



COUNTY OF SAN DIEGO
Child and Family Strengthening
Advisory Board
Minutes of October 10, 2025

BOARD OF SUPERVISORS

PALOMA AGUIRRE
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

1.23.26 CFSAB Meeting,
Agenda Item 3

Members Present:

AnneElise Goetz, District 3 Appointee
Patricia Boles, Foster Parent Association
Erin Gospodarec, Congregate Care Provider
Jovanna Aguilera, Protective Services Worker
Jeff Wiemann, Foster Family Agency
Stephen Moore, Voices for Children, Inc
Chief Tamika Nelson, San Diego County Probation
Diana Venegas, Individual with Lived Experience
Alfredo Guardado, Child and Family Well-Being Department
Dr. Kimberly Giardina, County Health and Human Service Agency
Beth Ploesch, Children's Legal Services of San Diego
Dr. Gloria Ciriza, San Diego County Office of Education
Dr. Joseph Robinson, Individual with Lived Experience
Hon. Judge Ana España, San Diego Superior Court
Lauren Welty, District 2 Appointee (from 9:55am)

Staff Present:

Sandra McBrayer, The Children's Initiative
Torrey Giaquinta, The Children's Initiative
Kyle Sand, County Counsel

Members Not Present:

Dr. Patricia Fernandez, District 1 Appointee
Jason Sharpe, District 4 Appointee
Stephanie Ortega, Polinsky Children's Center/Promises2Kids
Alethea Arguilez, First 5 San Diego
Melissa Villagomez, Individual with Lived Experience
Adam Reed, Dependency Legal Services

1. Welcome and Introduction to the Board

New Protective Services Worker Appointee Jovanna Aguilera was introduced. Then all board members introduced themselves. Quorum established.

2. Public Comment

There were no requests for public comment.

3. Approval for the Statement of Proceeding/Minutes for the Meeting of July 18, 2025

Motion by Patty Boles, seconded by Dr. Kimberly Giardina. All members present voting 'aye'.

4. Healthy Outcomes from Positive Experience

Aimee Zeitz, Assistant Director, CFWB, opened the presentation with a review of Adverse Childhood Effects (ACEs). Traditional ACEs can be grouped into three types: Abuse, Neglect, and

Household Challenges. An additional type of Other Adversity has since been added based on research in this field. One in five San Diegans report experiencing four or more ACEs before the age of 18. Four ACEs is the cutoff at which health and life expectancy are affected. The most prevalent types of ACEs in adults in San Diego County are Emotional Abuse (about 42%), Parental Separation or Divorce (about 33%), and Physical Abuse (about 27%). ACEs can be traced back to Adverse Community Environments such as food scarcity, poverty, substandard schools, violence, and poor housing among others.

Conversely, research on Positive Childhood Experiences (PCEs) (a seven-question scale regarding connection, belonging, and support) found that those with more PCEs had higher rates of income, employment, and college completion (National Behavior Risk Factors System Survey, unpublished). Californians with higher PCEs report less cigarette smoking, less alcohol consumption, lower rates of depression, and better overall health. Adults with limited PCEs (0-2) reported the highest rate of suicidal ideation (about 30%, for those with 6-7 PCEs suicidal ideation was about 7%). Furthermore, PCEs can reduce the effects of ACEs. In a 2019 study in JAMA Pediatrics, of those with more than four ACEs, those who also had 6-7 PCEs reported depression or poor mental health at 20% versus 60% for those who had 0-2 PCEs). This is good news as it is easier to ensure PCEs than prevent ACEs.

The HOPE (Healthy Outcomes from Positive Experiences) framework focuses on developing PCEs. HOPE allows responders to keep their actions free from judgment, build trust with families and communities, and help strengthen family and community well-being.

Next, Sarah Glass, Deputy Director at CFWB, presented how HOPE is being woven into CFWB. There are four building blocks of HOPE; Relationships, Environment, Engagement, and Emotional Growth. These building blocks are built into the Family Well-Being Plans used in prevention services. Building Block conversations include housing and food resources, afterschool and summer programs, community resources, and self-care exercises.

CFWB can affect the Relationships building block through safety networks, visitations, and SET values (SET, Safety Enhanced Together, is undergoing revisions to add in HOPE). The Environment building block can be affected through housing vouchers and safety assessments. Engagement can be strengthened through maintaining school of origin and eco maps. The Emotional Growth building block can be addressed through visitation and reunification assessments, parent partners, and independent living skills.

As part of implementation, there will be a CFWB specific cohort of Train the Facilitator. The HOPE National Resource Center will facilitate monthly 90-minute Community of Practice meetings for CFWB staff. Twelve HOPE Champions will be identified who will help create practice tools and train the broader community. Head Start has also been trained in HOPE. CFWB is the first child welfare organization nationally to integrate HOPE in this way.

A board member pointed out that on Child and Adolescent Needs and Strengths, a score of zero means that there is no concern in that area. In larger society, a zero score is often bad. Perhaps the CANS assessments could start with a PCE survey.

5. Health and Human Services Impacts of Federal and State Changes

Dr. Kimberly Giardina, Deputy Chief Administrative Officer, Health and Human Services Agency,

presented on the impacts of federal and state changes on health and human services.

Most of the Federal changes to Medi-Cal will start in 2027. This delay could allow states to plan for the changes; however, no guidance has been issued. Medi-Cal will now have a work requirement and eligibility verification every six months (currently verification is done annually). Other states that have added work requirements and more robust documentation requirements tend to lose participants due to the additional burdens. The six-month eligibility checks will be expanded to those on an Affordable Care Act plan starting January 2027. Coverage for those with “Unsatisfactory Immigrant Status” (based on documentation as well as country) has been nearly eliminated starting in January 2026. Also starting in January 2026, asset limits will be re-instated for older adults and people with disabilities. The new asset limits will be \$120,000 for an individual and \$130,000 for a couple. Currently, individuals can get retroactive coverage for ninety days. Starting in January 2027, that will be shortened to one month. Many of these changes will affect behavioral health as the Federal matching assistance percentage is currently 90% but will be decreasing to 80%.

The CalFresh Health Living Program has been eliminated; however, the state gave counties one million dollars to wind down the program. These funds should last through the end of the year. April 2026 is the earliest someone would lose coverage in CalFresh (for able bodied adults with no dependents). Currently, the federal government pays 50% of CalFresh and California covers the other 50%, with the State paying 70% of that amount and the county covering 30%. Counties do pay the administrative share cost which will increase from 15% to 22%. The benefit cost is calculated on the state’s error rate; California is at the maximum of 15%. It is unclear if that cost will be passed onto counties.

In San Diego, approximately 96,000 of the current 396,793 CalFresh customers will be impacted due to work requirements and approximately 13,000 will be affected by changes in immigrant coverage. Of the 876,069 San Diegans on Medi-Cal, approximately 327,000 will be impacted by the work requirement and 75,000 due to immigrant coverage.

The County is trying to prepare for these changes, but neither state nor federal guidance has been issued. Initial impacts will be increased food and housing insecurity and decreased access to health care. That often leads to decreased school and work attendance, increased health worker layoffs, and increased rates of unemployed, uninsured, and unhoused residents.

To mitigate some of these changes, the State has already approved \$20m in food bank support, and a \$71.2m special fund for reproductive health. San Diego has the benefit of LiveWell partners and philanthropy is leaning in.

The memo provided to the Board of Supervisors on July 22nd, 2025, is included in the materials packet.

The change in coverage for those with unsatisfactory immigrant status will not affect minors. Current and former foster youth will continue to be covered up to age 26. It is unclear what effect the work requirements may have on parents working toward reunification. Families will be under more stress, and we know that the most vulnerable communities will be the ones impacted the most.

Notifications about the changes that will take place in January have already gone out to affected individuals. The websites have also been updated. Individuals who have previously worked with the Legal Aid Society on CFWB grievances are being notified by that organization.

It is possible that enough advocacy could help undo some of the changes that go into effect further out. More town halls and community forums are being planned to help inform the community of the upcoming changes without causing fear. The YMCA is hosting a series to educate the community about CalAim.

6. Child and Family Strengthening Advisory Board Report

Sandra McBrayer, CEO of the Children's Initiative, discussed the report to the Board of Supervisors. The report begins with the origin of CFSAB, starting with Ordinance 10598 in March 2019. The duties of CFSAB and a description of the work groups are included in this section. The next section of the report provides data and information about the path through CFWB, from referral (most allegations are for general neglect), to open cases (San Diego has the lowest rate of children in out-of-home-care out of the five counties with the largest child populations), to placement with siblings and relatives, and reentry to foster care. The report then details our areas of focus, including reducing racial and ethnic disparities and increasing lived expert participation. The report will be submitted to the Board of Supervisors in December.

The report was included in the meeting materials. CFSAB Board Members were given until October 15th to email Torrey Giaquinta with any edits or suggestions.

7. Work Group Updates

a) Lived Experts Action Partners Work Group

Joseph Robinson, work group chair, discussed the recent change to a focus group format. The two focus groups that have been held had a good mix of current and former foster youth. Former foster youth included those who have recently left the system as well as those who are more removed from their time in care. Youth talked about the importance of being seen as more than their case file and the difference good social workers can make. Lived experts who had also had involvement with the juvenile justice system described not being visited by their case worker or caregiver while detained. Staff were reported as a positive or negative part of time in care depending on the worker. The importance of mentoring was also mentioned.

b) Placement and Caregiver Support Work Group

Jeff Wiemann and Patty Boles, co-chairs, provided an update from the August and September work group meetings. A draft child safety report, a report on substantiated abuse while in care, was asked for, however the data provided did not show any trends in age, placement type, allegation, or perpetrators.

Foster Family Agencies will soon be allowed to support kin caregivers. This will also allow kin caregivers to receive intensive services. Though respite care hours were reduced, caregivers are able to request additional hours. Some caregivers have reported not receiving notice of a court hearing. The process of how court notices are generated was covered.

c) Child and Family Well-Being Work Group

Torrey Giaquinta, from the Children's Initiative, presented for this work group as the chair was absent. Through the maps and gaps analysis process, multiple resources that were not widely known were identified. The difficulty of keeping resources up to date was raised leading to a presentation by 211.org on how they update the resources included in their system. This is primarily done through self-report.

In September, Carolyn Griesemer presented on her report commissioned by the Children's Advocacy Institute at University of San Diego on legal services in prevention. More families being diverted from the dependency system, begat the question of how and where those families can get legal services. The five primary areas for needed legal services were domestic violence restraining orders, probate guardianship, housing, unhoused youth, and pre-petition legal advocacy.

Board members inquired about the impact of CFSAB funding for probate guardianship and pre-petition legal advocacy. Board members were curious about who was the client being served in probate guardianships, the biological parents or the potential guardian. Additionally, currently the contract for education support and guardianship are bundled, which a board member suggested could create conflicts.

