211 San Diego. This resource will allow anyone to find tailored, up-to-date information on mentorship services for young people and initiate relationships with mentoring professionals.

Other upcoming projects of the San Diego Mentorship Network include additional trainings on member-driven topics and pursuit of joint fundraising opportunities and grant applications. The Leadership Committee is also evaluating the feasibility of providing technical assistance to members related to the measurement of their mentoring programs and mentee outcomes.

## Lessons Learned & Evaluator Observations

Through three years of listening and partnering with San Diego stakeholders of all stripes, it is abundantly clear that a powerful group of individuals, nonprofit organizations, and County agencies has an authentic desire to overcome entrenched issues of inequity that have plagued America since its beginning. This makes San Diego exceptional amongst its peer cities. Discussing issues of racial bias, historical trauma, and inequitable access to services is difficult for all parties – it can re-open wounds for those who have been victims and forces others to confront their unconscious or conscious roles in perpetuating broken systems. However, the motivation to repair these systems that partners brought to CHMI's community engagement work, including steps taken by agencies like San Diego County Probation before CHMI arrived in San Diego, ensures that a more equitable future is being created right now.

At the same time, two realities, which are present in any collaborative process involving stakeholders from multiple sectors, have served to both inform and slow progress toward this goal. The first is the consensus-building aspect of planning groups where representatives have complementary, but slightly different objectives. As an unbiased facilitator, CHMI moves forward projects when all parties in its working groups decide the time is right. Since these groups are populated with individuals who may not see a problem the same way, and who may be separately biased toward action or planning, concrete wins do not always take shape as soon as some would like. This reality has been present in each of the regions where CHMI has deployed its Community Health Transformation program. It is typically in Year 3, corresponding to 2019 in San Diego when projects start to flourish – this timeline has held in San Diego, where most of SFTC's significant progress occurred in 2019.

The second element which is necessary for true systems change is a deliberative process conducted by government leaders and informed by grassroots advocates and other systems partners. For good reason, change

in a democracy is slow. While SFTC's nonprofit partners have in many cases moved ahead with specific projects, the nature and constraints of governmental processes mean that San Diego County bodies and agencies take more time to turn the ship. However, when the ship turns – and CHMI has every indication to believe it already is – large-scale actions reinforce and propel the work that has been achieved even further. CHMI is optimistic because of the empathetic leaders in many corners of the San Diego County government who have made it their mission to better serve children and families and indeed have taken major steps to achieve that. San Diego stakeholders inspired CHMI by its many leaders doing great work across the community and eager to follow its future success.

## **Observations from the Wake Forest Evaluation Team**

### **Background**

The Strong Families, Thriving Communities (SFTC) initiative grew out of the San Diego community's desire to improve the health and well-being of young people involved in the child welfare and juvenile justice systems. The effort was initially organized by The San Diego Foundation and the County of San Diego. The San Diego Foundation contracted with the Clinton Foundation to create and lead the initiative, and more specifically to bring to San Diego the expertise and experience that the Clinton Health Matters Initiative (CHMI) had gained in implementing the Community Health Transformation process in six U.S. communities.

A team of researchers from Wake Forest School of Medicine evaluated CHMI's earlier work. The Clinton Foundation enlisted the Wake Forest Evaluation Team to advise them in implementing the San Diego initiative. This section of the report presents the Wake Forest Team's observations of the initiative. It is important to note that we did not carry out a systematic evaluation of SFTC. Our observations are based on what we learned through attending key SFTC events, listening to meetings of the Steering Committee and Work Groups, and monthly phone calls with Clinton Foundation staff. We also incorporated results from two research projects: a survey of SFTC members conducted early in the process (Fall of 2017), and evaluative interviews conducted with a set of core participants conducted in the Spring of 2019.

### **Initial Expectations**

The goals surrounding SFTC are extremely ambitious – to reduce racial and ethnic disparities in the treatment and life outcomes of youth involved in the child welfare and juvenile justice systems. Communities across the United States are engaged in similar systems-change efforts and are coming to recognize the profound challenges associated with this work. San Diego had several factors working in its favor when it launched SFTC, including a strong commitment from government officials to address disproportionality within the child welfare and juvenile justice systems; a positive track record of reform efforts within these two systems; and the community's positive, relationship-oriented culture. This pro-social culture and history of collaboration were cited by SFTC participants in the survey conducted in October 2017. They also reported high levels of trust with one another.

