

### **COUNTY OF SAN DIEGO**

## Child and Family Strengthening Advisory Board Minutes of July 8, 2022

#### BOARD OF SUPERVISORS

NORA VARGAS First District

JOEL ANDERSON Second District

TERRA LAWSON-REMER

NATHAN FLETCHER Fourth District

JIM DESMOND Fifth District

### **Members Present:**

Supervisor Nathan Fletcher, County Board of Supervisors Adam Reed, Dependency Legal Services Aimee Zeitz, District 2 Appointee Alethea Arguilez, First 5 San Diego Cheryl Rode, San Diego Center for Children Jeff Wiemann, Foster Family Agency Jessica Heldman, Polinsky Children's Center Judge Ana España, Juvenile Court Mara Madrigal-Weiss, San Diego County Office of Education Melissa Villagomez, Former Foster Youth Nick Macchione, County Health and Human Service Agency Patty Boles, Straight from the Heart, Inc. Sandy Mueller, Children's Health Care Professional Stephen Moore, Voices for Children, Inc

### **Members Not Present:**

Supervisor Nora Vargas, County Board of Supervisors Carolyn Griesemer, Children's Legal Services of San Diego Joy Singleton, District 3 Appointee Khylan Bolden, Former Foster Youth Kimberly Giardina, Child Welfare Services Maddy Kilkenny, District 5 Appointee Sade Burrell, Former Foster Youth Simone Hidds-Monroe, San Pasqual Academy

### **Staff Present:**

Sandra McBrayer, The Children's Initiative Emily Lay, The Children's Initiative Stephanie Heying, The Children's Initiative

### 1. Welcome and Introduction

- Supervisor Fletcher brought the meeting to order at 9:00 am.
- A quorum was present.

### 2. Public Comment

- Supervisor Fletcher asked if any members of the public wished to address the Advisory Board.
  - One member of the public shared inequity and compaction concerns regarding Protective Services Workers (PSWs) because of the equity study and implementation in the Service Employees International Union (SEIU) Collective Bargaining Agreement.
  - One member of the public shared the terms and titles used in the equity study in the SEIU
    Collective Bargaining Agreement have created compaction issues for PSWs in addition to other
    issues such as salary differences.

## 3. Authorization of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)

- Supervisor Fletcher introduced the agenda item and Advisory Board members reconsidered the current State of Emergency as well as the ongoing recommendation from local officials to promote social distancing.
- A vote was conducted via role call by Sandra McBrayer in conjunction with the roll call. The motion passed with all present members voting aye.

### 4. Approval for the Statement of Proceeding/Minutes for the meeting of March 11, 2022, and May 13, 2022

- Nick Macchione made a motion to approve the recommendations. Seconded by Patty Boles.
- Motion passed with 14 ayes for the March and May minutes.

### 5. County of San Diego Behavioral Health Budget Update

- Supervisor Fletcher introduced the agenda item and turned it over to Behavioral Health Services (BHS) Director, Dr. Luke Bergmann. Dr. Bergmann gave a brief introduction and overview of BHS and then proceeded with the BHS budget update with a focus on 2022-2023 fiscal year.
  - o Supervisor Fletcher requested any comments from members of the Advisory Board.
    - Judge Ana España commented educational services for young children and youth could be beneficial in keeping these youth out of the system. She also mentioned the six-toeight-week delay for wrap-around services and a need for substance abuse services for youth. Dr. Bergmann agreed that the wrap-around services delay is long, and that substance use is not uncommon in younger cohorts.
    - Jeff Wiemann stated the 0-5 age group has shown a large need for more services, programs, supports, resources, etc. due to the pandemic. He mentioned differences in contracts between Child Welfare Services (CWS) and BHS, and how some contracts restrict services and care based on where children are placed. He agreed that children and youth often are most costly because services and resources are provided to the children and youth in addition to adults who are caring for the children and youth.
    - Aimee Zeitz pointed out that there are opportunities for alignment and coordination between CWS and BHS with the focus on upstream prevention in the 0-5 cohort. She requested additional data focusing on 0-5 children within the BHS budget and wait times for services.
    - Patty Boles commented that the process to get help and services for children and youth needs to be addressed. She stated the wait times for services negatively impact children and families.
    - Alethea Arguilez reiterated a need for data that breaks down the 0-5 population within CWS and BHS, what types of services are needed, etc.

- Jessica Heldman asked about the Screening to Care programs and who within the schools conducts the screenings. Dr. Bergmann stated that the screenings are in development.
   She asked if a standardized protocol would be implemented. Dr. Bergmann responded ves.
- Supervisor Fletcher stated a comprehensive report would be released this month that focuses on the Behavioral Health workforce and highlights what types of workers are needed, how many workers are needed, etc. He also highlighted several issues that are present within the BHS workforce.
- Jeff Wiemann asked Dr. Bergmann how members and agencies could better partner with BHS to improve access to services and learning opportunities. Dr. Bergmann responded that he is always available to speak to interested individuals.
- Supervisor Fletcher opened the item to public comment.
  - A member of the public shared that access to services is a common stressor for children and youth within CWS and BHS.
  - A member of the public asked Dr. Bergmann to share some of the positive outcomes for youth and families due to the increased BHS funding in recent years. Dr. Bergmann shared that clinical interactions in schools have produced some great results, but access is still a barrier to obtaining services.
  - A member of the public shared the wait times for services for the 0-5 population are too long and impact not only the children in CWS, but the foster parents whose care they are in. She asked how we can prioritize subsets within BHS to incentivize employees to become credentialed for the 0-5 population.
  - A member of the public asked how to ensure children are being educated in the lowest-scoring schools within San Diego County.

### 6. County of San Diego Child Welfare Services Budget Update

- Supervisor Fletcher introduced the agenda item and turned it over to CWS Assistant Director, Alfredo Guardado. Alfredo shared the budget update for CWS, with a focus on the 2022-2023 fiscal year.
  - Supervisor Fletcher requested any comments from members of the Advisory Board.
    - Stephen Moore asked where property and facilities might be found within the budget. Alfredo responded the information could be found under the services and supplies line item.
    - Adam Reed asked if legacy salaries and benefits, such as pensions, would be listed under the salaries and benefits line item. Alex Khan responded yes, the retirement benefits would be listed under the salaries and benefits line item.
  - Supervisor Fletcher opened the item to public comment.
    - A member of the public shared the budget does not bring to light what is going on in the community that is being served. She stated single-parent and foster parent homes need assistance to provide for the children and youth in the community.
    - A member of the public asked how to help teenage youth who have been in foster care. She asked if there are job opportunities, housing opportunities, etc.

### 7. Polinsky Children's Center Update

- Supervisor Fletcher introduced the agenda item and turned it over to CWS Assistant Director, Alfredo Guardado, who shared the Polinsky Children's Center (PCC) Board recently met and discussed PCC services, population trends, and needs of the youth within PCC.
  - Supervisor Fletcher requested any comments from members of the Advisory Board.
    - Jessica Heldman reiterated that members of the public are welcome to attend the PCC Board meetings. She mentioned a new data system for PCC is in development, which will help broaden the data understanding of PCC.
  - Supervisor Fletcher opened the item to public comment.

- A member of the public commented that the presentation at the PCC Board meeting was informational and well-done.
- A member of the public stated the length of the PCC board meetings need to be extended to ensure Board members can stay for Public Comment.
- A member of the public stated he is available to speak at the PCC board meetings to discuss items such as overtime, weekend work, etc.

### 8. Subcommittee/Ad-hoc Updates

- Supervisor Fletcher introduced the agenda item and turned it over to Sandra McBrayer, who shared updates from the Race & Equity Ad-hoc Committee that took place on June 8, 2022, and the Child and Family Services Subcommittee from June 23, 2022, and shared the minutes for both meetings were included in the meeting materials.
  - Supervisor Fletcher requested any comments from members of the Advisory Board.
    - No members wished to address to Advisory Board.
  - Supervisor Fletcher opened the item to public comment.
    - No members of the public wished to address to Advisory Board.

### 9. Advisory Board Member Updates

- Supervisor Fletcher opened the floor to Advisory Board members to share any updates.
  - Patty Boles shared that her company received a \$5,000 donation for extracurricular activities from Mattress Firm's Ticket to Dream program. She also shared access to MyChart for children and youth in care is progressing.

### 10. Adjournment

• Supervisor Fletcher closed the meeting.

Next Meeting: September 9, 2022

Meeting minutes were submitted by Emily Lay. Please call Emily Lay at (858) 581-5892 if you have corrections or suggested revisions. She may also be contacted for agenda items or general information.