8. Child and Family Well-Being Department, Director's Report

Alfredo Guardado, CFWB Director

a) Polinsky Children's Center Resident Information

The year-to-date data for children at the Polinsky Children's Center was shared. This year the average daily population is 21, higher than 19 in FY2024-2025 but much lower than the 59 children in FY 2021-2022.

b) Board Letters:

Alfredo Guardado discussed the three CFWB related letters that will be going to the Board of Supervisors.

- **Funding allocation acceptance for the Transitional Housing Program, Housing Navigation and Maintenance Program, and the Transitional Housing Program Plus Housing Supplement Program (12/9/25)**

This funding is for transitional housing for adults aged 18-25. The eleven counties in California with the highest rents (San Diego is one) receive additional funds for housing navigators.

- **Request for Solicitation of Integrated Prevention and Early Intervention Services (11/4/25)**

This letter is in regard to braided funds from First 5 and CFWB which will be used to support the continuum of care.

- **Article IIIp Ordinance Amendment to the First 5 Commission of San Diego (11/4/25 and 11/18/25)**

Some conflicting policies have been identified since First 5 came under CFWB. This letter clarifies the term of office.

9. Advisory Board Member Updates: Members may make brief announcements or report on their activities that are relevant to the Advisory Board

Judge España recognized Dr. Giardina's commitment to the children, youth, and families of San Diego during her tenure at the County. Dr. Giardina was responsible for the shift to prevention and the reimagining of child welfare services as Child and Family Well-Being. Other Board Members added their appreciation for Dr. Giardina's vision, her efforts to improve this field, and her collaborations with partner agencies.

Dr. Giardina thanked the Board for their continued work in this area. She has known some of the Board Members since her days as a social worker and thanked them for the guidance, mentorship, and accountability they have provided over the decades.

10. Adjournment

Future meeting topics include data from the probate guardianship and pre-petition legal advocacy services contracts.

The next meeting is Friday, January 23, 2026; 9:00-11:00am


MEDI-CAL TRANSFORMATION: CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM): YOUTH FOCUS

CHILD AND FAMILY STRENGTHENING ADVISORY BOARD MEETING

County of San Diego
Health and Human Services Agency
Medical Care Services
Heather Summers, EdD, MSW, Deputy Director
1/23/2026

OVERVIEW



- 
- A decorative graphic on the left side of the slide, consisting of a vertical line with four circular icons: a hand pointing up, a dollar sign, a handshake, and a megaphone. The line is colored in segments of pink, orange, green, and blue.
- 1 in 3 San Diegans are receiving Medi-Cal
 - 5% of the highest need Medi-Cal members account for over half of all Medi-Cal spending
 - Enhanced Care Management (ECM) and Community Supports (CS) are new services available through Medi-Cal Transformation to support the health and wellbeing of Medi-Cal members with complex needs.

MEDI-CAL TRANSFORMATION INITIATIVES



INITIATIVE	DESCRIPTION
Enhanced Care Management (ECM)	<ul style="list-style-type: none">▶ Builds on county-administered Whole Person Care (WPC) pilots that ended in 2021.▶ Managed care plan (MCP)-administered statewide benefit focusing on comprehensive care management for certain members with complex needs, termed "populations of focus."▶ MCPs are responsible for overall ECM administration, including identifying enrollees and assigning members to providers, which include counties, local health departments, and county behavioral health providers.
Community Supports (previously In Lieu of Services, or ILOS)	<ul style="list-style-type: none">▶ Voluntary medically appropriate services, such as housing transition navigation services and medically tailored meals, offered by MCPs as cost-effective alternatives to traditional health care services or settings.▶ MCPs contract with a variety of health and social service entities, including counties, local health departments, and county behavioral health providers, to deliver Community Supports.
Global Payment Program (GPP)	<ul style="list-style-type: none">▶ Continues GPP originally established under Medi-Cal 2020.
Population Health Management (PHM)	<ul style="list-style-type: none">▶ Offers a comprehensive suite of services to MCP members to improve overall health outcomes.▶ Required joint community planning between MCPs and local health jurisdictions (LHJs), leveraging community health assessments and Community Health Improvement Plan processes.
Justice-Involved Reentry Initiative*	<ul style="list-style-type: none">▶ A first-in-the-nation program providing targeted Medi-Cal services to youth and eligible adults in state prisons, county jails, and youth correctional facilities for a maximum of 90 days prior to release to enable continuity of care.▶ Requires county entities, such as correctional facilities and behavioral health agencies, to coordinate pre- and post-release services with other parties.

WHO CAN RECEIVE ECM AND CS?



Have active Medi-Cal

and



**Who have a Medi-Cal
Managed Care Plan**

(Blue Shield Promise, Community Health Group,
Permanente, or Molina Healthcare)

and



Meet the eligibility criteria

ENHANCED CARE MANAGEMENT



Enhanced Care Management (ECM) is a Medi-Cal managed care **benefit** that addresses clinical and social needs of the highest-need Medi-Cal members through intensive care management and coordination

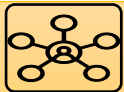
Members enrolled in ECM receive seven core services based on their individual needs:



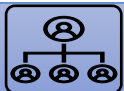
Outreach and Engagement



Comprehensive Assessment and Care Management Plan



Enhanced Coordination of Care



Coordination of and Referral to Community and Social Support Services



Member and Family Supports



Health Promotion



Comprehensive Transitional Care

Examples of ECM services:

- Access to a single Lead Care Manager
- Coordination with doctors and care team
- Better understanding of medications
- Transportation to appointments
- Follow-up care after leaving the hospital
- Connection to more services like food and housing

Typically authorized for 12 months

ENHANCED CARE MANAGEMENT



ECM Population of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

ECM has been available for adults with intellectual or developmental disabilities (I/DD) and pregnant and postpartum individuals from the launch of ECM if they meet the eligibility criteria for any existing Population of Focus. In July 2023, children and youth with I/DD or who are pregnant/postpartum will also be eligible for ECM if they meet the eligibility criteria for any existing Population of Focus.

9

For more details, visit the [ECM Policy Guide](#)

6

EXAMPLE POF: ECM ELIGIBILITY



Children, Youth, and Families with members under 21 years of age who are experiencing homelessness

1) Are experiencing homelessness (see previous slide)

OR

2) Sharing the housing of other persons (i.e., couch surfing) due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals (in hospital without a safe place to be discharged to), as modified from the 45 CFR 11434a McKinney-Vento Homeless Assistance Act definition of “at risk of homelessness

Children, youth, and families DO NOT need to meet the additional complex physical, behavioral, or developmental need

For more details, visit the [ECM policy guide](#)



EXAMPLE POF: ECM ELIGIBILITY



Individuals At Risk for Avoidable Hospital or ED Utilization (Children and Youth)

Three or more emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence

OR

two or more unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence

For more details, visit the [ECM policy guide](#)



EXAMPLE POF: ECM ELIGIBILITY



Children and Youth (<21) with Serious Mental Health and/or Substance Use Disorder Needs:

(1) Meet the eligibility criteria for participation in, or obtaining services through:

- (i) Specialty mental health services delivered by the County's Mental Health Plan;
- (ii) The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program;

Examples:

- A 19-year-old former foster youth who has a psychiatric or SUD-related condition, and is currently using EDs as the primary source of care
- A child or youth who screens positive for four or more ACEs in their primary care practice and meets the access criteria for SMHS services, but has not been linked to care and does not have the family or social support needed to further evaluate or address their needs.
- A child or youth who is receiving services from the County BHS, DMC-ODS, and/or DMC delivery systems

For more details, visit the [ECM policy guide](#)



EXAMPLE POF: ECM ELIGIBILITY



Individuals Transitioning from Incarceration

Adults

(1) Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months;

AND

- (2) Have at least one of the following conditions
- (Mental illness
 - SUD
 - Chronic Condition/Significant Non-Chronic Clinical Condition
 - Intellectual or Developmental Disability (I/DD)
 - Traumatic Brain Injury (TBI)
 - HIV/AIDS
 - Pregnant or Postpartum

Youth:

- first criteria only



EXAMPLE POF: ECM ELIGIBILITY



Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition

(1) Are enrolled in CCS OR CCS WCM

AND

(2) Are experiencing at least one complex social factor influencing their health.

Examples include (but are not limited to)

- lack of access to food;
- lack of access to stable housing;
- difficulty accessing transportation;
- high measure (four or more) of ACEs screening;
- history of recent contacts with law enforcement;
- or crisis intervention services related to mental health and/or substance use symptoms

For more details, visit the [ECM policy guide](#)



EXAMPLE POF: ECM ELIGIBILITY



Children & Youth Involved In Child Welfare

Meet at least one (1) of the following criteria:

- Are under age 21 and currently receiving foster care in California (CA)
- Are under age 21 and currently receiving foster care in CA or another state within the last 12 months
- Have aged out of foster care up to age 26 in CA or another state
- Are under age 18 and eligible for and/or in California's Adoption Assistance Program
- Are under age 18 and currently receiving or have received services from California Family Maintenance program within last 12 months

For more details, visit the [ECM policy guide](#)



EXAMPLE POF: ECM ELIGIBILITY



Birth Equity

Adults and Youth Who:

1. Are pregnant or are postpartum (through 12 months period); and
2. Are subject to racial and ethnic disparities as defined by California Department of Public Health data on maternal morbidity and mortality
 - Based on current data, eligible groups include: Black, American Indian and Alaskan Native, and Pacific Islander
 - Eligibility based on members' self-identity as part of a racial or ethnic group

For more details, visit the [ECM policy guide](#)



ECM REFERRAL FORMS



ECM referrals can be made by emailing a referral form to a member's Medi-Cal Managed Care Plan.



Managed Care Plans	Email	Member Services Phone Number
Universal Referral Forms: Children/Youth Adults		
Blue Shield Promise	Email: ECM@blueshieldca.com	1-855-699-5557
Community Health Group	Email: ecm-cs@chgsd.com	1-800-224-7766
Kaiser Permanente	Email: RegCareCoordCaseMgmt@KP.org	1-855-839-7613
Molina	Email: MHC_ECMReferrals@molinahealthcare.com	1-888-665-4621

COMMUNITY SUPPORTS



Community Supports (CS) are services that help address members' health-related social needs and help them live healthier lives.