Participants came into the SFTC process with cautious optimism that this effort (especially with the high-level involvement of the Clinton Foundation) would move beyond discussion and achieve “real change” in the services, practices, policies, and mindsets of the governmental units and nonprofit organizations that make up the child welfare and juvenile justice systems. On the one hand, they were excited by the high-profile nature of the initiative, but their enthusiasm and goodwill were tempered by the limited progress that had occurred in past collaborative systems-change efforts in San Diego.

### **Summary of Progress to Date**

Based on the information available to us, the Wake Forest Evaluation Team believes that SFTC has made notable progress in creating the conditions for important changes to the programming and practices of the



many organizations that make up the child welfare and juvenile justice systems. The two most notable lines of work seek to:

1. Accelerate the adoption of trauma-informed practices within youth-serving agencies; and
2. Increase the effectiveness of mentoring programs throughout the community, both as individual programs and as a coordinated system.

Both these change efforts are at the early stages of implementation. However, the efforts are attracting high levels of interest and engagement, which suggests that deeper, more impactful change is possible.

Assuming that this early-stage work translates into the implementation and sustainability of approaches that are currently under consideration, we expect that the young people who interact with these two systems (especially African Americans, Latinxs, and Native Americans) will have better experiences and outcomes. It should be possible to detect these improvements with appropriate evaluation methods and measures. Over time, these improvements at the individual client-level should translate into population-level metrics, especially metrics that reflect disproportionality.

### **Moving Toward Trauma-Informed Practices**

SFTC can claim credit for increasing the attention that local agencies are paying to trauma-informed care. This has occurred primarily through the development of the Code of Conduct by young adults with lived experience. The Code of Conduct outlines how agencies should interact with children and families (e.g., maintain a non-violent environment free of intimidation). More than 30 of the organizations participating in SFTC have adopted the Code of Conduct, signaling that they are committed to the principles of safety, individualized support, effective communication, and supportive staff. A subset of these organizations has followed up with concrete steps such as new training and onboarding for staff, changes in standard operating procedures, and new approaches to client engagement.

More widespread shifts toward trauma-informed practice are possible through the advocacy work that **Youth Will** and other SFTC organizations are carrying out with the San Diego Unified School District and the County Board of Supervisors. The School District and the County are showing an openness to two important shifts in policy: 1) integrating the Code of Conduct into the policies and procedures that govern how services are provided, not only by themselves but by organizations they contract with; and 2) requiring assessments of organizational practice relative to the Code of Conduct. Together, these policy shifts would incentivize many more organizations to implement effective trauma-informed practices and would hold them accountable in making and sustaining these changes.

### **Moving Toward More Effective Mentoring Programs**

Broad improvements in mentoring programs are also possible under the initiative. The Mentoring Work Group has inventoried the programs that provide mentoring services to youth (including information on their participants and program models), assessed what these programs need to better meet their mission, identified where evidence-based practices are and are not being used, and built stronger partnerships among programs to reduce duplication and enhance coordination. The San Diego Mentorship Network was formed under SFTC to move this work forward in the future.

It is commendable that there is such a strong internal push among the leaders of mentor programs to improve the quality and effectiveness of their offerings. Their efforts would be reinforced if quality standards were integrated into the contracting process that County departments use when they contract for mentoring services.

**Inclusive Strategizing**

In reviewing the systems-change efforts that have been initiated and extended under SFTC, it is important to highlight that many of the ideas have come from people other than established institutional leaders. This was particularly true for the Code of Conduct, which was developed by young people who had direct experience within the child welfare and juvenile justice systems. They brought their distinct perspective and imperatives in defining how these systems should operate. SFTC did much more than give these young people a “seat at the table.” They were the designers and champions of what has become SFTC’s primary strategy to create more trauma-informed practice.

More generally, SFTC’s approach to developing strategy has been inclusive and collaborative. Representatives from San Diego County government have been active contributors to the process, without dictating the direction that SFTC needed to take. It is noteworthy that County leaders have shown an openness to ideas originating outside their agencies.