## WAIT TIMES FOR SERVICES



Type of Services	Average Wait Time
Community Services for Families (CSF)	7-30 days (depending on service requested)
Developmental Screening and Evaluation Program (DSEP)	69% scheduled for a screening within 30 days of referral

Child and Family Strengthening Advisory Board (CFSAB) 7.8.22 BHS Follow Up Items

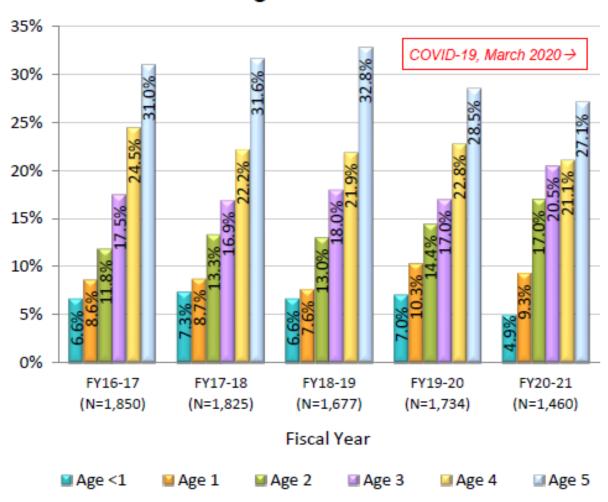
Behavioral health Services (BHS) – Children, Youth and Families (CYF) system is designed to provide mental health treatment for children and youth up to age 21, with several programs that specialize in serving young children. The following data from the Fiscal Year 2020-2021 CYF Annual Report CYF Annual System of Care Report FY 20-21 highlights services for children age 0 through 5 years old.

### Age Distribution of 0-5 Clients

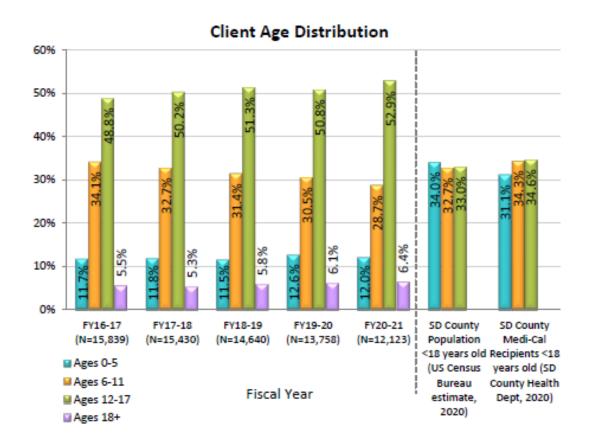
396 (27%) age 0-5 youth served by CYFBHS were age 5.

The distribution of age 0-5 youth served by CYFBHS has remained relatively stable over the past five years (roughly 12%; see page 33).

### 0-5 Age Distribution

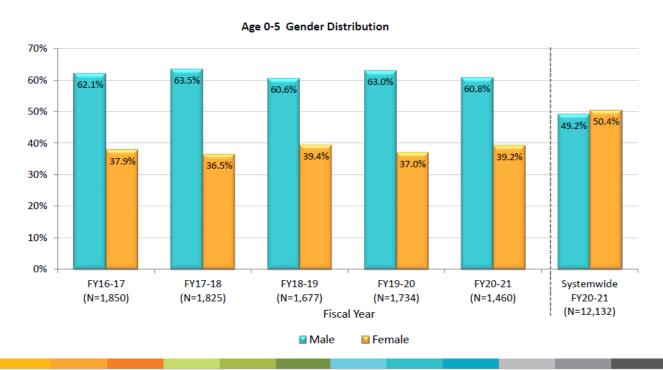


Child and Family Strengthening Advisory Board (CFSAB) 7.8.22 BHS Follow Up Items



### Age 0-5 Client Gender

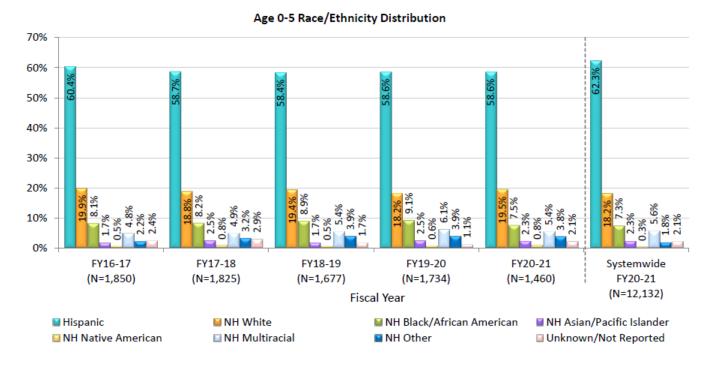
888 (61%) age 0-5 clients who received CYFBHS services in FY 2020-21 were male. The gender gap of the 0-5 population is wider than the CYFBHS system as a whole.



Child and Family Strengthening Advisory Board (CFSAB) 7.8.22 BHS Follow Up Items

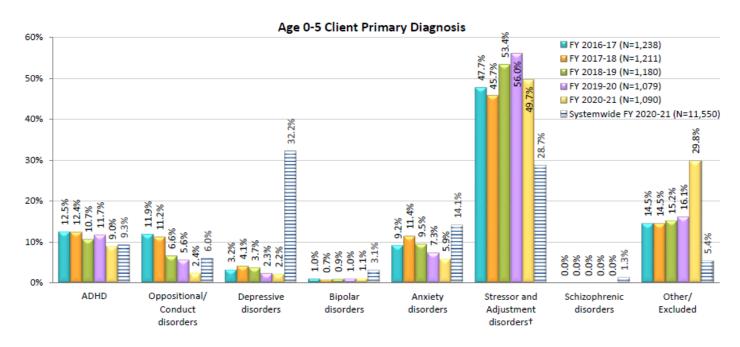
### Age 0-5 Client Race/Ethnicity

- \$855 (59%) age 0-5 clients who received CYFBHS services in FY 2020-21 were identified as Hispanic.
- The distribution of race/ethnicity among age 0-5 clients in the CYFBHS system is similar to the distribution throughout the system as a whole.



### Age 0-5 Primary Diagnosis\*

The most common primary diagnoses among age 0-5 clients served by CYFBHS in FY 2020-21 were: Stressor and Adjustment disorders (n=542; 49.7%), ADHD (n=98; 9.0%), and Anxiety disorders (n=64; 5.9%).



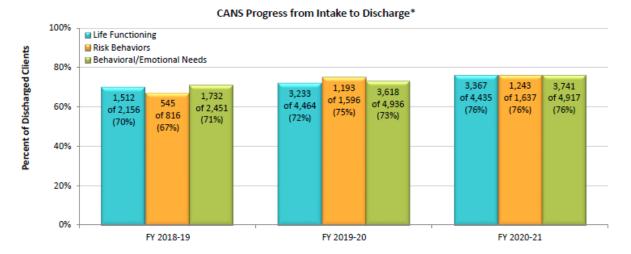
Child and Family Strengthening Advisory Board (CFSAB) 7.8.22 BHS Follow Up Items

Another area of interest raised by CFSAB was the outcome data utilized to assess mental health service effectiveness. The system utilizes two State directed outcome tools to evaluate progress. The Pediatric Symptoms Checklist (PSC) is completed by youth (11 through 18 years old) and the caregiver (for children age 3 through 18) and focuses on emotional and behavioral problems. The Child and Adolescent Needs and Strengths (CANS) is a structured assessment to identify youth and family strengths as well as needs, and is completed by a clinician for children age 6 through 21. The overall system data reflects positive trends for youth in treatment.

### Child and Adolescent Needs and Strengths (CANS) - Progress at Discharge

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. CANS progress at discharge was evaluated for eligible youth discharged from services in FY 2020-21 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

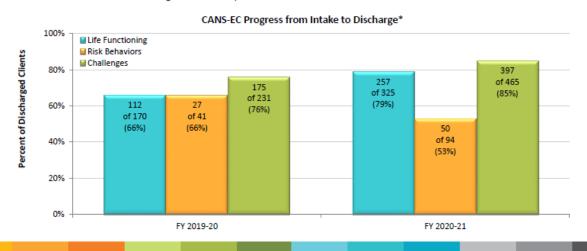
Progress on the CANS is defined as a reduction of at least one need from initial assessment to discharge on the CANS domains: Life Functioning, Risk Behaviors, and/or Child Behavioral and Emotional needs (i.e., moving from a '2' or '3' at initial assessment to a '0' or '1' on the same item at the discharge assessment).