- Extend beyond hospitals and health care settings into communities
- Medically appropriate and cost-effective substitute services to avoid higher level of care
- Available to a wide range of Medi-Cal members by community-based providers
- Members DO NOT need to be enrolled in ECM to access CS
- 14 CS services, each have their own eligibility criteria

For more information, visit the [Community Supports Policy Guide](#)



COMMUNITY SUPPORTS



Community Support Services	Example of Services
Housing Transition Navigation Services	Housing assessment, plan, and search for housing
Housing Deposits	Security deposits, first month utilities, set-up fees
Housing Tenancy and Sustaining Services	Advocacy and coaching to help maintain housing
Short-term Post-Hospitalization Housing	Interim housing for recuperation and recovery
Recuperative Care (Medical Respite)	Interim housing for short-term residential care
Day Habilitation Programs	Peer mentoring to improve socialization and adaptive skills
Respite Services	Episodic short-term caregiver
Nursing Facility Transition/Diversion to Assisted Living Facilities	Wrap around services to assist with ADLs/IADLs
Community Transition Services/Nursing Facility Transition to a Home	Security deposit, housing navigation, home modifications
Personal Care and Homemaker Services	Caregiver to assist with ADLs/IADLs
Environmental Accessibility Adaptations (Home Modifications)	Ramps, grab-bars, stair lifts, roll-in shower
Medically Tailored Meals/Medically-Supportive Food	Home delivered meals based on dietary needs
Asthma Remediation	Air filters, HEPA vacuum, pest management, mold removal
Sobering Centers	Destination for people who are publicly intoxicated

For more information, visit the Community Supports Policy Guides ([Volume 1](#) & [Volume 2](#))

COMMUNITY SUPPORTS



Housing Transition Navigation Services

- Assistance with obtaining housing. This may include assistance with searching for housing or completing housing applications, as well as developing an individual housing support plan.

Housing Deposits

- Funding for one-time services necessary to establish a household, including security deposits, first month's utilities and set-up fees, and first and last month's rent.
- *Once per Lifetime limit of \$5,000; limited to members in Housing Transition Navigation Services*

Housing Tenancy & Sustaining Services

- Assistance with maintaining stable tenancy once housing is secured. This may include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.
- *1x lifetime maximum, usually between 12 and 18 months*

COMMUNITY SUPPORTS



Personal Care and Homemaker Services

- Support individuals who need assistance with daily activities, such as bathing, getting dressed, personal hygiene, cooking, and eating.

Asthma Remediation

- Physical modifications to a beneficiary's home to mitigate environmental asthma triggers, such as, air filters, HEPA vacuum, pest management, mold removal.
- *Lifetime maximum \$7,500*

Environmental Accessibility Adaptations

- Physical adaptations to a home to ensure the health and safety of the beneficiary. These may include ramps and grab bars.
- *Lifetime maximum \$7,500*

Meals/Medically Tailored Meals

- Meals delivered to the home following discharge from a hospital or nursing home, that are tailored to meet beneficiaries' unique dietary needs of those with chronic diseases.
- *Up to two (2) meals per day and/or medically-supportive food and nutrition services for up to 12 weeks, or longer if medically necessary*
- *Meals are not covered to respond solely to food insecurities*

CS REFERRAL FORMS



Community Supports referrals can be made by emailing a referral form to a member's Medi-Cal Managed Care Plan.



Managed Care Plans	Link to Referral Form	Email	Member Services Phone Number
Blue Shield Promise	Community Supports Referral Form (blueshioldca.com)	Email: CommunitySupports@blueshioldca.com	1-855-699-5557
Community Health Group	Community Supports Referral Form (chgsd.com)	Email: ecm-cs@chgsd.com	1-800-224-7766
Kaiser Permanente	Community Supports Referral Form (kaiserpermanente.org)	Email: RegCareCoordCaseMgmt@KP.org	1-855-839-7613
Molina	Community Supports Referral Forms (molinahealthcare.com)	Email: MHC_CS@MolinaHealthcare.com	1-888-665-4621

Data



Medi-Cal Managed Care Plan Members Enrolled in Enhanced Care Management (ECM) in by Population of Focus

Populations of Focus Age Category

Managed Care Plan

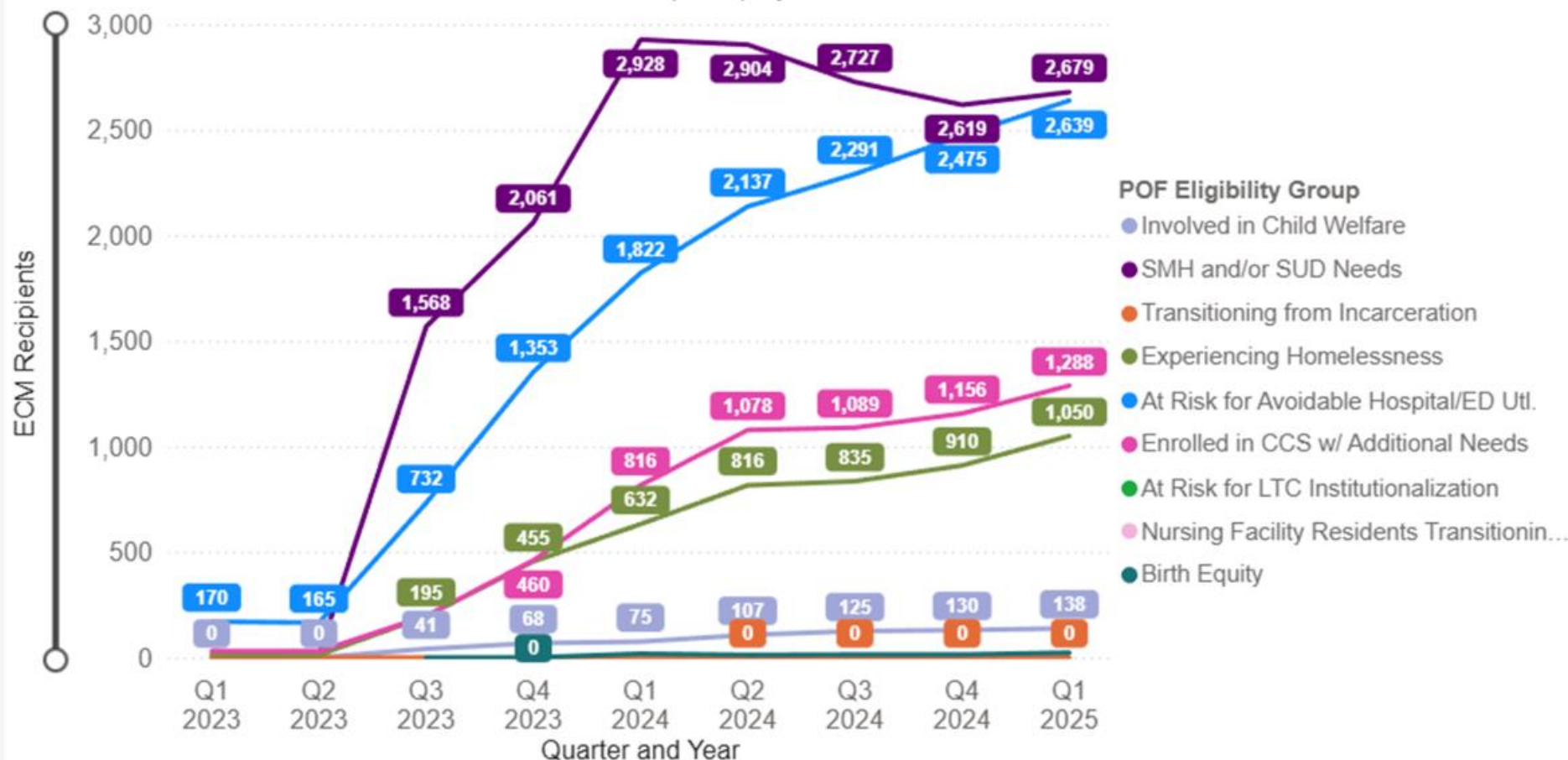
County

Children and Youth

All

San Diego

Medi-Cal Managed Care Plan (MCP) Members Receiving Enhanced Care Management (ECM) in each Population of Focus (POF) by Quarter and Year



MCP Members Under Age 21 in the Last 12 Months of the Reporting Period

Average Number of MCP Members Under Age 21 in the Last 12 Months

344,578

Number of Members Under Age 21 Enrolled in ECM At Any Point in the Last 12 Months

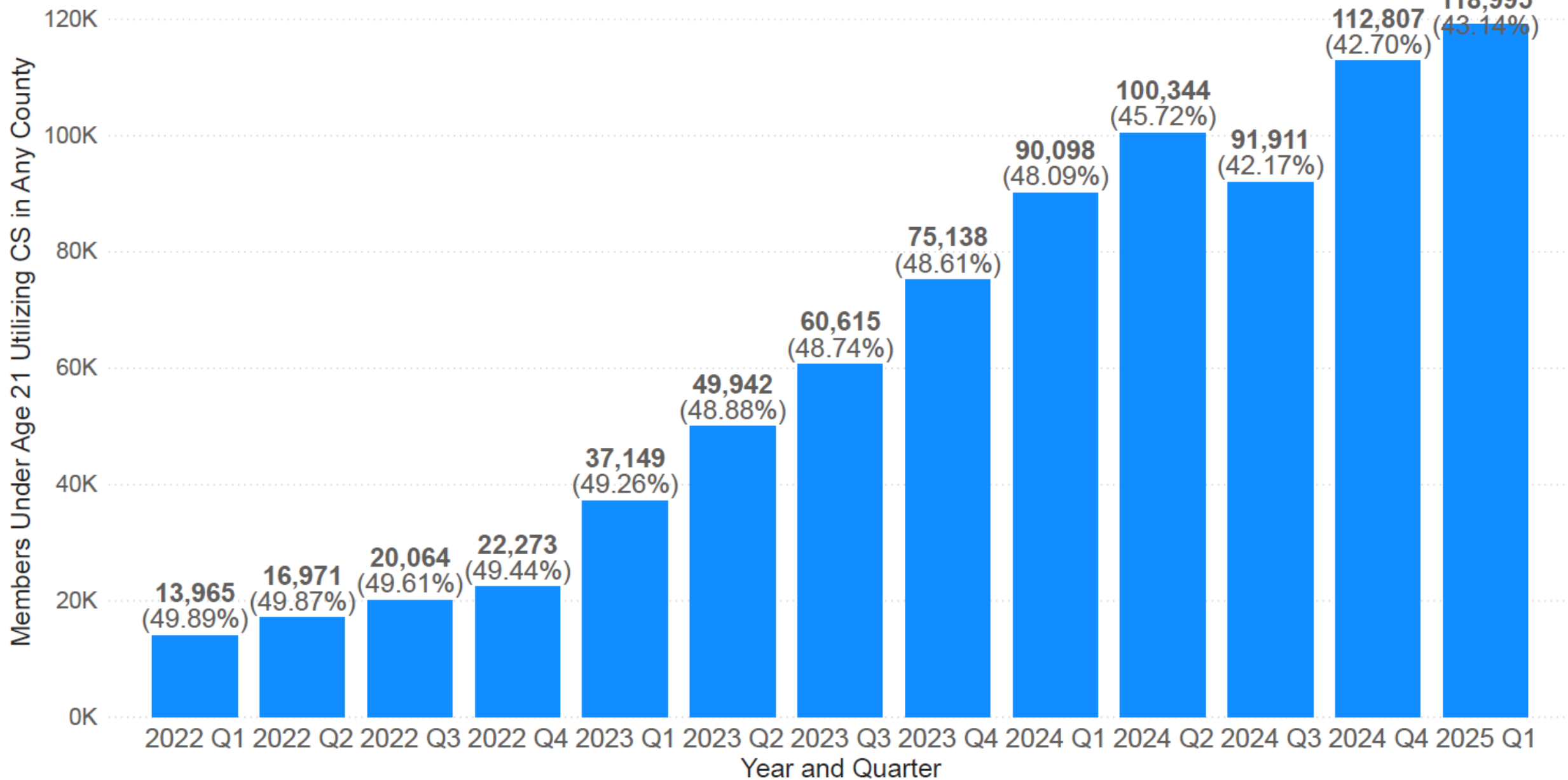
8,124

Percentage of MCP Members Under Age 21 Enrolled in ECM in the Last 12 Months

2.36%

The chart shows the number of Enhanced Care Management (ECM) recipients by Population of Focus (POF) for children and youth. California Department of Health Care Services provides criteria to qualify under a POF. Only Medi-Cal Managed Care Plan members that meet the POF criteria can receive ECM, and they may qualify under more than one POF. The chart includes ECM recipients in every POF they qualify under.

