



COUNTY OF SAN DIEGO
Child and Family Strengthening
Advisory Board
Minutes of January 26, 2024

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY-STEPPE
Fourth District

JIM DESMOND
Fifth District

Members Present:

Hon. Judge Ana España, San Diego Superior Court
 Dr. Eric McDonald, County Health and Human Service Agency
 Kimberly Giardina, Child and Family Well-Being Department
 Alethea Arguilez, First 5 San Diego
 Jeff Wiemann, Foster Family Agency
 Stephen Moore, Voices for Children, Inc
 Beth Ploesch, Children's Legal Services of San Diego
 Simone Hidds-Monroe, San Pasqual Academy
 Adam Reed, Dependency Legal Services
 Stephanie Gioia-Beckman, Rady's Children's Hospital
 Aimee Zeitz, District 2 Appointee
 Chief Tamika Nelson, San Diego County Probation
 Patricia Boles, Foster Parent Association
 Erin Gospodarec, Congregate Care Provider
 Shea Prophet, Child Abuse and Juvenile Justice
 Steven Gachette, Social Worker
 Diana Venegas, Individual with Lived Experience
 Stephanie Ortega, Polinsky Children's Center/Promises2Kids

Members Not Present:

Joy Singleton, District 3 Appointee
 Melissa Villagomez, Individual with Lived Experience

Staff Present:

Sandra McBrayer, The Children's Initiative
 Torrey Giaquinta, The Children's Initiative

1. Welcome and Introductions

- Judge Ana España called the meeting to order.
- A quorum was present.
- She welcomed the Advisory Board and asked them to introduce themselves.
- There were six new members present at the meeting, Shea Prophet, Steven Gachette, Erin Gospodarec, Beth Ploesch, Stephanie Ortega, and Diana Venegas

2. Public Comment

- Judge Ana España asked if any members of the public wished to address the Advisory Board.
 - There was one public comment from a parent looking for housing for herself and her four children.

3. Approval for the Statement of Proceeding/Minutes for the meeting of November 3, 2023

- The motion passed with all members present voting aye.

4. **Presentation on Funding Options for Children in Care – Norma Rincon, PCC**

Norma presented on financial resources to support prosocial activities for children in San Diego County:

- *Specialized Care Incentives and Assistance Program (SCIAP)* These funds are available for youth in out-of-home-care. Multiple requests can be made for the same child during a year. In FY22-23, \$89,600 in funds were spent; so far in FY23-24 \$75,386 has been expended with \$133,541 projected. These funds can be accessed through the social worker.
- *Children in Need, Inc* This program was started in 1968 by County employees and is funded by employee contributions. Typical grants are for \$60-\$100. There is currently \$9,000 available. Requests for assistance can be made on the website link provided in the presentation.
- *Promises2Kids- Something Special Fund* All youth 18 and under in out-of-home-care can access up to \$500 in extra curricular activities and \$250 in general something special expenses per fiscal year. Funds can be requested by youth, social workers or caregivers at 858-278-4400.
- *Flexible Family Support Spending* AB 179 appropriated \$50 million in General Funds for one time funding. San Diego received \$1.9 million to focus on respite, concrete supports for maintaining placements, and innovative technology.

Promises2Kids have youth mentors at Polinsky Children’s Center which has led to high rates of use of the Something Special Fund by kids at PCC.

In situations where the funding is needed before the approval process can be completed, Child and Family Well-Being can reimburse non-profits for the cost of some prosocial activities. Alex Khan is in charge of fiscal and is the point of contact.