### Early Childhood Child and Adolescent Needs and Strengths (CANS-EC) - Progress at Discharge

The CANS-EC is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 0 through 5. CANS-EC progress at discharge was evaluated for eligible youth discharged from services in FY 2020-21 who had at least one need at initial assessment, in services at least 60 days, and who had both initial assessment and discharge scores completed.

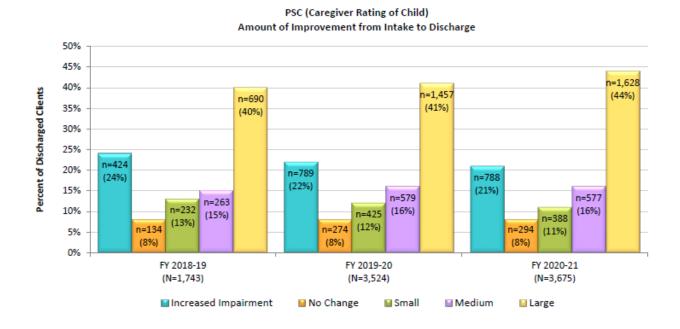
Progress on the CANS-EC is defined as a reduction of at least one need from initial assessment to discharge on the CANS-EC domains: Life Functioning, Risk Behaviors, and/or Challenges (i.e., moving from a '2' or '3' at initial assessment to a '0' or '1' on the same item at the discharge assessment).



Child and Family Strengthening Advisory Board (CFSAB)
7.8.22 BHS Follow Up Items

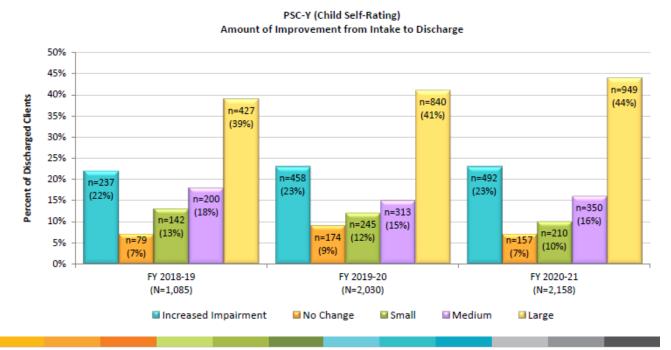
### Pediatric Symptom Checklist (PSC) - Amount of Improvement

Amount of improvement on the PSC was evaluated for eligible youth discharged from services in FY 2020-21 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).



### Pediatric Symptom Checklist - Youth (PSC-Y) - Amount of Improvement

Amount of improvement on the PSC-Y was evaluated for eligible youth discharged from services in FY 2020-21 who were in services at least 60 days and who had both initial assessment and discharge scores completed. Amount of Improvement is operationally defined as increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction).



5 of 6

Child and Family Strengthening Advisory Board (CFSAB) 7.8.22 BHS Follow Up Items

### The CFSAB Board was also interested in the number of students served through the County's SchooLink program.

CYFBHS has partnered with school districts since the late 1990s to offer outpatient specialty mental health and substance use disorder (SUD) treatment on school campuses that serve Medi-Cal and unfunded students. In FY 2019-20, SchooLink to Behavioral Health Services (SchooLink) was launched to implement standardized practices and increase collaboration between schools and providers for both mental health and SUD treatment programs. SchooLink providers deploy clinicians to designated schools who work closely with school personnel to engage and support youth and families, as well as provide outreach. There are 36 Specialty Mental Health Services SchooLink contracts that deploy clinicians to school campuses. Additionally, 7 SUD contractors provide SchooLink services. The 2020-2021 school year was impacted by COVID with limited on-campus instruction.

Students access services on school campuses as well as through community clinics. During the pandemic, the number of students accessing services on school campuses drastically decreased due to school closures, however students continued to access care:

- In FY 2019-20 of the 13,758 clients receiving outpatient mental health services 3,282 or 24% of clients accessed care on school campuses.
- In FY 2020-21 of the 12,132 clients receiving outpatient mental health services 408 or 3% of clients accessed care on school campuses.
- In FY 2019-20 school-based services were offered at almost 400 schools which represent roughly 50% of the school campuses in the County; in contrast in FY2020-21 just over 100 schools had on campus services which represents roughly 14% of the school campuses in the County.

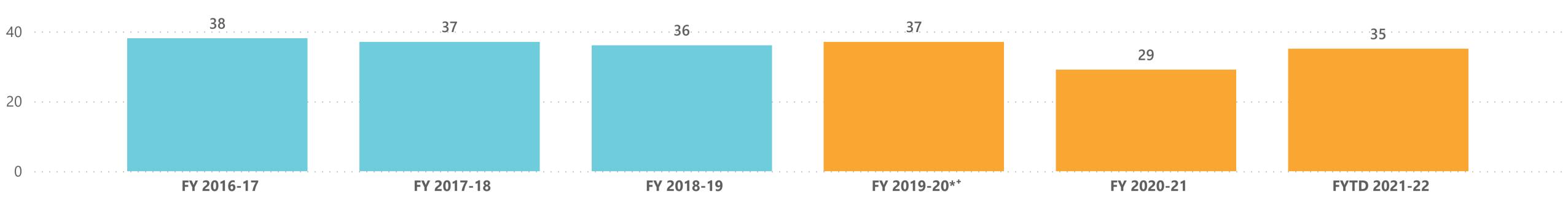


## **Trends**

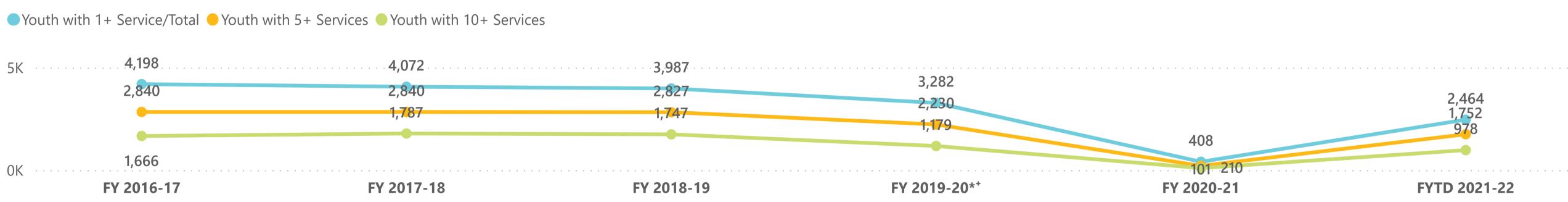


**Additional Materials Agenda Item #5** 

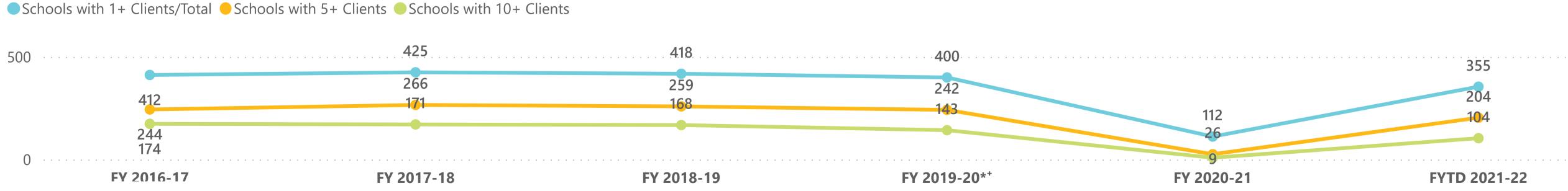




### Number of Youth who Received School Site Services



### Number of Schools who Hosted School Site Services



Source: CCBH

Created by BHS Data Science (CB, GW, SR,DK) | 8/23/2022

<sup>\*</sup> COVID-19 pandemic started in March 2020

<sup>+</sup> Minimum standard established in FY 2019-20





## Healthy Development Services (HDS)

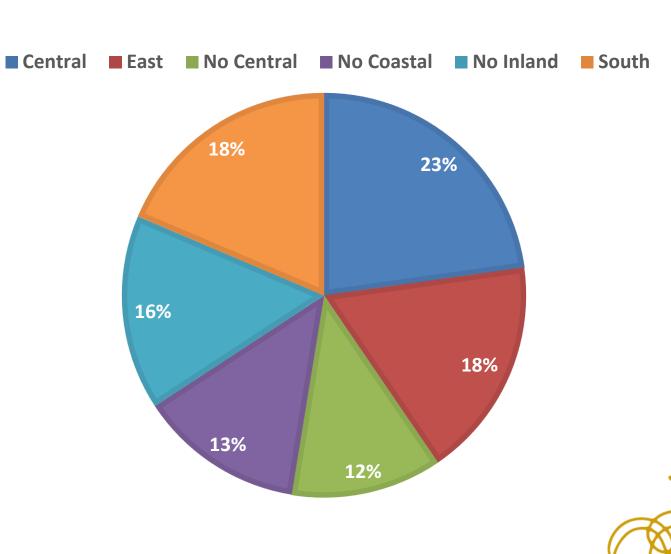


- HDS provides no cost developmental screenings / assessments for children, birth through 5 years of age and connects children and families to needed services.
- First 5 San Diego works with community based agencies throughout the county to ensure parents and other caregivers have access to the supports they need to promote their children's developmental and behavioral health.