**Overall Assessment**

At SFTC’s three-year mark, we are seeing some positive movement in programming and practices at key organizations within the child welfare and juvenile justice systems. The Code of Conduct, cultural competency trainings and Learning Collaboratives are setting in motion a change process to ensure that the staff of youth-serving organizations are more sensitive and responsive to the life circumstances of the people with whom they interact. Likewise, the San Diego Mentorship Network is raising the bar for youth mentoring programs and taking concrete steps to create a more coordinated mentoring ecosystem within the county.

These are important first steps, but more work is needed to convert SFTC’s early wins into the deeper, longer-term changes that are necessary if the people interacting with the child welfare and juvenile justice system are to truly have better life outcomes. We strongly encourage the coalition to continue looking at policy levers to incentivize organizations to take action to make their programming and services more effective, trauma-informed and aligned with the needs and values of the diverse clients they serve.

If organizations throughout the two systems continue to strengthen their programs and practices in this way, we believe that this will yield measurable reductions in disproportionality that motivated so many stakeholders to come together and devote effort to the SFTC initiative. At the same time, it is important to recognize that racial and ethnic disparities in life outcomes stem from a host of social, economic and political issues that SFTC is not currently addressing.

SFTC participants recognized the breadth and complexity of the disproportionality issue when they generated possible action steps for the Clinton Foundation’s Blueprint for Action. In addition to trauma-informed care and mentoring, the Blueprint includes Bold Action Steps on big issues such as accessible health care, substance-

We want to express our appreciation to Clinton Foundation staff for their authentic, thoughtful approach to diversity and inclusion of those communities that are rarely heard or included at the table. I was so impressed with you all coming to my office when I became frustrated with the process and reminded me of the importance of having me or someone that would reflect my community at the table. Your commitment to fairness and equity endeared you all to me because I felt that this was genuine concern for our community and that our voices mattered.

**Marilyn English, Director**

Project Save Our Children, Cultural Broker Education, and Family Advocate Project

abuse treatment, equity in educational opportunities, a living wage, affordable housing, and transportation. As Reverend James Bell noted when the Blueprint was unveiled, the 29 Bold Action Steps represent a “hella bold” agenda for social change. In our interviews with SFTC participants, we heard that the Blueprint was too expansive to serve as a useful agenda for the SFTC coalition. Many of the Bold Action Steps called for major changes in systems that were outside the scope of influence of SFTC’s membership.

While there is evidence that SFTC has begun to change the conditions that allow for “real change,” our interviews suggest that some stakeholders are seeing less progress than they had hoped for. We heard concerns that the process was too slow in moving to action, that effort was spread across too many disparate Bold Action Steps, and that there was a lack of clarity around strategic goals. While the Clinton Foundation could have arguably been more focused and efficient in facilitating the process, it is important to also keep in mind that systems change is complex, long-term work. In their review of 48 collaborative community change initiatives, Anne Kubisch and her colleagues at the Aspen Institute found that many of these efforts struggle to move past the planning stage to generate any sort of meaningful action.[1] The fact that some organizations within San Diego’s child welfare and juvenile justice systems are making concrete changes in their practice indicates that SFTC has the potential to produce real benefits for large numbers of young people and their families. This is more than can be said for many other systems-change initiatives.

[1] Kubisch, A. C., Auspos, P., Brown, P., & Dewar, T. (2010). *Voices from the Field III: Lessons and challenges from two decades of community change efforts*. Washington, DC: Aspen Institute.

### **Thank You/Acknowledgements**

CHMI would like to thank The San Diego Foundation for its vision in co-creating a more equitable future for children and families by inviting CHMI to adapt its Community Health Transformation model in San Diego, and for offering essential connections to local leaders as well as event space and countless other supports that allowed the project to become a success. CHMI would also like to thank the County of San Diego for devoting itself to true systems change, collaborating with community partners until the very end, and for offering the essential political capital and clout to give legitimacy to the various community planning bodies and efforts borne out of Strong Families, Thriving Communities. We would like to thank Wake Forest University School of Medicine for advising CHMI at every step of the way by ensuring that we ask the right questions of ourselves and our San Diego stakeholders, and by lending valuable insights gathered from communities across America who have engaged in similar projects. Finally, and most importantly, CHMI thanks the countless individuals and organizations – especially youth leaders – who through their dedication, time, energy, and emotion, have shaped SFTC’s work and propelled San Diego toward a brighter future where all communities and families have the opportunity to be safe, healthy, and resilient.