5. **SPA Reading Intervention Program – Valentina Mills and David Sosa, SDCOE**

The principal and reading intervention specialist for SPA presented on their reading program. SPA is part of JCCS Reading Intervention Professional Learning Initiative. At SPA they have normalized reading intervention and embedded it in all classes. Students are assessed with Renaissance Learning, the San Diego Quick, and the Burke Interview to gather information about their reading comprehension, decoding, and metalinguistic knowledge. Students have small group or 1-on-1 dedicated reading intervention time. Students are helped to find books that interest them through ‘Date a Book’, ‘Walk with a Book’ and other activities. Students have the opportunity to write plays that may be performed by professional actors. On average, students achieve one to one and a half year of reading growth every six months.

6. **Work Group Updates**

- *Lived Experts Action Partners Work Group – November and December*
Simone Hidds Monroe shared that after much discussion and a vote, FAYCES is now the Lived Experts Action Partners Work Group. Members felt this name better suited the role and make up of the work group. SPA’s new alumni liaison presented at the November meeting. The work group continues work on their two-year action plan. The chairs of the three work groups are coming together to work on defining the work groups, deconflicting their action plans, and creating a shared community communication process.
- *Child and Family Services Work Group – November and January*
Aimee Zeitz shared that at the January meeting Child and Family Well-Being staff presented

data that had been requested in November. Work on developing two-year action plans continue. Identified areas of interest are: what services exist and how are they accessed, working with communities, funding, and alignment with prevention hubs.

- *Placement and Resource Family Support Work Group– November and December*
Jeff Weimann discussed the areas of interest that have come up in the development of their action plan: increasing placements for youth with key needs, developing the kinship/relative first model, and building connections for youth through visitation.

Minutes for the six work group meeting were provided in the meeting materials.

7. Child and Family Well-Being Director's Report

Valesha Bullock was honored for her years of service to the agency as she will retire in March. Norma Rincon will be taking over Valesha's role.

- *Update on interim FFPSA Claim System*
Six to seven counties, with San Diego and Los Angeles in the lead, submitted a proposal for an interim claim system to CDSS. The proposal is to use an existing database with the counties providing some of the money to augment the system for the claim system. More than just a claim system is needed to start drawing down FFPSA monies. Talks with CDSS are on-going which is positive.
- *Board Letters*
 - Funding for Transitional Housing Program
This letter went in front of the Board of Supervisors on January 27th and was approved. This is an annual letter that the agency has supported since 2019.
 - CFSAB By-Laws
The board letter regarding the CFSAB by-laws aligns the by-laws with the new ordinance that was passed last year. A lot of the changes noted on the board letter involved changing 'child welfare' to 'child and family well-being'.
 - PCC Donations
This letter is still being drafted and will go to the Board of Supervisors on March 12th. This is another annual letter to accept donations at PCC.
- *Governor's Proposed Budget: <https://ebudget.ca.gov/FullBudgetSummary.pdf>*
The Governor's proposed budget keeps funding for Child Welfare mostly level. One change is that he is proposing eliminating the funding for the Family Urgent Response System. The County Welfare Directors Association has submitted a letter to the legislature suggesting changes that they believe would increase utilization such as having calls triaged locally rather than at a statewide level. Another proposed change is to not begin the SLIP (Supervised Independent Living Placement) system.
 - Proposed changes to caregiver rates
The anticipated changes to caregiver rates was incorporated into the Governor's proposed budget. The new rates are based on three levels which are based on a child's CANS score. The pay rate stays the same regardless of the placement the child is in. Only children in Tier 3 that are over the age of six will be eligible for STRTP placements; however, this will not be automatic, and the preference remains for the most home like setting. The new rate includes a strength building component for prosocial activities. Child Welfare Departments are still figuring out what that process will look like.
Board members shared concerns over how the CANS assessments occur, right now they occur during Child Family Team Meetings. There was a question if that setting

allows for the most accurate reporting of the child's behaviors. It was also mentioned that caregivers will have an incentive for reporting more behavior problems as that could lead to an increased payment rate.