## HDS Children Served by Region

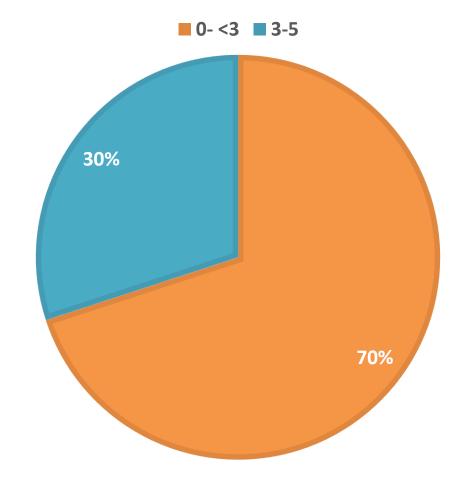




N = 13,511

## HDS Children Served by Age



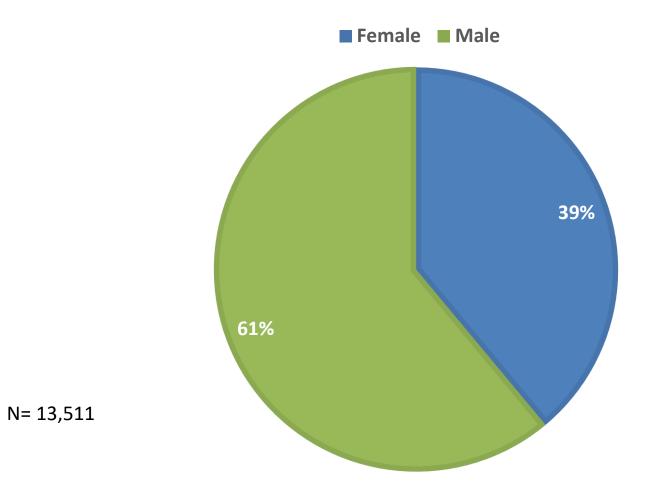


N= 13,511



## HDS Children Served by Gender at Birth

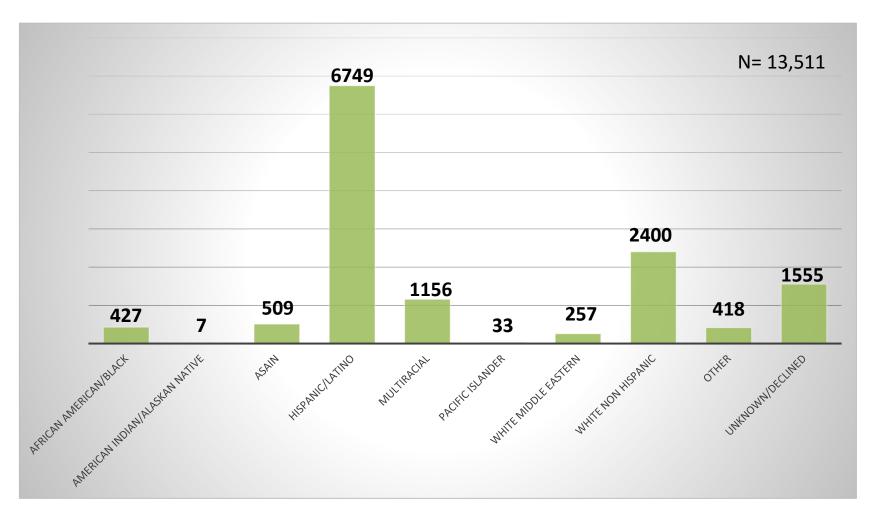






## **HDS Children Served by Ethnicity**

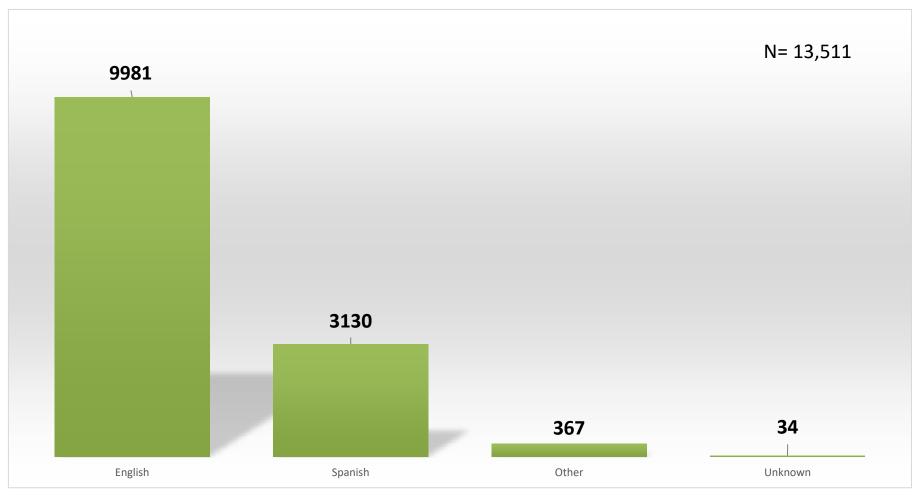






## HDS Children Served by Home Language

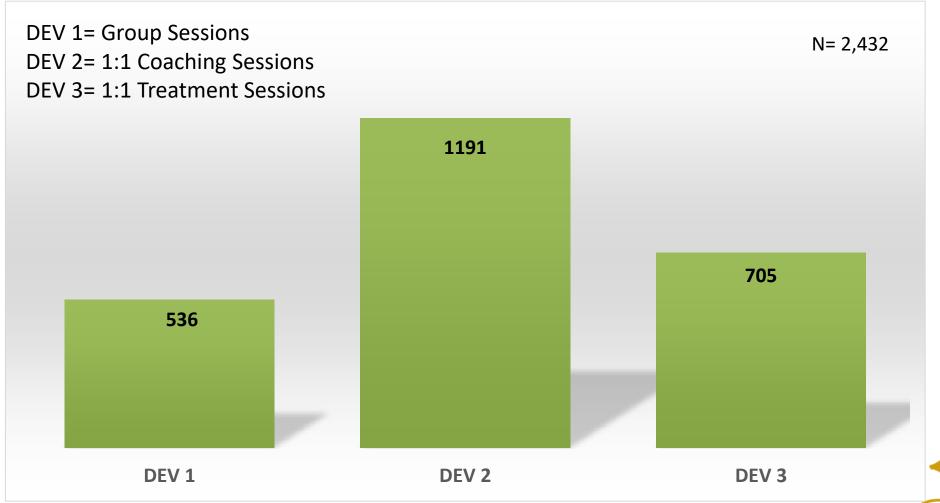






## HDS Developmental Services Children Served by Level

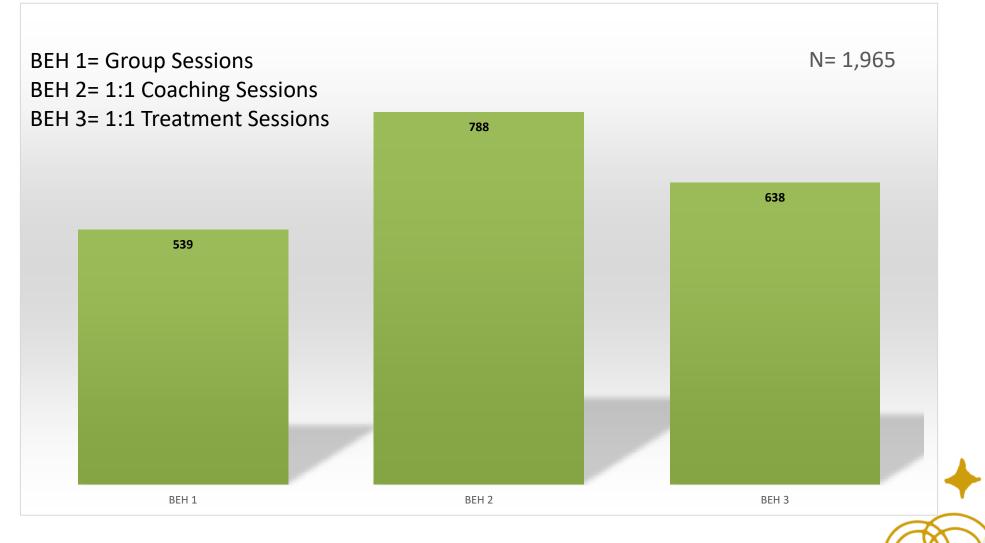






## HDS Behavioral Services Children Served by Level







## First 5 First Steps (F5FS)

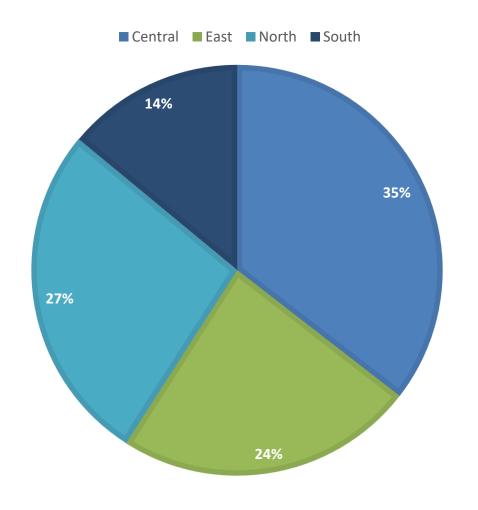


- F5FS is a family support program that connects parents and parents-to-be with a trained professional to support them through up to age 3 years.
- F5FS partners with families and provides home based services that are customized based on family strengths, needs and interests.



# F5FS Pregnant Individuals & Children Served by Region

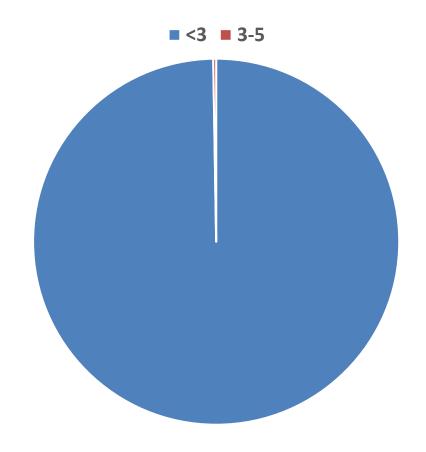






## F5FS Children Served by Age



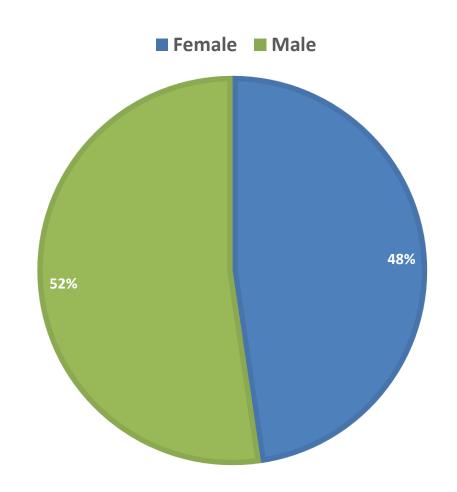


N= 386



## F5FS Children Served by Gender at Birth First 5 San Diego



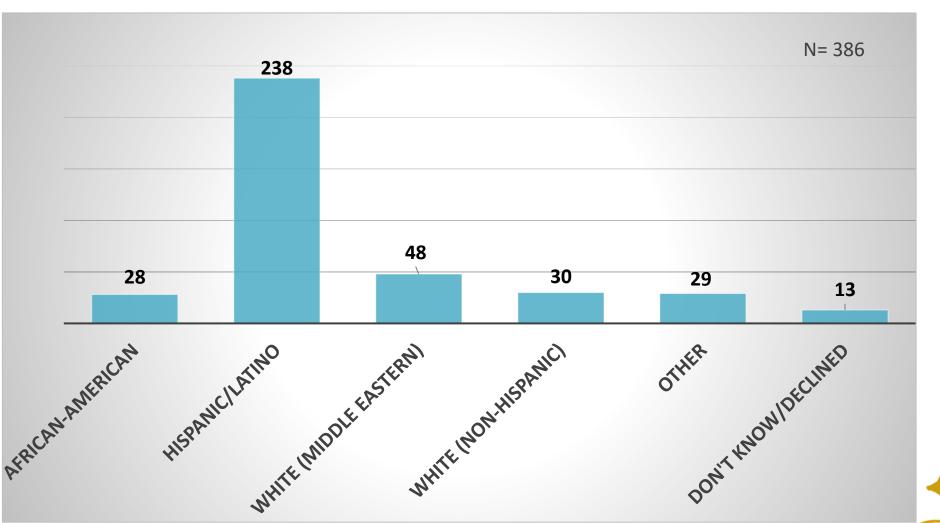


N = 386



## F5FS Children Served by Ethnicity

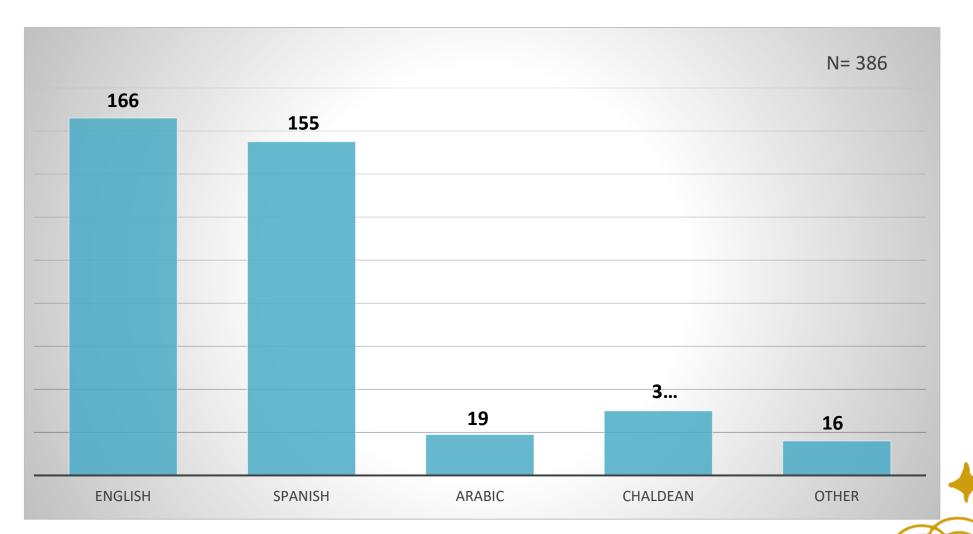






## F5FS Children Served by Home Language First 5 5an Diego







## **Wait Times**



- Wait times are not "first available" and can be affected by the following:
  - Staff availability
  - Appointments that fit into client schedules