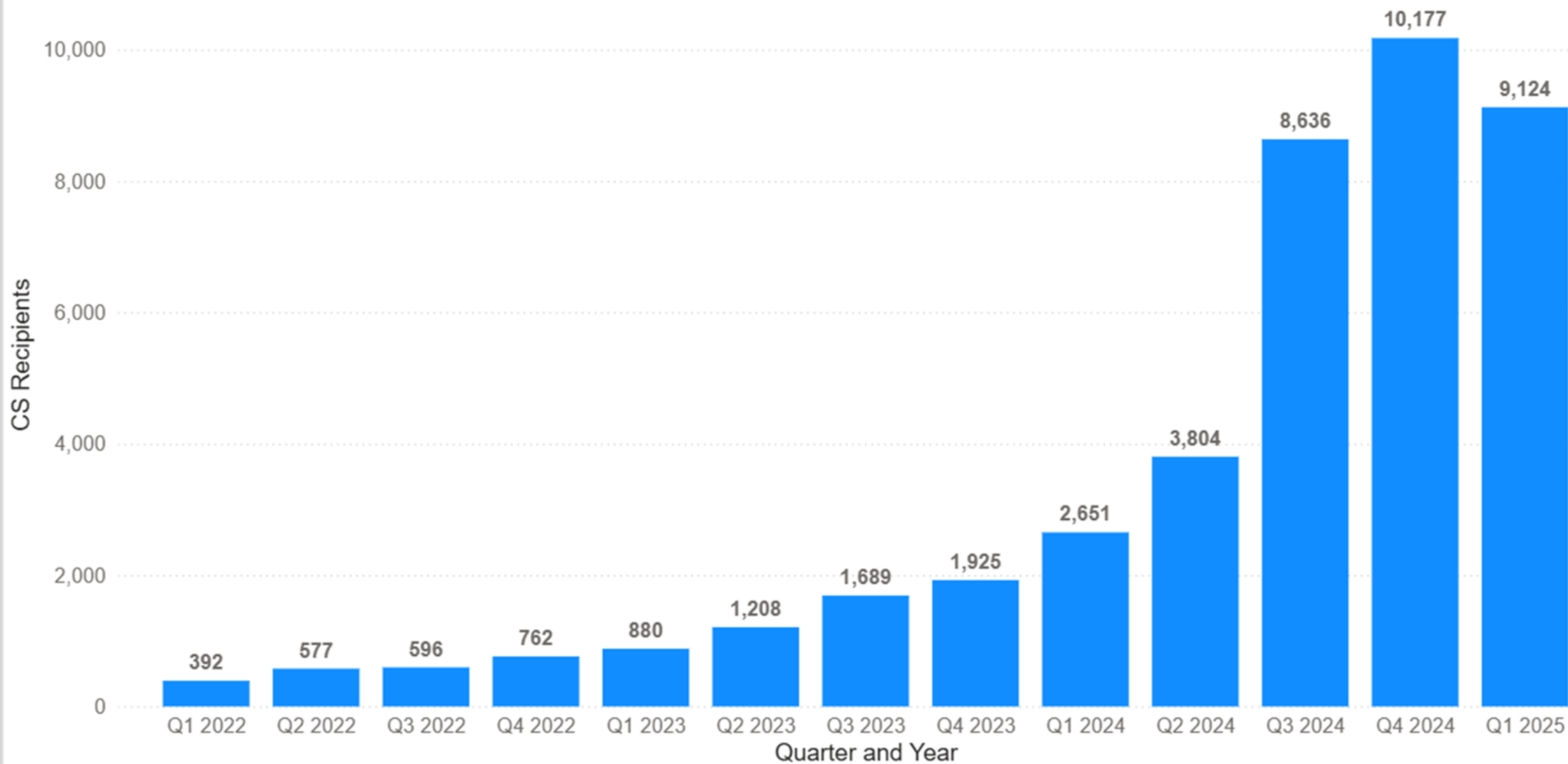
Statewide Count and Percentage of Members Utilizing Community Supports Under 21 years of Age by Quarter and Year





Medi-Cal Managed Care Plan Members Enrolled in Community Support Services

Medi-Cal Managed Care Plan (MCP) Members Receiving Community Support (CS) Services





Medi-Cal Managed Care Plan Members Enrolled in Community Support (CS) Services

Managed Care Plan

County

All

San Diego

Medi-Cal Managed Care Plan Members Receiving Community Support (CS) Services by Service Type, Quarter, and Year



The chart above shows the number of Medi-Cal Managed Care Plan members that have received each Community Supports (CS) service. Members who receive CS across multiple quarters are reported once in each quarter they were receiving the CS service. Members may receive multiple CS services at a time and are counted once in each service they received. For an unduplicated count of the total number of members receiving CS during each quarter, see the CS Recipients page.



Medi-Cal Beneficiaries Enrolled in Community Support (CS) Services in San Diego

County

San Diego

CS Services Administered in the Last 12 Months of the Reporting Period

Number of Community Support Services Available

14

Total Community Supports Services Provided

34,523

Utilization Rate

CS services administered per 10,000 Medi-Cal beneficiaries

358

12 month Utilization Rate by Managed Care Plan Community Supports administered per 10K plan members

Community Health Group

262

Blue Shield

259

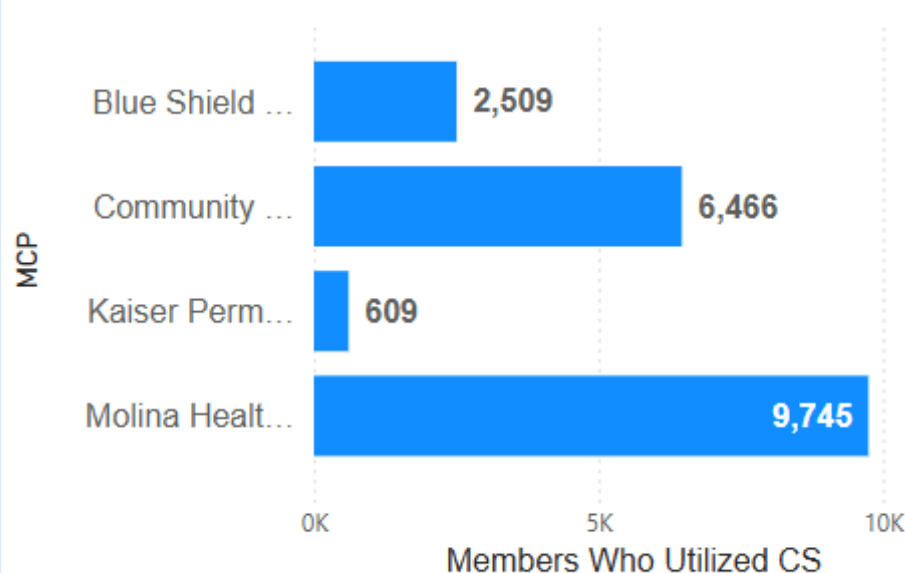
Kaiser Permanente

145

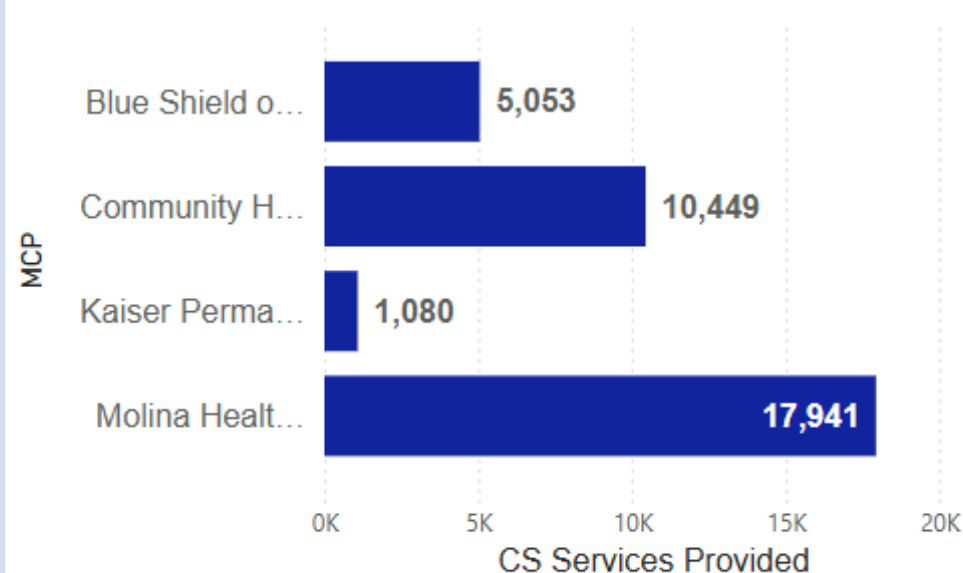
Molina

608

Number of Members Who Utilized CS in the Last 12 months of the Reporting Period by Managed Care Plan



CS Services Provided in the Last 12 months of the Reporting Period by Managed Care Plan