8. Advisory Board Member Updates:

- There is a Judge's Lunch set up for February. Stephen Moore will send out information to the group.
- There will be a Juvenile Court Town Hall on February 22nd. The flyer is still being developed and will be sent out to this group once finalized.
- People discussed the disproportionate effect of the recent floods on communities of color.
- Jackie Robinson Family YMCA has opened as a donation hub and has also opened their shower facilities to the community.
- YMCA has four new resources:
 1. Project LAUNCH, funded by SAMHSA, will support implementation of Early Childhood Mental Health Consultation with health and social service providers. You can find more information/make a referral here: <https://www.ymcasd.org/family-resources/behavior-support-service>
 2. Through the Children and Youth Behavioral Health Initiative, YMCA will be able to increase access and availability to the Positive Parenting Program (Triple P) for parents, caregivers and guardians (ages 0-16) county-wide, starting in late Spring 2024. You can contact Aimee Zeitz at azeitz@ymcasd.org for more information.
 3. Link & Learn, a new project funded by the Children's Bureau, will support increased awareness and enrollment into early care and education for children 0-5 who are involved with/ at-risk of involvement with child welfare (Child and Family Well-Being, Office of Child Safety). For more information, please contact Aimee Zeitz at azeitz@ymcasd.org.
 4. Also funded by the Children's Bureau, YMCA will launch a new project focused on decreasing racial disproportionality in child welfare. For more information, please contact Aimee Zeitz at azeitz@ymcasd.org.

9. Adjournment

CFSAB staff will send out information on the Children in Need lead to the group.

Additional board members should be appointed at the Board of Supervisors meeting in February.

Next Meeting of the Advisory Board: Friday, April 26, 2024, 9:00 – 11:00 AM

Meeting minutes were submitted by Torrey Giaquinta. Please contact Torrey Giaquinta at (858) 581-5893 if you have corrections or suggested revisions. She may also be contacted for agenda items or general information.



County of San Diego
Health and Human Services Agency
Child and Family Well-Being

Child and Adolescent Needs and Strengths (CANS) Overview

SANDIEGOCOUNTY.GOV

April, 26 2024

04.26.2024 Agenda Item # 4



LIVE WELL
SAN DIEGO



LIVE WELL SAN DIEGO

San Diego County's vision of region that is
Building Better Health, **Living Safely** and **Thriving**

BUILDING BETTER HEALTH

Improving the health of
residents and supporting
healthy choices

LIVING SAFELY

Ensuring residents are protected
from crime and abuse,
neighborhoods are safe, and
communities are resilient to
disasters and emergencies

THRIVING

Cultivating opportunities
for all people and
communities to grow,
connect and enjoy the
highest quality of life



The Child and Adolescent Needs and Strengths (CANS)

- Overview of the CANS tool
- Consensus based process for selecting the ratings
- Cultural considerations in the CANS
- CANS practice and CFT meetings
- CANS successes and challenges



What is the CANS?

- The CANS is a tool that is used to identify the needs and strengths of children/youth and their families
- It is a **collaborative, consensus-based assessment**
- The CANS assesses areas of a child's and family's life functioning
- It is intended to include information from multiple sources (child, family, caregivers, service providers, agency, etc.)
- It provides a common framework for all those involved in a child's life to discuss presenting issues, impact, and services and supports

California CANS-50/IP-CANS Domains



Behavioral/Emotional Needs Domain

1. Psychosis (Thought Disorder)
2. Impulsivity/Hyperactivity
3. Depression
4. Anxiety
5. Oppositional
6. Conduct
7. Anger Control
8. Substance Use
9. Adjustment to Trauma

Life Functioning Domain

10. Family Functioning
11. Living Situation
12. Social Functioning
13. Developmental/Intellectual
14. Decision Making
15. School Behavior
16. School Achievement
17. School Attendance
18. Medical/Physical
19. Sexual Development
20. Sleep

Risk Behaviors

21. Suicide Risk
22. Non-Suicidal Self-Injurious Behavior
23. Other Self-Harm (Recklessness)
24. Sexual Aggression
25. Danger to Others
26. Delinquent Behavior
27. Runaway
28. Intentional Misbehavior