  - Class series (6 weeks) that are only started at the beginning

F5FS does not have wait times
HDS wait times are as of August 2022



# HDS Wait Times for Developmental (DEV) and Behavioral (BEH) Services



HDS Levels of Service	Wait Time Range	Average Wait
DEV Assessment	No wait-10 weeks	2-4 weeks
DEV L1	1-8 weeks	2-3 weeks
DEV L2	No wait- 8 weeks	2 weeks
DEV L3 Speech	2-6 weeks	2-3 weeks
DEV L3 Physical Therapy	No wait-4 weeks	2 weeks
DEV L3 Occupational Therapy	1-6 weeks	2-3 weeks
BEH L1 Class	No wait-6 weeks	2-3 weeks
BEH L2 1:1 Parent Coaching	No wait - 6 weeks	2 weeks
BEH L3 Clinical Services	No wait - 8 weeks	4-6 weeks







**First 5 San Diego's Healthy Development Services (HDS)** works with some of the best and most trusted community agencies to provide development and behavior services at **no cost** to children and their families living in San Diego County.

**HDS** serves young children with **mild to moderate** concerns who would **not otherwise qualify** for services from existing early intervention systems like Individuals with Disabilities Education Act (IDEA) Part C (Regional Center) and IDEA Part B (schools).

### HDS services available virtually via ZOOM or phone



### WHO TO REFER

Families with children **ages 0 through 5** who have not entered kindergarten with **mild to moderate** development and behavior concerns, and pregnant women.

First 5 San Diego Healthy Development Services partners provide the following services throughout San Diego County\*:

\*See back for regional zip codes and referral contact information.