## **APPENDIX: SUSTAINABILITY PARTNERS**

### **Trauma-Informed Care**

- Sean Elo, Youth Will – Leading engagement with Supervisor Cox’s Office and the San Diego Unified School District regarding the Code of Conduct and provider survey; Coordinating with Regional Task Force on the Homeless and other partners to develop the Code of Conduct Training of Trainers course to continue the adoption and practice change promoted by the Code of Conduct.
- Dana Brown, ACES Connection and the San Diego Trauma Informed Guide Team – Coordinating with Guide Team leadership on remaining items in the trauma-informed care working group action plan; Training community members and serving as key liaison to the Native American community in continuation of the cultural competency work; Contributing to the development of the Training of Trainers for the Code of Conduct

- Anthony Pico, Kumeyaay Nation – Leading the Native American cultural competency work and bringing in more Native voices to teach and participate in workshops, engage further with County departments
- Ruben Leyva, San Diego County Probation – Leading the Native American cultural competency work from the County, coordinating with other County leaders to plan next steps and actions for future exchanges
- Deme Hill and Aimee Cox, San Diego Regional Task Force on the Homeless – Developing the Training of Trainers course for the Code of Conduct in consultation with Youth Action Board and other partners
- Sarah Pauter, Phenomenal Families – Contributing to the development of the Training of Trainers; Promoting the Code of Conduct statewide and nationally
- Norma Rincon, San Diego County Child Welfare Services – Serving Child Welfare Services lead for the Native American cultural competency work
- Bridget Lambert, National Conflict Resolution Center – Contributing to the development of the Training of Trainers for the Code of Conduct
- Arturo Soriano, Youth Empowerment and Reginald Washington, Project AWARE
- Felicity Torbert and other young adults that contributed to the creation and further promotion of the Trauma-Informed Code of Conduct.
- Don Wells and Amanda Larson, Just In Time for Foster Youth for providing consistent and future efforts to promote the Trauma-Informed Care Code of Conduct.

### **Mentorship – San Diego Mentorship Network Leadership Committee**

- Lorna Pallares, California Mentoring Partnership, Chair of Leadership Committee and Outreach & Recruitment Working Group Lead
- Dana Goodrow, California Mentoring Partnership
- Don Wells, Just in Time for Foster Youth, Website & Directory Working Group Lead
- Jerry Sherk, California Mentoring Partnership, Education & Training Working Group Lead
- Steve Vigil, Youth Empowerment
- Anissa Harris, San Diego County Probation

### **Behavioral Health**

- Valin Brown, Alliant Education Foundation – Coordinating with YMCA to bring Alliant graduate psychology students to the YMCA of San Diego County service locations
- Hudson Harris, Harris Consulting – Aligning efforts with those of Supervisor Fletcher’s Office and County Behavioral Health Services
- Michael Brunner, YMCA of San Diego County – Guiding the Jackie Robinson YMCA project, YMCA of San Diego County engagement
- Babbi Winegarden, SD County Child Welfare Services – Working with Jackie Robinson YMCA to offer memberships to families with CWS interaction
- Elizabeth Bustos, SD County Health & Human Services Agency – Liaising with County and community partners on Behavioral Health Hub Design Session
- Brittany Vetter, YMCA of San Diego County – Coordinating with Alliant on the deployment of graduate psychology students at YMCA of San Diego County service locations



## Thank you to Strong Families, Thriving Communities Steering Committee Members:

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**Thank you to Strong Families, Thriving Communities Steering Committee Members:**

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## APPENDIX: BOLD ACTION STEPS

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.

## APPENDIX: TIMELINE

# Strong Families Thriving Communities Milestones

### MARCH 2017

CHMI begins by conducting interviews with community stakeholders to understand the unique circumstances in San Diego County's child welfare and juvenile justice systems.