Cultural Factors Domain

29. Language
30. Traditions and Rituals
31. Cultural Stress

Strengths Domain

32. Family Strengths
33. Interpersonal
34. Educational Setting
35. Talents and Interests
36. Spiritual/Religious
37. Cultural Identity
38. Community Life
39. Natural Supports
40. Resiliency

Caregiver Resources and Needs Domain

41. Supervision
42. Involvement with Care
43. Knowledge
44. Social Resources
45. Residential Stability
46. Medical/Physical
47. Mental Health
48. Substance Use
49. Developmental
50. Safety

Potentially Traumatic/ Adverse Childhood Experiences (All Ages)

- T1. Sexual Abuse
- T2. Physical Abuse
- T3. Emotional Abuse
- T4. Neglect
- T5. Medical Trauma
- T6. Witness to Family Violence
- T7. Witness to Community/Schl Viol.
- T8. Natural or Manmade Disaster
- T9. War/Terrorism Affected
- T10. Victim/Witness to Criminal Act.
- T11. Disrupt. in Caregiving/Attch Losses
- T12. Parental Criminal Behaviors

California CANS-50/IP-CANS Early Childhood Module Domains



Early Childhood Module This section is completed for all children from birth to 5 years-old. The Potentially Traumatic/Adverse Childhood Experiences (items #T1 – T12 above) must also be completed for this age group.

Challenges

- EC1. Impulsivity/Hyperactivity
- EC2. Depression
- EC3. Anxiety
- EC4. Oppositional
- EC5. Attachment Difficulties
- EC6. Adjustment to Trauma
- EC7. Regulatory
- EC8. Atypical Behaviors
- EC9. Sleep

Functioning

- EC10. Family Functioning
- EC11. Early Education
- EC12. Social and Emotional Funct.
- EC13. Developmental/Intellectual
- EC14. Medical/Physical

Risk Behaviors & Factors

- EC15. Self-Harm
- EC16. Exploited

Risk Behaviors & Factors

- EC17. Prenatal Care
- EC18. Exposure
- EC19. Labor and Delivery
- EC20. Birth Weight
- EC21. Failure to Thrive

Cultural Factors - Family

- EC22. Language
- EC23. Traditions and Rituals
- EC24. Cultural Stress

Strengths

- EC25. Family Strengths
- EC26. Interpersonal
- EC27. Natural Supports
- EC28. Resiliency (Persist. & Adaptab.)
- EC29. Relationship Permanence
- EC30. Playfulness
- EC31. Family Spiritual/Religious

Dyadic Considerations

- EC32. Emotional Resp. of Caregiver
- EC33. Caregiver Adj to Trauma Exp.

Caregiver Resources and Needs

- EC34. Supervision
- EC35. Involvement with Care
- EC36. Knowledge
- EC37. Social Resources
- EC38. Residential Stability
- EC39. Medical/Physical
- EC40. Mental Health
- EC41. Substance Use
- EC42. Developmental
- EC43. Safety
- EC44. Family Rel. to the System
- EC45. Legal Involvement
- EC46. Organization