	<b>NOTE:</b> Level number is for provider use only. The level number should NOT be communicated with families.		
HDS Service	Level 1 Service Activities (low concern)	Level 2 Service Activities	Level 3 Service Activities (higher concerns)
Developmental Services (includes Speech and Language)	<ul> <li>Screening (ASQ3, ASQ:SE2)</li> <li>Assessment (HELP)</li> <li>Global and domain specific treatment classes</li> </ul>	<ul> <li>Treatment of mild to moderate developmental delays</li> <li>Parent coaching</li> </ul>	<ul> <li>Individual or group treatment of moderate developmental delays</li> <li>OT, PT, and SLP</li> <li>For families that do not qualify for Early Intervention services</li> </ul>
Behavioral Services	<ul> <li>Screening (ASQ3, ASQ:SE2)</li> <li>Assessment (DECA)</li> <li>"Steps to Understanding Your Child's Behavior," a 10 class series</li> <li>"Baby Steps," a 7 class series for infants and caregivers</li> </ul>	Strengths-based parent coaching for behavior concerns, focusing on the parent-child relationship	Individual or group therapy to improve the quality of the parent-child relationship and help the child progress in social-emotional development
Care Coordination Offered to families needing assistance with navigating the HDS system			

All HDS services include referral(s) to additional services as appropriate.

### For Use by Clinicians and Providers

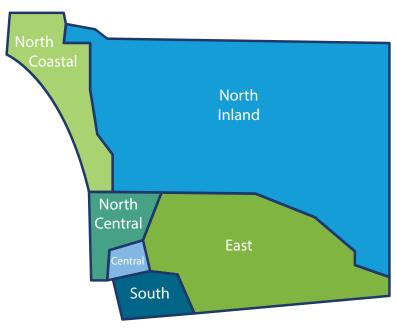


### **HOW TO REFER:**

- 1. Use the Zip Code charts below to identify family's region of residence.
- 2. Providers (and families) can call the regional care coordination phone number for services and questions.
- 3. Complete and transmit the <u>HDS Referral Form</u> via email or fax.

Regional Zip Code Charts and Care Coordination Contact Information				
Central	Ea	ast	North (	Central
Tel: 619-515-2406 Fax: 619-544-0308	Tel: 619-515-2463 Fax: 619-444-0884		Tel: 858-9 Fax: 858-9 NorthCentralHealthy	966-6734
92101	91901	91963	92037	92123
92102	91905	91977	92093	92124
92103	91906	91978	92106	92126
92104	91916	91980	92107	92130
92105	91917	92019	92108	92131
92113	91931	92020	92109	92140
92114	91934	92021	92110	92145
92115	91935	92040	92111	92161
92116	91941	92071	92117	
92134	91942		92119	
92136	91945		92120	
92139	91948		92121	
92182	91962		92122	

North	Coastal	North	Inland	South
Fax: 858-	966-8235 966-8405 DevServ@rchsd.org	Fax: 760-	504-2299 739-2333 narhealth.org	Tel: 619-495-8248 Fax: 619-420-8722 hdscc@csbcs.org
92007	92075	92003	92066	91902
92008	92081	92004	92069	91910
92009	92083	92025	92070	91911
92010	92084	92026	92078	91913
92011	92091	92027	92082	91914
92014	92672	92028	92086	91915
92024		92029	92096	91932
92054		92036	92127	91950
92055		92059	92128	92118
92056		92060	92129	92135
92057		92061	92259	92154
92058		92064	92536	92155
92067		92065		92173



### **Regional Lead Contact Information:** Providers can contact the regional leads below for information and questions.

CENTRAL/EAST	
Family Health Center	s
of San Diego	
Claudia Gastelum	
Phone: 619-515-240!	5
cgastelum@fhcsd.org	g

CENTRAL Linda Carrillo Phone: 619-798-3639 lindac@fhcsd.org EAST Viridiana Herrera Phone: 619-515-2462 venriquez@fhcsd.org

#### **NORTH CENTRAL**

Rady Children's Hospital-San Diego Holly Arnold

Phone: 858-966-1700 x 277398 harnold@rchsd.org

### **NORTH INLAND**

Palomar Health Cindy Linder

Phone: 1-877-504-2299 cynthia.linder@palomarhealth.org

### **NORTH COASTAL**

Rady Children's Hospital-San Diego Sarah Nolan

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### **COUNTY OF SAN DIEGO**

## Child and Family Strengthening Advisory Board Summary of Ad-hoc Committee Meeting

### Ad-hoc Committee:

Race & Equity	1:00 - 2:30 pm
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Date: Wednesday, August 10, 2022

**Location:** Virtual via Zoom **Facilitators:** Sandra McBrayer

Meeting Staff: Emily Lay, Stephanie Heying

Race & Equity Ad-hoc Committee Summary: 39 attendees took part in the Ad-hoc Committee.

Advisory Members Participating: Adam Reed, Carolyn Griesemer, Melissa Villagomez, Stephen Moore

Sandra provided a brief overview of the agenda and the purpose of the Ad-hoc committee. Sandra then explained how the meeting was being conducted via the Zoom platform and provided attendees multiple ways to ask questions during the meeting. Lastly, Sandra encouraged participation from all attendees.

### Data Review of the Region children resided in and the Region of placement

Sandra opened the agenda item and turned it over to Dr. Balambal Bharti to present on the agenda item.

- Dr. Bharti gave an overview of the regions of placement and ethnicity of children placed within the regions.
  - Of the 835 total removals with placement, 396 were Hispanic/Latinx, 263 were White, and 141 were African American.
  - Central region, North Coastal region, North Inland region, and South region had the highest removals among Hispanic/Latinx youth.
  - o East region had the highest removals among White youth.
  - o North Central had the highest removals among White and Hispanic/Latinx youth.
- Dr. Bharti then gave an overview on placements with kin versus with a nonrelative. Approximately
  46% of youth removed are placed with a relative or non-relative extended family member
  (NREFM).
- Dr. Bharti discussed removals with placements of African American youth.
  - Of the 141 African American youth removed, 58 were from Central region and 41 were from East region.
  - Of the 141 African American youth removed, 59% were placed with a nonrelative.
  - Of the African American youth removed and placed in a different region, approximately
     1/3 were placed with kin.
- Dr. Bharti noted that the number of African American caregivers has increased from 198 to 227 in one fiscal year.
- Sandra reminded the group that the data is broken down by region because the previous data broken down by zip codes did not provide a good representation of where youth were placed when they were removed. She stated the data also provides information on if a youth was placed

with a family member/NREFM or nonrelative. She asked how we can recruit more nonrelative African American resource families to ensure that if an African American youth is removed from their home that they can be placed with an African American family.

#### Questions:

- Stephen asked if there is data that shows the overall resource family population rather than just the African American population. He questioned if there is an increase in resource families across ethnicities. He then asked if the increase in African American resource families is a result of the targeted recruitment effort. Lillian responded that she thinks there is an increase in resource families across the board, but she can confirm that information.
- D'Andre Brooks commented that churches may be good places to try to recruit African American resource families. Lillian stated that CWS is working with Faith in Motion, who has reached out to many churches for recruitment.
- Carolyn Griesemer asked if youth have been included in conversations regarding placement, as youth may be able to share additional individuals who may be considered for placement. She asked if the genograms can be shared to make sure everyone involved has the same information.
- Adam Reed agreed that the availability of the genograms would be helpful in aligning all
  parties involved in each case and would aid in family finding. Lilian stated she will
  investigate how to convey that information within CWS reports.
- O D'Andre suggested reaching out to Pop Warner teams to aid in the targeted recruitment.

### SB 354 update and All County Letter

Sandra opened the agenda item and turned it over to Diana Shreckengost. Diana gave a brief overview of SB 354. She then turned it over to Veronica Sarabia to present on the agenda item.

- Veronica gave an overview of the All County Letter (ACL).
  - SB 354 removed barriers to relative/NREFM placements, changed criminal conviction timeframes and made changes to non-exemptible convictions.
  - SB 354 allows for Court Authorized placements and Emergency placements when necessary.
  - o SB 354 applies to the Indian community and tribally approved homes.
  - Resource Family Approval (RFA) written directives will incorporate SB 354 language.
  - Criteria for Relatives:
    - Eligibility for petitions for reinstatement due to criminal exemptions have been updated.
- Veronica then gave an overview of SB 354.
  - The RFA Background Assessment Guide (BAG) helps to ensure relatives with nonexemptible convictions meet the relative exception criteria.
  - An individual with any non-exemptible convictions within the last 5 years will not be eligible for placement.
- Questions
  - Sandra suggested including groups like Faith in Motion to help disseminate the eligibility information.