### MAY 2017

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

### JULY 2017

The first of two Blueprint workshops is held at The San Diego Foundation. Participants discuss a vision for the work, assess strengths, problems, opportunities, and threats to success, and name the coalition Strong Families, Thriving Communities (SFTC).

### SEPTEMBER 2017

The second of two Blueprint workshops is held. Participants propose and analyze Bold Action Steps to be included in the Blueprint for Action, and focus groups with younger members with lived experience produced additional Bold Action Steps. All Bold Action Steps are compiled for coalition review.

### OCTOBER 2017

SFTC members provide a second round of feedback on the Bold Action Steps via a survey.

The SFTC Steering Committee forms to guide further drafting and implementation of the Blueprint for Action.

### NOVEMBER 2017

SFTC hosts two tracks at the Live Well Advance, focusing on Resource Families and Court-Appointed Special Advocates (CASAs) and Mentors.

The Steering Committee meets in person to begin its evaluation of the Bold Action Steps.

### DECEMBER 2017

The SFTC Steering Committee concludes its evaluation of the Bold Action Steps and finalizes the coalition's mission statement and vision.

### JANUARY 2018

Drafting of the Blueprint for Action is finalized.

### FEBRUARY 2018

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

### MARCH 2018

Partners and coalition members formally launch the Blueprint for Action and implementation of the Bold Action Steps begin.

Working groups form around the Trauma-Informed Care and Peer Mentorship, two Bold Action Steps prioritized by the Steering Committee for immediate implementation.

### MAY 2018

Leaders from CHMI, The San Diego Foundation, and the County of San Diego participate in Facebook Live conversation highlighting the urgent need for systems change to help children and families in child welfare and juvenile justice.

### JULY 2018

Young people from Project A.W.A.R.E., Just in Time for Foster Youth, and Youth Empowerment begin their work to create a Trauma-Informed Code of Conduct for service providers and communities of support.

### OCTOBER 2018

SFTC holds a track at the Live Well Advance on the life-changing impact of mentors for children in juvenile justice.

The Steering Committee selects Community Change Metrics that serve as long-term indicators that the Bold Action Steps have led to reduced systems impact on children and families, especially African American and Native American children and families.

### DECEMBER 2018

The Trauma Informed Care Working Group formally adopts the Trauma Informed Code of Conduct, and more than 30 organizations around San Diego commit to integrating it into their policies and practices.



## APPENDIX: TIMELINE

# Strong Families Thriving Communities Milestones

### JANUARY 2019

The Mentorship Working Group launches the San Diego Mentorship Network for program providers in San Diego, and compiles results of a mentorship program assessment completed by its members.

### FEBRUARY 2019

Chelsea Clinton visits SFTC partners Just in Time for Foster Youth, Project A.W.A.R.E., and Youth Empowerment participating in group discussions and activities with the young people they serve.

Chelsea Clinton moderates a Philanthropy Roundtable event hosted by CHMI, the County of San Diego, and The San Diego Foundation to highlight the unique roles that philanthropy, government, and others play in driving systems change that improves lives for vulnerable children and families.

CHMI and three young people from Project A.W.A.R.E., Just in Time for Foster Youth, and Youth Empowerment, presented their Trauma-Informed Code of Conduct to a Transition-Aged Youth (TAY) Collaborative group coordinated by the National Child Traumatic Stress Network to share, build awareness, and inspire others to do more for youth who have experienced trauma.

### MARCH 2019

The Behavioral Health in Community Hubs Working Group forms around two more Bold Action Steps.

### APRIL 2019

The first of six Learning Collaboratives takes place to assist organizations who have adopted the Trauma-Informed Code of Conduct by connecting them with best practices and a community of peer support.

SFTC partners Rady Children's Hospital and Phenomenal Families conduct a trauma-informed courts training for judges of the San Diego Juvenile Court and distribute trauma bench cards.

### MAY 2019

The San Diego Mentorship Network kicks off in-person meetings with an Activation Summit designed to connect mentorship program providers with free resources and capacity building opportunities.