Enrollment by Medi-Cal Managed Care Plan

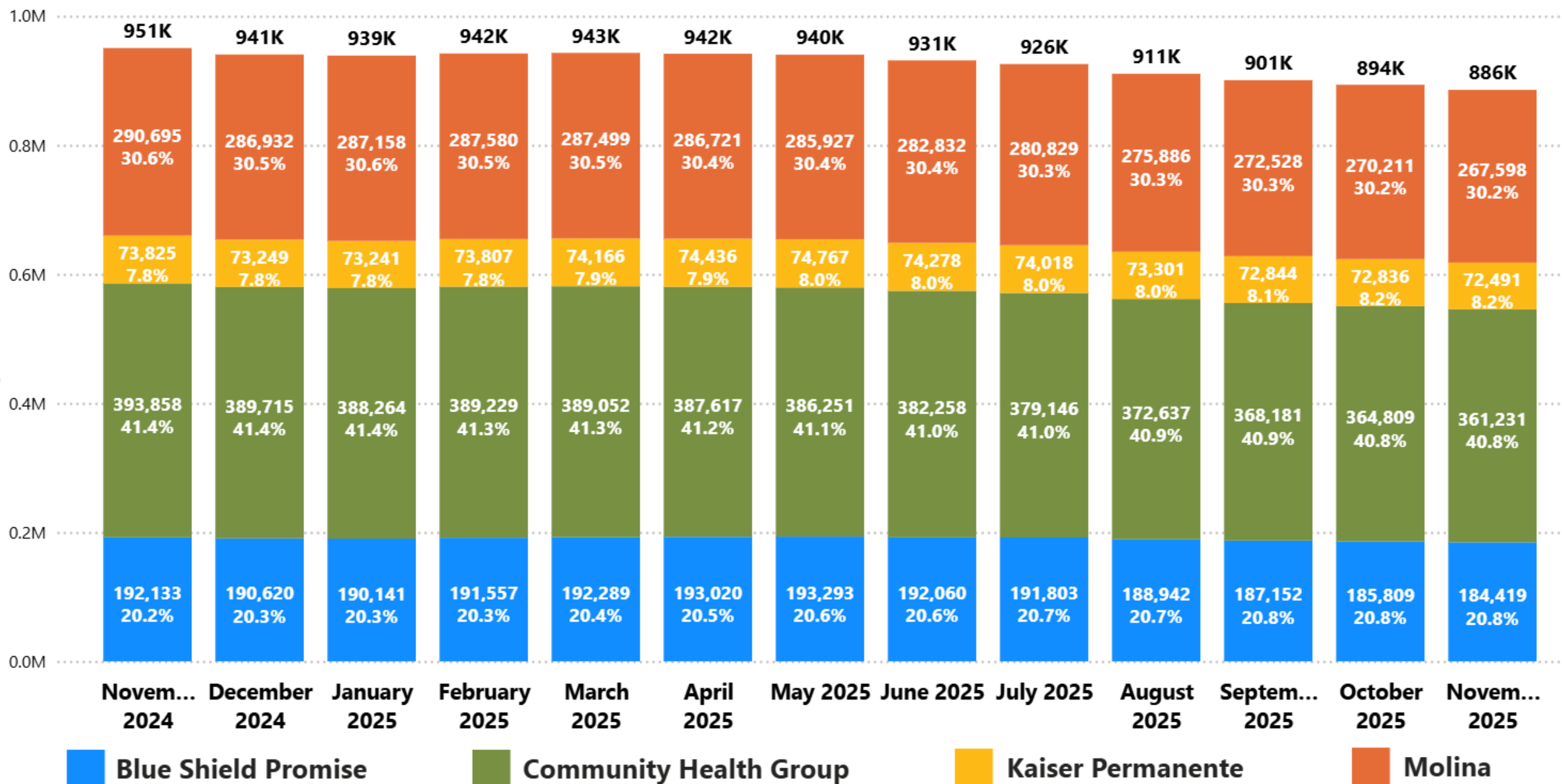
Month & Year of Enrollment

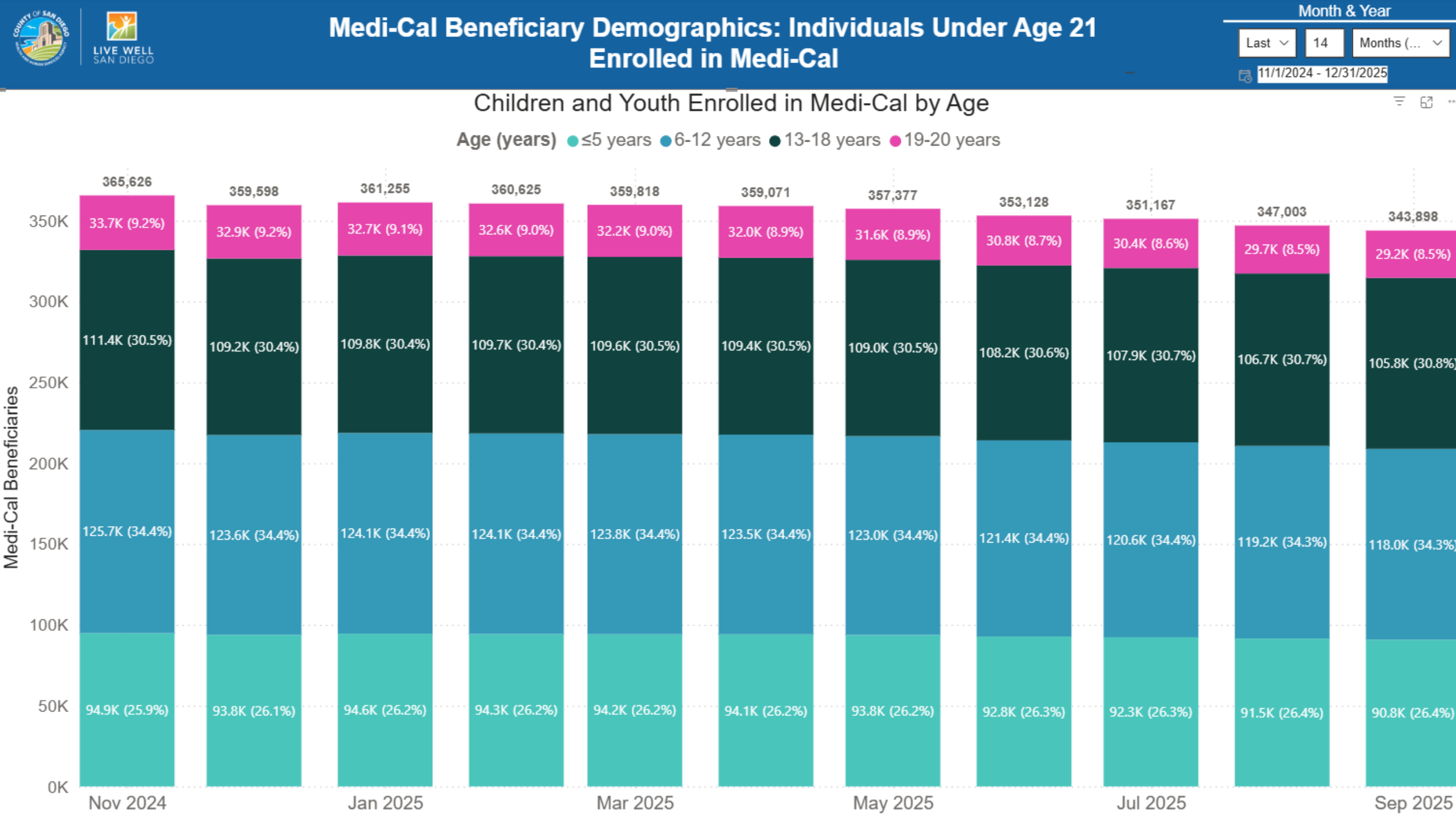
Last

14

Months (Calendar)

Medi-Cal Managed Care Plan Members





County of San Diego Board of Supervisors Initiatives: CalAIM Task Force & Community Engagement

HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE CALAIM TASK FORCE



Background	<ul style="list-style-type: none">Established January 9, 2025, by the Healthy San Diego (HSD) Consumer & Professional Advisory Committee (CPAC) in response to the December 10, 2024 BOS direction.
Purpose	<ul style="list-style-type: none">Increase enrollment in all 14 Community Supports (CS).
Membership	<ul style="list-style-type: none">Members are comprised of HSD CPAC members, community partners representing CS Providers, and other interested stakeholders.
Meetings	<ul style="list-style-type: none">Every other month (February, April, June, August, October, December)2nd Thursday of the month, from 3-5 p.m.Public meeting (Brown Act)

Strategy
<ul style="list-style-type: none">➤ Prioritize 3-4 CS services to focus on initially (by January 1, 2026):<ul style="list-style-type: none">Medically Tailored Meals/Medically Supportive FoodHousing Transition Navigation ServicesShort-Term Post-Hospitalization HousingRecuperative Care
<ul style="list-style-type: none">➤ Develop a shared action plan

CALAIM COMMUNITY ENGAGEMENT EVENTS



Informational sessions to raise awareness of no-cost Enhanced Care Management and Community Supports for Eligible Medi-Cal members.

- 5 in-person events across the County
- A full meal and childcare will be provided onsite
- \$50 Gift card incentives for participants
- Translation services will be available upon request
- For Medi-Cal members, caregivers of Medi-Cal members, and community advocates



EVENTS SUMMARY



Attendance (# adults – 501 total)

- Border View YMCA (San Ysidro) – 43
- Copley-Price YMCA (City Heights) – 37
- Escondido YMCA – 57
- Ronald Reagan Community Center (El Cajon) – 119
- Mira Mesa Senior Center – 48
- Virtual Event – 197

Participant Feedback

- Majority feel they understand ECM/CS either “very well” or “somewhat.”
- Majority feel “very” or “somewhat” confident they can enroll in ECM/CS or share information learned.
- Most attendees identified as “I have Medi-Cal” and a few identified as “Promotora.”

“Thank you so much for having these workshops, and especially for providing translation and childcare”*

“Everything was wonderful; the information was very helpful. I know people who need this kind of support”*

“Loved the presenters. Very knowledgeable and professional. Also loved the food!”

**Translated from Spanish to English*



Justice Involved Initiative

JUSTICE INVOLVED INITIATIVE



Initiative Components

- Ensuring individuals have active Medi-Cal upon release
- Linkages to behavioral health services upon release
- Connection to Enhanced Care Management and Community Supports
- Access to 90 day-pre release services:
 - Health treatment, medications, equipment, screenings and testing
 - Retentry planning and care management
 - CHW services

Timeline

- California Department of Corrections and Rehabilitation (CDCR) went live with 90-day pre-release in February 2025
- The San Diego County Probation Department (serving youth in custody) went live with 90-day pre-release in October 2025
- The San Diego Sheriff's Office anticipates going live with 90-day pre-release in early 2026

Resources

INFORMATIONAL VIDEO FOR PROFESSIONALS



- 18-minute informational video provides an overview of Enhanced Care Management (ECM) and Community Supports (CS)
- Designed for professional or provider audiences
- Help to train, refresh, or support understanding of ECM and CS and how to connect Medi-Cal members to the services
- Will be updated should the information change
 - For the latest information, visit: SanDiegoCounty.Gov/SDAIM



ONE-PAGERS FOR MEDI-CAL MEMBERS



One-pagers about Enhanced Care Management, Community Supports, and Transportation for Medi-Cal members are now available. Please help us share them with your clients. *Translated in all 8 threshold languages!*

New Benefit for Medi-Cal Members

You may be eligible for Enhanced Care Management (ECM)

What is ECM?