#### **Data Review of Hotline calls**

Sandra opened the agenda item and turned it over to Dr. Bharti to present on the agenda item.

- Dr. Bharti gave an overview of what type of groups make calls to the hotline.
  - o 25% of calls come from medical groups.
  - 24% of calls come from CWS staff/government agencies.
  - o 19% of calls come from law enforcement.

- Dr. Bharti discussed what region the hotline calls come from.
  - The majority of hotline calls come from East, North Inland, and South regions.
  - 41% of hotline calls were not assigned for investigation.
    - Patricia asked for a deep dive into this data to see how many hotline calls were for African American children that were not referred for investigation.
- Sandra stated this data will be available at the October meeting. She also mentioned that CWS will break down the hotline calls by region, reporting agency, and ethnicity.

### Family First Update

Sandra opened the agenda item and turned it over to Laura Krzywicki to present on the agenda item.

- Laura shared that CWS is currently working with pilot agencies to finalize items such as claiming and billing. She also mentioned that CWS is working on the evaluation of evidence-based practices and fidelity.
- Laura stated CWS is waiting on the finalization of the State's prevention plan. She mentioned CWS is considering implementing a Community Response Guide that would help mandated reporters determine whether or not a case should be referred to CWS.

### Data Review of Mothers who have lost their parental rights

Agenda item was moved to the October meeting due to time limitations.

**Goal for Ad-Hoc Committee – Eliminate Racial and Ethnic Disparities in CWS – Moving forward** Agenda item was moved to the October meeting due to time limitations.

Next Meeting: October 12, 2022, 1:00 pm

Sandra concluded the meeting by reviewing agenda items for the October meeting.

- Compare and contrast data review of mothers who have lost their parental rights in the last 3 years.
- Targeted recruitment and retention plan.
- Setting goals for recruitment of more families of color.
- Faith in Motion presentation.
- Compare and contrast data review of the 41% of hotline calls not referred for investigation.
- Community Response Guide.
- Eliminate disproportionality with a targeted goal.



### **COUNTY OF SAN DIEGO**

## Child and Family Strengthening Advisory Board Summary of Subcommittee Meeting

### Subcommittee:

Foster Alumini and fouth Community Empowerment Subcommittee (FATCES)   0.00 -7.30 pm	Foster Alumni and Youth Com	munity Empowerment Subcommittee (FAYCES)	6:00 -7:30 pm
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**Date:** Thursday, August 18, 2022 **Location:** Virtual via Zoom

Facilitator: Sandra McBrayer, Stephanie Heying

Meeting Staff: Emily Lay

### Foster Alumni and Youth Community Empowerment Subcommittee Summary: 26 attendees took part in the Subcommittee.

Advisory Members Participating: Carolyn Griesemer, Jessica Heldman, Sade Burrell, Simone Hidds-Monroe

Stephanie Heying opened the meeting and recapped that the meeting is a subcommittee of the larger Child and Family Strengthening Advisory Board. Stephanie reviewed how the meeting was being conducted via the Zoom platform and provided attendees multiple ways to ask questions. Stephanie encouraged participation via the chat and raise your hand feature. She also reminded current foster youth to turn off their camera for confidentially purposes. Stephanie then turned it over to Simone Hidds-Monroe, who reviewed the goals of FAYCES.

### **Update on SPA**

Stephanie opened the item and turned it over to CWS's Laura Krzywicki. Stephanie stated that Laura would only share basic information due to this being an active procurement. Laura shared CWS is finalizing the procurement for the foster family agency (FFA)/Group Home component of SPA. She introduced the SPA manager, Jay Sakamoto, who shared he is welcome to speaking to anyone who has any questions about SPA.

- Simone asked for clarity on what the finalization of the procurement process means. Laura
  explained that companies/associations who applied for the FFA/Group Home component of SPA
  will be informed whether they were awarded the contract or not.
- Simone asked for an update on the application process and how groups can apply for similar contracts.

### **Update on Career Pathways for Foster Youth**

Stephanie opened the item and turned it over to CWS's Laura Krzywicki. Laura shared that CWS is finalizing the components of the program and plan to take the proposal to the Board of Supervisors (BOS) on September 27, 2022.

• Simone stated that FAYCES had given CWS several recommendations regarding Career Pathways, and that these recommendations had been approved. She asked if that information would be

- provided in the letter to the BOS in September. Laura responded that the information would be included in the BOS letter.
- Simone asked who at the County would be a point of contact for FAYCES for Career Pathways.
   Laura explained that herself and Antonia (Toni) Torres would be points of contact for Career Pathways.
- A participant asked what the timeline is once everything is approved. He asked when collaborations and planning might begin. Toni shared there is no timeline in place, but they are aiming for mid-to-late-October start.
- Simone asked for information about the workgroup, who might be in the group, how frequently the meetings will take place, etc.
- Sandra McBrayer stated that the recommendations from FAYCES incorporated into CWS projects can be beneficial to both groups.

### **Update on SPA Student Experience Survey**

Sandra opened the item and turned it over to Simone. Simone gave a brief overview of how the SPA Student Experience Survey was developed. James Hidds-Monroe shared the survey has gone through several versions, with approximately 90% of the feedback received incorporated into the final version of the survey. James shared that the survey focuses on the experience of the individual at SPA including education, employment opportunities, independent living skills, housing/living situations, and relationships built with various individuals like SPA staff, family members, attorneys, teachers, clinicians, etc. The survey is anonymous and will not collect any personal information. He stated they would like to begin sending out the survey as soon as possible and would like to have summary data to provide at the October meeting.

- James asked for an update regarding the \$25.00 gift cards as an incentive for completing the survey. Sandra stated CWS has secured the money for the gift cards and CWS will work with Just in Time to coordinate the release of the e-gift cards. She stated she will get the CWS point of contact to coordinate with.
- James asked which community partners could help in getting the survey out to current and former SPA students. Sandra stated there are many organizations that have connections to current and former foster youth that would be willing to support. Rashida of Promises2Kids stated her organization is more than willing to help. Carolyn Griesemer mentioned CWS might be able to assist with the current SPA youth.
- Carolyn Griesemer stated it is important to get data that is representative of a cross-spectrum of all the youth experiences. Sandra stated the data should be broad to include youth who attended SPA, those who stayed 6 months, 1 year, 2 years, etc. She stated the goal is to get as many people as possible to complete the survey to get concrete data.
- A participant stated the holidays often bring alumni back to the SPA campus, and that might be a good opportunity to reach former SPA youth.

### **FAYCES 2022 Priorities Discussion**

Stephanie opened the agenda item and turned it over to Simone. Simone shared that Career Pathways and SPA Experience Survey have been the main priority of 2021. She then introduced Jessica Heldman, who shared that University of San Diego (USD) School of Law students have been looking into policies and practices related to Short-Term Residential Therapeutic Programs (STRTPs). A mobile app is being developed with a survey for individuals who have had any experiences at an STRTP in the last 5 years to give input on many topics such as improvements to STRTPs, recommendations, problems, and complaints. She shared that a gift card would be given out to those who complete the survey.

A participant asked for more context around why data is being gathered within the last 5 years.
 Jessica responded that a group of legislation, passed in 2015, called for a change in group care and in Group Homes. This newer model of group care is the focus of their research, and data

- within the last 5 years would be more relevant to the newer model of group care.
- A participant shared that her involvement with STRTPs has shown how difficult it is to keep staff
  onboard, they are overworked and underpaid. Jessica stated part of the research will focus on
  policy around increasing pay for direct-care workers and increased certified training.
- A participant suggested reaching out to Juvenile Probation to discuss STRTPs to reach youth who are under Probation and STRTP care.
- A participant asked if the questions in the survey are finalized. Jessica responded the questions are not finalized, and they would be welcome to input from members.

Jessica then shared that several community groups have partnered with the Children's Advocacy Institute (CAI) at USD School of Law to develop resources and supports focused on youth who have experienced identity theft or other credit fraud issues.