A second local mentorship group, the Mentoring Coalition of SD County, merges with the San Diego Mentorship Network to offer even more opportunities to its members.

Chelsea Clinton visits SFTC partners Phenomenal Families, the Regional Task Force on the Homeless, and YMCA of SD County at Casey Family Programs to highlight practice changes taking place around the Trauma-Informed Code of Conduct.

### JULY 2019

San Diego 211 assists the Behavioral Health in Community Hubs Working Group by producing an Asset Map of behavioral health needs and services in different zip codes across the county.

### AUGUST 2019

SFTC brings together local and national experts, Native American tribes in San Diego County, and government and nonprofit providers for a Native American Historical Trauma and Cultural Competency workshop.

The San Diego Mentorship Network hosts its second in-person event to facilitate networking around the theme of Back to School.

### OCTOBER 2019

The sixth and final Learning Collaborative takes place with organizations implementing the Trauma-Informed Code of Conduct.

The SFTC community convenes for a Sustainability Forum to celebrate the coalition's work and chart a path forward for the Blueprint for Action.

San Diego Unified School District (SDUSD) passed a resolution that will make the Trauma-informed Code of Conduct an official tool for student evaluation of adult service providers. The implementation of this resolution will mark a monumental shift in positioning the education system to empower students with the ability to hold adults accountable for how they are treated.

### DECEMBER 2019

The development of a Trauma-Informed Code of Conduct Workshop for the Regional Task Force on the Homeless and its constituents to further promote the implementation of Trauma-Informed Care additional service organizations.

The County of San Diego Board of Supervisors has requested that the Chief Administrative Officer provide recommendations to the Board of Supervisors regarding how the work of Strong Families, Thriving Communities coalition will continue.



## APPENDIX: CODE OF CONDUCT

In alignment with LiveWell San Diego, the Trauma Informed Code of Conduct, facilitated by Clinton Health Matters Initiative, was developed by young adults from Project A.W.A.R.E., Just in Time for Foster Youth, and Youth Empowerment. It is a statement of their expectation about how children, youth, and families should be treated by government agencies and communities of support who interact with them. An organization that adopts the Code of Conduct commits to ensuring that its policies and staff

practices meet the standards below, and has a system of accountability to make sure that this is true.

Adopting organizations commit to apply trauma-informed care practices to ensure that their interactions, behaviors, services, and communities of support are accountable to avoid worsening the effects of trauma, to support youth in building resilience, and in being balanced, healthy, and empowered. Adopting organizations view each person as creative, resourceful, whole, and more than just a number.

### ADOPTING ORGANIZATIONS WILL ADHERE TO THESE PRINCIPLES:

#### Safety

**A safe and open-minded place where I feel welcome**

- a. Nurtures a reliable environment with respect for privacy and self-expression
- b. Maintains nonviolent environment free of intimidation
- c. Respects confidentiality unless permission is given (unless someone is harming you, you are harming yourself, or you are harming someone else)

#### Effective Communication

**Providing me with clear and consistent information**

- a. Ensures needs are met with an appropriate level of urgency, prioritization, and follow-through
- b. Provides accessible means of communication, with appropriate measures taken for privacy (e.g. in-person, phone, email, social media)
- c. Maintains transparency about the organization's processes, and explains actions taken in any high-stress situation
- d. Utilizes a process to provide constructive feedback to the organization, and ensures steps are taken for improvement when appropriate

#### Individualized Support

**Assists me and considers the factors affecting my situation**

- a. Implements a welcome process to the organization and community
- b. Builds mutually beneficial partnerships to promote successes and coach people to reach personal goals
- c. Connects people with services and partners, or offers alternatives until needs are properly addressed
- d. Views each person as creative, resourceful, whole, and more than just a number

#### Supportive Staff

**Is kind and has a true and genuine passion for helping me**

- a. Integrates trauma-informed care training and awareness
- b. Reflects the community served (e.g. lived experiences, ethnicity, race, gender, social status)
- c. Values everyone regardless of gender identity, race, sexual orientation, social status, religious and gender identity, personal beliefs, or culture
- d. Offers considerate, honest, and empathetic community that can be relied on

These principles do not replace any higher standards, regulations, or requirements.