- ECM is a no-cost benefit that gives an extra layer of support to help you get the care you need to thrive.
- You will be provided a lead care manager who will work with your doctors, specialists, pharmacists, and others to help get your needs met.
- Joining ECM is a choice. You can leave the program at any time and keep your Medi-Cal benefits.
- To get ECM, you need to meet at least one of the criteria listed on the [next page](#).

What services does ECM offer?

- Connect you to doctors and make appointments
- Set up ride doctor's visit
- Help you better understand your medications
- Get care at the hospital
- Plan for your physical, mental, and dental needs
- Connect you like food and

Who is eligible for ECM?

Members must be enrolled in a Medi-Cal Health Plan and meet one or more of the following:

- Do not have a safe place to live or are experiencing homelessness
- Visited the emergency room or hospital five or more times (adults) or three or more times (youth 21 years and under) in the last six months
- Have a mental health, behavioral and/or substance use disorder
- Are an adult (21 years or older) who is at risk of entering a nursing home or facility
- Are an adult living in a nursing home or facility, and want to move back to the community
- Signed up for California Children's Services program and need more support
- Have been in foster care (up to 26 years old)
- Transitioned out of jail, prison, or youth detention facility in the past year and have a health condition
- Are pregnant or had a baby in the last year and are American Indian, Alaskan Native, Black, or Pacific Islander

Members can get ECM for up to 12 months, or longer depending on needs.

Call your Medi-Cal Health Plan to find out if you qualify for ECM and to sign up!

San Diego County Medi-Cal Health Plans	Member Services Phone Number
Blue Shield Promise	1-855-699-5557
Community Health Group	1-800-224-7766
Kaiser Permanente	1-800-464-4000
Molina	1-888-665-4621

Don't have Medi-Cal? Call 866-262-9881 to learn if you are eligible and apply

New Services for Medi-Cal Members

You may be eligible for Community Supports

Community Supports are free! These services are provided by your Medi-Cal Health Plan. They support your health and wellbeing at home and in your community!

- Housing**
Help with finding low-cost housing, security deposits, and help you transition back home facility.
- Care at Home**
Personal care and home services, making your livable to help you stay healthy at home or reduce
- Recovery**
A place to heal after a hospital stay, short-term and help with improving skills for daily living.
- Healthy Food**
Home delivered meals to help with long- and short-term

What are Community Supports?

- Please call your healthcare provider or Medi-Cal Health Plan to see if you are eligible for Community Supports.
- Community Supports provide short-term services to address health and social needs.
- Medi-Cal members who are receiving a Community Support service may also be eligible for Enhanced Care Management.

Community Supports	Examples
Housing Transition Navigation Services	Housing assessment, plan, and search for housing
Housing Deposits	Security deposits, first month utilities, set-up fees
Housing Tenancy and Sustaining Services	Support and coaching to help maintain housing
Short-term Post-Hospitalization Housing	Short-term housing to prevent going back to the hospital
Re recuperative Care (Medical Respite)	Short-term housing with care to heal after being in the hospital
Day Habilitation Programs	Peer mentoring to improve life skills
Respite Services	A short-term caregiver to provide help to a person who has a main caregiver that needs more support
Nursing Facility Transition/Diversion to Assisted Living Facilities	Support for activities of daily living to help people stay in their communities or prevent going into a facility
Community Transition Services/Nursing Facility Transition to a Home	Security deposit, housing navigation, home modifications
Personal Care and Homemaker Services	Caregiver to assist with activities of daily living
Environmental Accessibility Adaptations (Home Modifications)	Ramps, grab-bars, stair lifts, roll-in shower
Medically Tailored Meals/Medically-Supportive Food	Home delivered meals based on health needs
Asthma Remediation	Air filters, HEPA vacuum, pest management, mold removal
Sobriety Centers	A safe place for people to recover who are under the influence in public for up to 24 hours

What are Community Supports?

- Please call your healthcare provider or Medi-Cal Health Plan to see if you are eligible for Community Supports.
- Community Supports provide short-term services to address health and social needs.
- Medi-Cal members who are receiving a Community Support service may also be eligible for Enhanced Care Management.

Call your Medi-Cal Health Plan to find out if you qualify for ECM and to sign up!

Don't have Medi-Cal? Call 866-262-9881 to learn if you are eligible and apply

Transportation for Medi-Cal Members

San Diego County

You can get transportation (rides) covered by your Medi-Cal Health Plan at no cost to you!

- This includes rides to any doctor, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.
- Your Medi-Cal Health Plan can help you get round-trip rides depending on your needs. This may include:
 - Rides by car, taxi, bus, or train
 - Bus passes and taxi vouchers
 - Money back for driving your own car

Call your Medi-Cal Health Plan to get a ride!

Medi-Cal Health Plan	Contact Information	Prepare to Call
Blue Shield Promise	1-855-699-5557 Two (2) days advance notice required	<input type="checkbox"/> Medi-Cal ID number
Community Health Group	1-800-224-7766 Two (2) days advance notice required	<input type="checkbox"/> Home address
Kaiser Permanente	1-800-464-4000 Three (3) business days advance notice required	<input type="checkbox"/> Mailing address
Molina Healthcare	1-888-665-4621 / (844) 292-2688 Three (3) business days advance notice required	<input type="checkbox"/> Phone number
		<input type="checkbox"/> Day, time, and location of appointment
		<input type="checkbox"/> Caregiver/provider's name

For questions about Medi-Cal or to apply for Medi-Cal benefits, please call 866-262-9881.

Updated on 8/10/2024

CALL TO ACTION



Share
information
about ECM/CS

Request a
presentation or
training

Direct people to call
their health plan or
neighborhood
networks

Help make a
referral directly

Visit the SanDiegoCounty.Gov/SDAIM for referral information
Email us at SDAIM.HHSA@sdcounty.ca.gov
Neighborhood Networks: 619-273-3295 | referrals@sdwellnesscollaborative.org

MORE INFORMATION



Check your Medi-Cal enrollment

- **Make sure your Medi-Cal stays active:**

- If you have Medi-Cal, you will get letters by mail, text, or email. Make sure your [county Medi-Cal office](#) has your updated contact information.
- Keep your [contact information updated](#) so you don't miss important notices.
- Watch your mail and respond quickly to Medi-Cal renewal packets or letters from your health plan or local county office.
- Know your renewal date so you can renew your Medi-Cal online or work with your local county Medi-Cal office if you do not receive notifications.
- Keep going to the doctor and other medical appointments and ask about available telehealth services.
- [Visit our website](#) and follow our social media channels for updates.
- Ask questions if you're unsure.

https://healthconsumer.org/your_rights/



MORE INFORMATION



Visit SanDiegoCounty.Gov/SDAIM
for more information and
resources



[**sdaim.hhsa@sdcounty.ca.gov**](mailto:sdaim.hhsa@sdcounty.ca.gov)

THANK YOU

SANDIEGOCOUNTY.GOV





COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Lived Expert Action Partners Work Group

Meeting Summary

Date: Thursday, November 20, 2025

Chair: Joseph Robinson

Meeting Staff: Torrey Giaquinta

Attendees: 28, board members present: Joseph Robinson and Stephen Moore

1. Welcome and Overview

Joseph opened the meeting. All attendees introduced themselves. There were current and former foster youth present.

Joseph discussed the purpose of the meeting. Sticky notes are available for those who do not feel like talking.

2. Discussion

- **Independent Living Services**

Foster youth ages 16-18 have an assigned county ILS worker. After age 18, they are assigned a community ILS worker based on their location. The providers are SDYS, YMCA, and SBCS.

The discussion started with a show of hands of current foster youth who have bank accounts. Bank accounts can be hard to set up without a co-signer. All youth had identification.

Lived Experts were asked about the systems they have had difficulty accessing.

DMV- long wait times

Access to birth certificate, especially if out of state

Getting enough hours of driving on permit. Just in Time offers a three-session Changing Lanes course.

Employment – lived experts reported not receiving contact after a job application or interview.

Youth mentioned needing something to put on their resumes to demonstrate job skills. A few years ago, SD County offered paid internships to student workers. Sometimes if youth can find an internship, other organizations will provide funding.

Youth mentioned transportation as a problem. Buses break down or drive past youth which leads them to be late.

Next lived experts were asked what skills someone should have at 18.

Responses included cooking, shopping on a budget, recipes using EBT products.

Youth need to know more about credit at a younger age before they can get into trouble with credit cards and interest rates. They suggested ILS or CASA as the best person for this conversation.

Youth wanted a course on how to use tools to do minor projects in a home or a car.

There are currently monthly skill classes, however the titles are boring, and the staff are not enthusiastic. STRTP did not know about the meetings.

CFWB staff suggested having a specific ILS worker assigned to each facility. That will be the point of contact for all youth in that home and will liaise with CFWB and the community ILS worker.

Lived Experts wanted more frequent sessions with their ILS worker. Currently contact happens every two months, which is not sufficient if something needs to be done quickly.

Attendees asked if all ILS workers have a list of tasks to complete with each youth? Items would include obtaining ID/driver's license, setting up a bank account, writing a resume, going on college tours, and completing the FAFSA. Additional tasks could be how to get important papers or how to complete taxes.

3. Adjournment. Date of Next Meeting – December 18, 2025, 6:00pm.

The topic for the next meeting will be Independent Living Skills.



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Lived Expert Action Partners Work Group

Meeting Summary

Date: Thursday, December 18, 2025

Chair: Joseph Robinson

Meeting Staff: Torrey Giaquinta

Participants: 17, board members present: Joseph Robinson

1. Welcome and Overview

Joseph opened the meeting. Participants were asked to introduce themselves and say the first word or feeling that came to mind when they hear "Independent Living"

Answers included: self-sufficiency, on-your-own, work for everything, bills, budgeting, adulting, dishes, time to get the f*ck out of here, autonomy, responsibility, broke, chores, independence, the ability to be irresponsible, personal accountability.

2. Independent Living Services

- **Discussion/Break out groups**

Participants were asked to go to one of five tables for break out discussions. The available topics were: Transportation, Housing, Living on Your Own, Permanent Connections, and Employment.

The Transportation and Housing tables combined, and there were also youth at the Living on Your Own and Employment tables.

3. Adjournment. Date of Next Meeting – February 19, 2026, 6:00pm.

The group came back together before adjourning. The youth liked the smaller format. A participant suggested having an activity and music or a craft to make the space more welcoming.



1.23.26 CFSAB Meeting,
Agenda Item 7b

COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Child and Family Well-Being Work Group

Meeting Summary

Date: Wednesday, November 19, 2025

Chair: Stephanie Ortega

Meeting Staff: Torrey Giaquinta

Attendees: 22, board members present: Stephanie Ortega, Stephen Moore, Jovanna Aguilera, and Erin Gospodarec.

1. Welcome and Introductions

Stephanie Ortega started the meeting. Attendees introduced themselves. Stephanie reviewed the agenda for the meeting as well as the work group's action plan.