- Carolyn Griesemer shared that failed adoption youth often fall through the cracks. She suggested some insight from someone with lived experience would be helpful in aiding these youth.
  - Sandra asked if anyone is tracking why adoptions are failing and if any data has been collected. Carolyn responded that there are many reasons adoptions are failing, but that she does not believe anyone is tracking the information.
  - A participant stated the psychological issues associated with failed adoptions negatively impact these youth. The assessments associated with Resource Families, foster care, and adoptions are often inaccurate, and parents are unaware of how the process works.
     Jessica Heldman reiterated that prevention on the front-end would help minimize challenges to the adoption process.
- Sandra asked if information for the State Ombudsman or State Hotline for youth in foster care could be included in adoption paperwork moving forward.
- Simone shared that the length of stay at Polinksy Children's Center (PCC) should be considered a FAYCES priority as well as a lack of lived experience influence on Family First.
- Simone shared that movement meetings, where she and several others meet with current and former foster youth, occur every other month.
  - A participant asked how to invite current and former foster youth to the movement meetings that occurred every other month. Simone shared that they are currently working on marketing materials to share, but she is happy to partner with anyone who is interested in helping.
- Jessica Heldman shared that the next PCC advisory board meeting is in September.

Date of Next Meeting – October 20, 2022



### **COUNTY OF SAN DIEGO**

## Child and Family Strengthening Advisory Board Summary of Subcommittee Meeting

### **Subcommittee Committee:**

Child and Family Services	11:00 - 12:30 pm
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Date: Thursday, August 25, 2022

**Location:** Virtual via Zoom **Facilitator:** Sandra McBrayer

Meeting Staff: Emily Lay, Stephanie Heying

Child and Family Services Subcommittee Summary: 34 attendees took part in the Subcommittee.

Advisory Members Participating: Adam Reed, Alethea Arguilez, Ana Espana, Carolyn Griesemer, Jeff

Weimann, Sandra Mueller, Stephen Moore

I, II. Sandra McBrayer opened the meeting and provided a brief overview of the agenda. She explained how the meeting was being conducted via the Zoom platform and encouraged participation.

### III. Fostering Academy Success in Education

Sandra introduced Tim Harris and Sarah Glass from the County of San Diego. Tim and Sarah then shared the below update:

- Fostering Academic Success in Education (FASE) aligns with the Child Welfare Service (CWS) Safety Enhanced Together (SET) framework, which aims to ensure every child grows up safe and nurtured.
  - SET has 6 core values:
    - Relationships with children, youth, and families
    - Shared responsibility with community partners
    - Collaborative partnerships with kinship and resource families
    - A strong working relationship with the legal system
    - Helping children and youth achieve their full potential and develop lifelong relationships
    - A workplace culture characterized by reflection, appreciation, and ongoing learning
- FASE Background:
  - This is a 3-year pilot program entering its third year, beginning in August 2020.
  - The goal of FASE is to improve the educational outcomes of foster youth.
  - Dedicated educational social workers (EDSWs) provide wraparound educational support to youth, their families, and local school districts.
    - EDSWs use educational assessments, case planning tools, and Core team meetings to link youth to resources.
  - FASE's intended outcomes include:

- Community partnership
- Academic success
- Educational case management

#### Role of EDSWs:

- Educational case management.
- Connect youths to academic support services.
- Develop Education Case Plan.
- o Facilitate monthly Core meetings.
- o Identify school-based activities and resources.
- Make referrals to services.
- o Coordinate with local colleges for educational planning and educational opportunities
- o EDSWs collaborate with the youth, their biological family, and the resource home where the youth has been placed, schools, and CWS.

### • FASE Outcomes:

- o 85% of students improved their grade point average (GPA).
  - 35% of these students increased their GPA to 4.0
- All seniors graduated.
- 95% of seniors were enrolled in college classes.
- Questions and comments on the FASE presentation:
  - Sandra Mueller commented that the FASE program shows great potential, and she is thrilled to hear of the success stories during such a short pilot.
  - Sandra McBrayer asked if schools are selected based on the largest foster youth population. Laura Krzywicki responded that San Diego County Office of Education (SDCOE) and CWS work closely to determine which schools have the highest foster youth populations and coordinate with the school districts to implement the FASE program.
  - Sandra commented that comparing and cross-referencing suspension/expulsion data from schools with the schools foster youth population may shed light on which schools the program would work best in. A participant commented that the suspension/expulsion data is often not up to date and could make school selections more difficult.

### **IV. Practice Improvement Recommendation**

Sandra opened the agenda item and passed it on to Tami Snyder from CWS. Tami then shared the below update:

- Open Case Investigations (OCI):
  - In 2017, California Department of Social Services (CDSS) stated investigating workers must not be the same social worker as the case-carrying worker.
  - In 2018, CWS recommended a separate unit to investigate allegations in open cases be developed.
  - The goal of OCI is to investigate whether or not abuse has occurred.
  - OCI unit began taking open case referrals in June 2020.
    - The types of cases investigated include family maintenance, family reunification, referrals due to fatality of a child/youth, dual jurisdiction youth, and youth any type of permanent plan.

### Role of OCI Staff:

- Collaborate with case carrying social workers and child/youth's attorney.
- Communicate with biological parents of allegations when child/youth is placed out of the home
- o Host child and family team meetings and multidisciplinary team meetings.
- OCI partnerships and collaborations include:
  - Assigned principal social worker

- Institutions Evaluation Unit (IEU)
- Community Care Licensing
- o RFA Investigating Unit/Complaint Specialists
- Law Enforcement
- Office of the Ombudsman
- OCI does not make decisions related to placement, visitation, services, case plan compliance, etc.
- Over 50% of referrals that come to OCI are unfounded.
- Questions and comments on the OCI presentation:
  - A participant asked if most substantiated referrals are non-FR cases.
  - Jeff Wiemann commented that the military is a great partner when investigating abuse cases that may have occurred on a military base. He stated the collaborations the OCI unit does with IEU and Community Care Licensing have improved drastically and the increased communications have been a great help to agencies like Angels Foster Family Network.
  - A participant asked if the OCI unit has experienced an increase in referrals due to the
    availability of the CWS Hotline for foster youth. Sandra asked if the referrals received by
    OCI are tracked by age. Tami responded she does not have exact data, but it could be
    developed. She stated OCI often sees referrals for children under the age of 5 and for
    teenagers with mental health issues, substance use issues, involvement in potential
    human trafficking issues, etc.
  - Carolyn Griesemer commented that OCI has helped decrease the number of youth interviews and decrease the duplication of interviews.

### V. Family's First Update

Agenda item was moved to the October meeting due to the presenter having a last-minute conflict.

### VI. Follow-up Information from Polinsky Children's Center PowerPoint

• Sandra opened the agenda item and passed it on to Balambal Bharti from CWS. Balambal then shared the below update:

### Resource Family vs. Resource Home

- Resource Family and Resource Home are considered the same type of placement.
- The most common type of placement for youth leaving PCC is a Resource Family Home.

### Breakdown of the 31% of children and youth with PCC stays longer than 10 days

- Race/Ethnicity: Primarily White, followed by Latino, African American, and Asian/Pacific Islander.
- Sex at Birth: Fairly equal, with 53% female and 47% male.
- Age at last placement: The majority were 15 years old, with an age range of 5-years to 17-years.
- Length of stay: Ranged from 13-74 days, with one youth staying at PCC for 225 days.
- Questions and comments on the breakdown of the 31% of children and youth with PCC Stays longer than 10 days:
  - o Jeff Wiemann asked for clarification on whether the data provided shows youth who are placed in a Short-Term Residential Treatment Placement (STRTP) facility or in some other type of placement. He stated he was unsure whether STRTPs accepted children as young as 5. Balambal clarified that all the youth in the data were placed in an STRTP after staying at PCC. Valesha Bullock confirmed that one youth (age 5) was placed in a specialized facility, but she could not confirm that age limitations of other STRTPs.
  - Jeff Wiemann asked for clarification on the timeframe of the data. Sandra stated the data represents January-December 2021. Jeff asked for more recent data from the start of 2022 for comparison.
  - Stephen Moore asked for data that shows the length of stay at PCC longer than 10 days for youth that went to placements other than an STRTP.

 Carolyn Griesemer asked what types of behavioral and educational health services are in place at PCC for youth who stay longer than 10 days. Sandra responded that several programs have been implemented at PCC: PCC staff have access to community assessment teams, Just in Time lived experience mentors, and Achievement Centers.

Sandra concluded the meeting by reviewing items that will be discussed during the October meeting.

- Family's First Update
- Breakdown of total children and youth at PCC with stays longer than 10 days
- Data of total children and youth at PCC with stays longer than 10 days from January-June 2022 for comparison
- Educational and Mental Health services at PCC
- Length between arrival at PCC and assessment of children and youth by Qualified Individuals (QIs)
- Workgroup Recommendations

Sandra then reminded everyone of the upcoming full advisory board meeting occurring on Friday, September 9<sup>th</sup> at 9:00 am.

VII. Next Meeting: October 27, 2022, 11:00 am