2. Update on CalFresh Impacts

Sarah Glass, CFWB, spoke about the impact of the government closure on CalFresh. CFWB shared food resources with providers and warm line staff. Community Wraparound is giving away 1,000 turkeys. All One Safe Places have food pantries. CalFresh funds for November 1st -10th were distributed. In the East County, CFWB is working with Tribes to ensure needs are met.

3. Family Connection Hub Update

The Family Connection Hub was created to implement the 2018 Family First Prevention Services Act (FFPSA). In California, ten evidence based practices have been approved. San Diego is working to build capacity within the established programs with those practices. Motivational Interviewing is one of the evidence-based practices that has not yet been implemented. The State is putting out a large state contract for training on motivational

interviewing. Adding motivational interviewing will make the Hub more sustainable under FFPSA funding.

Currently, families who had a CFWB investigation that was closed substantiated or inconclusive and who score as high risk for future involvement with child welfare¹ can be referred to the Family Connection Hub with the family's agreement. Families that are not eligible for FFPSA funding are referred to 211. Between January and November 15, 2025 188 families (262 children) were referred to the Hub. 149 of those families met FFPSA criteria, and the remaining 39 were referred to 211. FFPSA is child specific not family specific; it is possible that one child in a family may qualify for FFPSA but another does not.

Sarah reviewed the HUB budget. The Hub is able to provide concrete supports using Children's Trust Fund dollars (awarded by CFSAB). CFWB used 211 to determine what concrete needs were most needed. The Hub received \$150,000 from the Office of Equity and Racial Justice to support boys and men of color. The proposed budget for the Hub increases every year to account for additional care navigators. Each navigator should have a maximum of 20 families they are serving. This is the last year of a three-year funding cycle for the Children's Trust Fund dollars.

The Community Response Guide pilot project agreement is in routing and should be completed soon. The pilot project will embed social workers in school sites.

4. Discussion

Chapin Hill is a good resource for articles on the benefit of concrete supports. Supporting families with concrete supports aligns with Maslow's Hierarchy of Needs.

There was a question regarding what outcome data are being tracked. Currently the outcomes are tied to system involvement and future system involvement. Families are repeatedly given a protective factors survey; the goal is to see increased resilience and the levels of protection over time. Families also complete a satisfaction survey regarding HUB services. Data collection is very challenging with the systems currently in place. A suggestion was made to look at the outcome differences in the families served by 211 versus

¹ On a structured decision-making tool.

those served by the Hub. The CARES, California child welfare database, is anticipated to roll out in October 2026 but will likely be delayed. At this time, CFWB does not know what that platform will look like and all staff will need training on data entry.

The Doris Duke Foundation is looking into the prevention work ecosystem. There was a plan to have UCSD conduct an evaluation but that plan fell through. Talks are now happening with SDSU.

CFWB is working on a larger implementation plan for HOPE/PCE and how to embed those in practice. SAY has used the Positive Childhood Effects (PCE) framework before and found it increases family engagement. Casey Family Programs paid for a train the trainers session with Tufts University staff on HOPE.

5. Announcements

There is a prevention convening on March 18th and 19th in San Diego. Those interested in attending can email Anneliese Martinez (annelise.martinez@sdcounty.ca.gov).

6. Date of Next Meeting – December 17, 11am-12:30pm

7. Adjournment



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Child and Family Well-Being Work Group

Meeting Summary

Date: Wednesday, December 17, 2025

Chair: Stephanie Ortega

Meeting Staff: Torrey Giaquinta

Attendees: 29, board members present: Stephanie Ortega, Stephen Moore, Jovanna Aguilera, Adam Reed, and Diana Venegas.

1. **Welcome and Introductions**

Stephanie Ortega started the meeting. Attendees introduced themselves. Stephanie reviewed the agenda for the meeting as well as the work group's action plan.

2. **Presentation: United for Youth**

Staff from Promises2Kids presented on United for Youth. This program is the result of a two-year think tank by Prebys on foster youth. The group included CFWB supervisors, staff, and lived experts. The result was a \$5,000,000 request for proposal for community-based solutions. Prebys then asked the authors of three proposals to come up with one comprehensive program.

Currently, a former foster youth can receive food, clothing, housing, and other needs from a variety of providers however those programs are siloed and there is no overarching person to help youth navigate all the different providers.

United for Youth, funded by Lucky Duck Foundation, Prebys Foundation and David C. Copley Foundation, brings together 40 organizations. The coalition has three priorities: housing stability and homelessness prevention, employment and workforce development, and relational and community support. The coalition has a no wrong door policy and the

Youth Assistance Coalition has a drop-in center for immediate assistance. The coalition will go for two years starting in November.

Current or former foster youth, ages 16-30 are eligible. There will be a screening tool used to identify needs and then referrals will happen. Right now, the coalition is working on resource identification, what resources are available and what is the eligibility for each. The goal is to have the web of services depicted.

3. [Board of Supervisors 2026 Legislative Program](#)

Torrey shared the twelve Legislative Program priorities that focused on child welfare.

4. **Announcements**

Promises2Kids is moving to a new location on January 5th, 2026. The new building will be under construction for a bit as they are modifying the building to accommodate expanded mental health services, and a childcare center for children of Guardian Scholars.

TREC (Trauma Resilient Educational Communities) has a free parent certification program.

The Children's Advocacy Institute at USD is hosting a drop-in legal clinic at Storefront.

Dependency Legal Services now has a resource page for parents.

5. **Date of Next Meeting – February 18, 2026. 11am-12:30pm**

6. **Adjournment**



COUNTY OF SAN DIEGO
Child and Family Strengthening Advisory Board
Placement & Caregiver Support Work Group
Meeting Summary

Date: Thursday, November 20, 2025

Co-Chairs: Jeff Wiemann and Patty Boles

Meeting Staff: Torrey Giaquinta

Participants: 20, Board Members present: Beth Ploesch, Stephanie Ortega, Jovanna Aguilera, Jeff Wiemann, Patty Boles

1. Welcome and Introductions

Jeff opened the meeting and went over the agenda for the meeting.

2. Transitions Policy Draft

- **Presentation** Rachel Swaykos showed a draft of the transition plan form. Transition is defined as any move of a child from one caregiver to another. Which includes transitions to parents or relatives but not respite. In October of 2025, the California Legislature passed a bill requiring trauma informed transition plans. The work group had paused work on this action item until we had more information so we could ensure our plan was in alignment with any statutory requirements. After consultation with state and other counties, this plan was created. It has been reviewed by CFWB's lived expert group. Rachel did not go through every line of the form, instead she pointed out where trauma informed practices had been incorporated. As with any plan, the transition plan will be followed when safely possible. In emergency situations, a child would need to be moved immediately, irrespective of the transition plan.

Notice of change in placement

By law, caregivers are supposed to give fourteen days' notice that a change in placement is needed, CFWB can then set up a placement preservation CFT as well as come up with a transition plan. However, notice is not always given or appropriate to the circumstances.

CFT Meetings

Transition plans are created at CFT meetings. Transition plans ideally include transition visits which are purposeful planned visits with the new caregiver prior to transition into their care. Ideally, the old and new caregiver are able to attend a CFT together to plan for the transition

Transition Information Form

The Child Transition Information Form has existed for awhile but fell out of practice. Part of the transition plan will be for that form and the All About Me form to be completed a specified number of days prior to the transition. The Child Transition Information form was also displayed, that form includes youth's social interactions, activity levels, and personality traits. For children under age two, the form includes questions about formula brand, nap and feeding schedule, and morning and night schedules. For children of all ages, there are questions about their likes and dislikes (shows, people, locations), daily routine, sleeping issues, effective discipline methods and rewards systems, any talents or skills including extracurricular activities, rules around phone and technology use, comfort items, triggers, allergies, holidays and traditions, afterschool schedule, etc. For youth age fourteen or older, there is a section to note the ILS skills the youth has obtained (for example transportation or budgeting) and any employment. Their relationship with the biological family, siblings, or permanent connections is also include as well as the form of engagement.

Commonality of Need Assessment

All social workers with children in a home meet to conduct a Commonality of Need assessment. This assessment has typically been used when assessing STRTP placements but will now be used for community placements as well. In a Commonality of Need assessment, the social workers discuss the needs of each child in the home (dangerous propensity, functioning, in-home services) and whether those needs align with what the caretaker can provide.

There is also a Placement Needs and Services Plan, though this form fell out of practice, it includes a list of forms to attach and whether the family has a history of health problems, interpersonal violence, physical abuse, or mental health or substance use problems. The plan includes any court orders around visitation with parents or siblings and whether supervision is needed. The name of the child's medical doctor and dentist are included as are any medications, allergies, providers, and school contacts. The name of the education rights holder, and any IEP or school transcripts should also be included.

All of the information in these forms cannot be pulled from a database and need to be manually entered.

Transition and After

If the child or youth would like, they can participate in packing and completing the Clothing Inventory and Record of Personal Belongings form. The new caregiver is encouraged to complete a comfort call with the parents. Caregivers are given materials on why comfort calls are important and suggestions of topics to say or ask.

Court

When the transition plan is complete, it should be given to the Court, either through ex parte or at an upcoming hearing so that the court does not make

orders that contradict the plan. At a meeting with the Court it came to light that the judges were not seeing attachments, this has been fixed. When submitting the transition plan to the court, it should be specified if there is a requested court order or if the plan is being submitted for information but not action. The submission will also note if there were any objections to the plan created at the CFT.

This plan should be finalized by Spring and will then be presented to the Juvenile Court.

- **Discussion**

- A question was asked if caregiver who routinely fail to give a fourteen day notice of a placement change are tracked in any way. Individual social workers may not be aware of a pattern. Attorneys or CASAs can let the RFA case manager know. Hopefully, this information will be easier to track in the new system.
- Lengthy respite stays may benefit from some of the transition practices.
- Consider including providers to the Commonality of Needs assessment as they may have specific knowledge about the child and home.
- There was a discussion on whether Placement Binders should follow a child from placement to placement. Some caregivers like to keep the binders to refer to in case allegations or questions arise at a later date..
- Caregivers should be asked if they would like ongoing contact with a child that is leaving their care, and if so, in what capacity.
- Caregivers should be encouraged to take photos of the child/youth as they may not have access to other childhood photos. There are some websites where the photos can be stored.
- There were questions about a foster parent or caregiver portal in the new CARES.
- A Board member reminded the work group that unless there is a court

order blocking contact, a youth in allowed to contact anyone they want.

The person does not have to be approved or on a list.

- 3. Updates on Changes to CFWB Policy or Practice** This agenda item was not addressed
- 4. Updates/Announcements** Torrey shared a flyer regarding an upcoming training.
- 5. Date of Next Meeting –December 18, 2025 at 11:00 am**
- 6. Adjournment**



1.23.26 CFSAB Meeting,
Agenda Item 7c

COUNTY OF SAN DIEGO
Child and Family Strengthening Advisory Board

Placement & Caregiver Support Work Group

Meeting Summary

Date: Thursday, December 18, 2025

Co-Chairs: Jeff Wiemann and Patty Boles

Meeting Staff: Torrey Giaquinta

Participants: 22, Board Members present: Beth Ploesch, Stephanie Ortega, Jovanna Aguilera, Jeff Wiemann, Patty Boles

1. Welcome and Introductions

2. Discussion on How Changes to CFWB Policy or Practice Should Be Communicated

Each of the 20 CFWB policy staff have areas of expertise. There is no law on how often policies need to be reviewed. Typically, policies are created or modified to meet newly passed legislation or due to a local court rule, lawsuit, or enhanced local practice. The goal is to read and revise policies every two years. Policies are prioritized based on whether there is a mandate for the policy, the amount of outside pressure, the significance of the changes, and the priorities of management.

To revise a policy, the draft first goes to an internal worker group, then analysis is done of the impact of the change on workers and caregivers, and the fiscal impact. Then there is stakeholder feedback, which includes this group. If the policy change is big enough, it may need leadership approval. Then the operations review committee and the Quality Improvement Analyst review the draft. This includes (bi)monthly open staff forums. This part takes about thirty days. Any proposed changes may go back to the invested teams to review. Then labor liaisons and unions have thirty days to review the policy. Then the policy is published. If a policy is known to address all caregivers, a letter with a copy of the policy and any related expectations and forms

are sent through the mail. This process can take anywhere from six months to years. The more input into a policy, the longer it takes to finalize.

There is a procurement on BuyNet for a new policy system. CFWB has asked that the new system is searchable, user friendly, and has a public facing component. Participants suggested the new system include a subscribe option to be notified when new policies are added. Participants asked if they could be informed which policies are in the stakeholder feedback stage. There are 50-100 policies under revision at any time. Thought is going into a process that can keep people informed without bombarding them.

For policy needs you can contact: Rachel Swaykos (Rachel.swaykos2@sdcounty.ca.gov), Antonia Torres (Antonia.torres@sdcounty.ca.gov), Katherine Manno (Katherine.manno@sdcounty.ca.gov), or Stephanie Gross (Stephanie.gross@sdcounty.ca.gov).

The resource parent/caregiver ombuds can be reached at CFWB.RPOMBUDS.HHSA@sdcounty.ca.gov or by calling 877-729-KIDS (5437) and choosing option 2. The general ombuds can be reached at 619-338-2098.

Problems or concerns should be addressed by the supervisors closest to the issue. Often Kim, Alfredo, or Aimee, get calls about problems. Participants asked for an updated organizational chart. Patty asked that supervisors be reminded that they can, and should, talk with parent mentors. Participants also mentioned that there is not necessarily an issue with the training, the disconnect could be with how that lesson is heard and understood by the worker.

One difficulty caregivers are facing include medical insurance being cut off; CFWB staff is aware and addressing.

In one case four hours of visitation was ordered on Christmas Eve. This will disrupt the caregiver's plans as she is the one transporting. Caregivers need to be able to be in court to be heard if the caregiver is going to be given orders that have not been discussed before court. CFWB reminded participants that the other parties, child's counsel or parent's counsel, can ask for visitation during the hearing. CFWB does not always know when this is going to happen. Technically, CFWB is the one ordered to make the visitation happen. CFWB staff are working on Christmas Eve. and can provide transportation if needed. The caregiver should talk with their worker. The goal is to provide youth in-care with a 'normal' experience which includes seeing family on holidays. Questions or concerns about visitation, should go to Diana Shreckengost, after people have tried to resolve with the closest supervisor.

Some medical providers, specifically ones in East County have been asking social workers to conduct additional body checks of children in care prior to any appointment. This is not in alignment with County policy. CFWB is working with County Counsel on the messaging to social workers informing them of existing policy. There are certain conditions when a body check is allowed but caregivers must be informed. When practice is not being followed in a specific area, a policy analyst can go to that branch to train staff. CFWB staff reminded us that it has not been that long since there has been a unified system.

There were questions about how to get court orders to resource parents. Additionally, any child over the age of ten is required to get a copy of the minute order.

3. Updates/Announcements

- [H.R. 2483](#) This federal bill includes a push for universal screening for fetal alcohol syndrome. CFWB has a partnership with UCSD to assess and coordinate services for fetal alcohol syndrome.
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4. Date of Next Meeting –February 26, 2026, at 11:00 am

5. Adjournment



COUNTY OF SAN DIEGO

AGENDA ITEM

1.23.26 CFSAB Meeting,
Agenda Item 8b

BOARD OF SUPERVISORS

PALOMA AGUIRRE
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: February 10, 2025

XX

TO: Board of Supervisors

SUBJECT

**APPOINTMENT OF SAN DIEGO COUNTY CHILD CARE AND DEVELOPMENT
PLANNING COUNCIL (CCDPC) MEMBERS (DISTRICTS: ALL)**

OVERVIEW

The San Diego County Child Care and Development Council (Council) is advisory to the San Diego County Board of Supervisors (Board and the San Diego County Superintendent of Schools in order to advise the State on local child care and needs. The San Diego CCDPC is a statutory body for all counties per Assembly Bill (AB) 131 (Chapter 116, Statutes of 2021) and Welfare and Institutions Code, Child Care and Development Services Act [10207 – 10490], and Chapter 31 Local Planning Councils [10480 – 10487].

Board action is requested to approve the following item:

- Approve the routine annual appointments and reappoints of the San Diego CCDPC and approve the San Diego County CCDPC Membership Roster for 2026.

Confirmation of the San Diego County CCDPC (Council) membership roster received approval from the San Diego County Superintendent of schools on November 21, 2025.

Today's actions support the countywide *Live Well San Diego* vision by continuing services that assist San Diego County families with their diverse child care needs and improving access to quality child care and early education programs, which promote a healthy, safe and thriving region.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Appoint 9 new members to the San Diego County Child Care and Development Planning Council (CCDPC) to serve a two-year term to expire December 31, 2027.
2. Reappoint 8 members to the San Diego County CCDPC whose terms are ending on December 31, 2025 to serve another two-year term to expire December 31, 2027.
3. Approve the San Diego County CCDPC Membership Roster for 2026 and authorize the Clerk of the Board certify the membership composition as required by the California Department of Social Services (Attachment A and B).

EQUITY IMPACT STATEMENT

SUBJECT: APPOINTMENT OF SAN DIEGO COUNTY CHILD CARE AND DEVELOPMENT PLANNING COUNCIL (CCDPC) MEMBERS (DISTRICTS: ALL)

Today's actions present recommendations to approve the San Diego Child Care and Development Planning Council (Council) membership for 2026. The San Diego County CCDPC Membership list recommendations are made with a good faith effort to appoint members ensuring that the ethnic, racial and geographic composition of the San Diego County CCDPC is reflective of the population of the county. The membership list for the 2026 year will be comprised of 16% Black or African American, 44% Hispanic, 4% Asian or Pacific Islander, 56% white (non-Hispanic), and 4% Native American. This demographic closely resembles the demographics of San Diego County (Attachment B).

The San Diego County CCDPC assesses the child care and child development needs of San Diego County children and develops a Child Care Plan to address those needs. The Child Care Plan provides recommendations gathered through community engagement solicited during San Diego County CCDPC meetings. Outreach is conducted in the community by members of the San Diego CCDPC with emphasis on engaging areas of the community with the highest need. Outreach is conducted throughout the year with a strong emphasis done in March through May of each year to solicit new members. It is anticipated that the recommended actions will have a positive impact to areas of the county deemed as child care deserts.

SUSTAINABILITY IMPACT STATEMENT

Today's proposed actions support the County of San Diego Sustainability Goal #2 to provide just and equitable access by providing building blocks to create a more equitable, accountable, accessible, and affordable child care system that meets San Diego County Families' needs and pays early learning and care workforce a fair and professional wage.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The San Diego County Child Care and Development Planning Council (Council) reviewed and approved the new members and proposed membership roster, the Child Care Plan Report and the amendments to the San Diego County CCDPC By-Laws at its October 27th, 2025, meeting.

BACKGROUND

Recommendations #1 - #3: Approve the routine annual appointments and reappointments to the San Diego CCDPC and approve the San Diego County CCDPC Membership Roster for 2026.

On June 18, 1991 (84), the San Diego County Board of Supervisors (Board) established a Child Care Planning Council and delegated member appointment authority to the Chief Administrative Officer and the San Diego County Superintendent of Schools. On March 29, 1994 (57), per the adoption of Ordinance No. 8381, the Board renamed the Child Care Planning Council, establishing

SUBJECT: APPOINTMENT OF SAN DIEGO COUNTY CHILD CARE AND DEVELOPMENT PLANNING COUNCIL (CCDPC) MEMBERS (DISTRICTS: ALL)

the San Diego County Child Care and Development Planning Council (Council). The mission of the San Diego County CCDPC is to assess the child care needs of families in San Diego County, including subsidized and unsubsidized care, and to provide a public forum to facilitate the coordination of efforts to address those needs. On September 26, 2017 (5), the Board adopted Ordinance No. 10494 amending Article XVI of the San Diego County Code of Administrative Ordinances and designated the Board and County Superintendent of Schools as the appointing authorities for membership for the San Diego County CCDPC.

On July 26, 2021, pursuant to Assembly Bill 131, the statutes for the Local Planning Councils were moved from Education Code Section 8499.3, to the Welfare and Institutions Code Chapter 31 10480 – 10487. Pursuant to Welfare and Institutions Code Section 10485(b) the Board and the County Superintendent of Schools shall select the members of the local planning council, which shall be comprised of consumers (20%), child care providers (20%), public agency representatives (20%), community representatives (20%), and discretionary members (20%).

San Diego County CCDPC members participate in various committees, including the Needs Assessment and Public Policy committees, they evaluate local child care priorities, and review pending legislation and the proposed Governors' Budget to make recommendations to the Board and the County Superintendent of Schools. The San Diego County Superintendent of Schools confirmed the 2026 appointments and approved the San Diego County CCDPC Membership Roster for 2026 on November 21, 2025. Today's actions request the Board to confirm the annual appointments and reappointments to the San Diego County CCDP and approve the San Diego County CCDPC Membership Roster for 2026.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

The San Diego County Child Care and Development Planning Council activities support the Sustainable Environments/Thriving Strategic Initiative in the County of San Diego's 2021-2026 Strategic Plan by providing opportunities for residents to be proactive and engaged in addressing the child care needs of children and families in San Diego County, enhancing child care resources and services to meet those needs, and improving access to quality early education and child care programs.

Respectfully submitted,

USE "INSERT PICTURE"
FUNCTION TO INSERT
SIGNATURE

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – 2026 Certification of CCDPC Membership
Attachment B – 2026 CCDPC Membership Demographics