6 Key Principles of the CANS



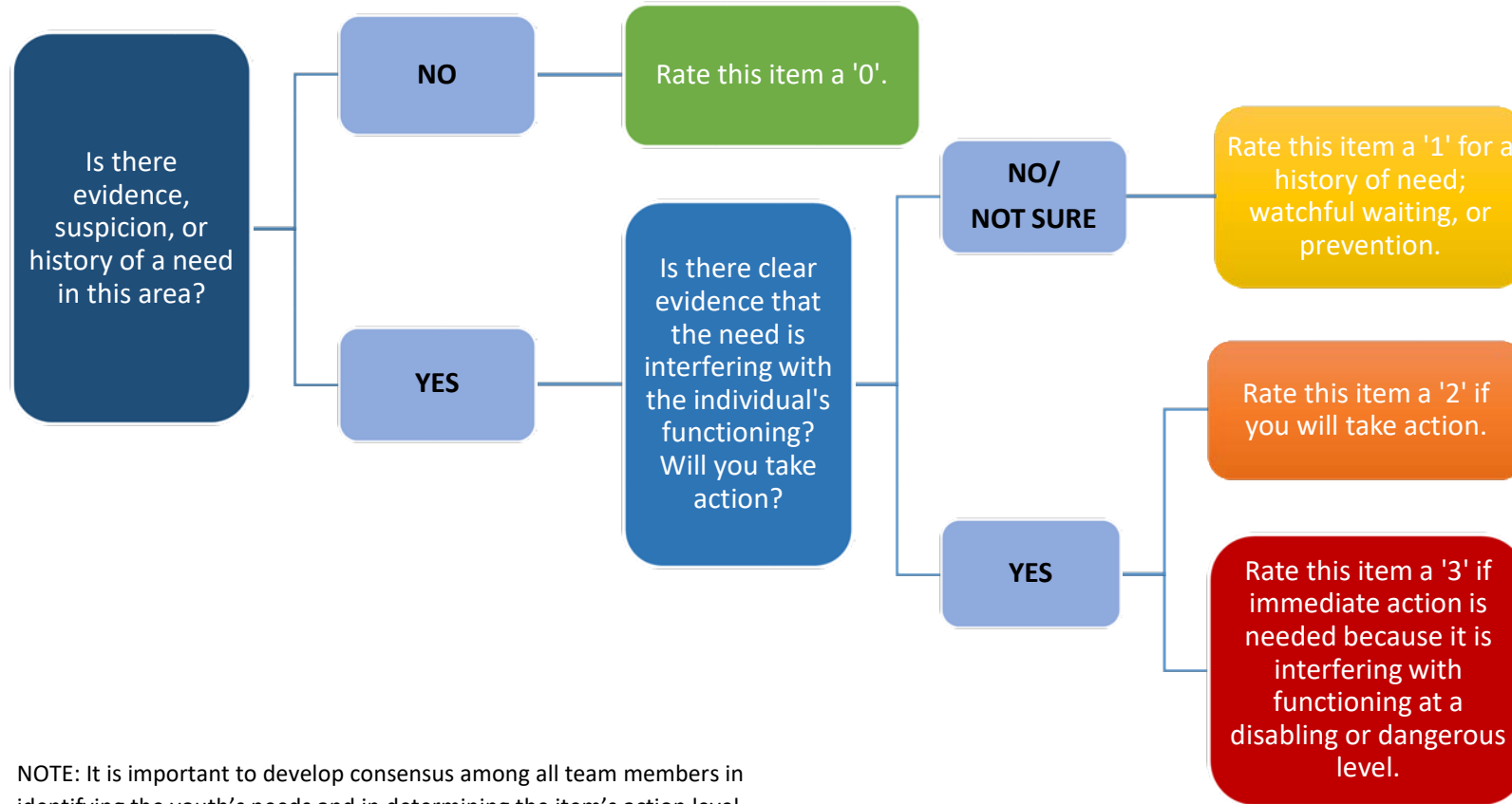
- 01 Items are selected because they are relevant to service/case planning.
- 02 Each item uses a 4-item rating scale that translates into action.
- 03 Rating should describe child/youth, not the child/youth in services.
- 04 Consider culture and development before determining ratings.
- 05 The ratings are agnostic as to etiology; it's about the *What*, not the *Why*.
- 06 Use a 30-day window in considering what is relevant to children, youth and their families.

Action Levels: Needs



ASSESSING FOR NEEDS

Decision of whether or not information represents a NEED



NOTE: It is important to develop consensus among all team members in identifying the youth's needs and in determining the item's action level.

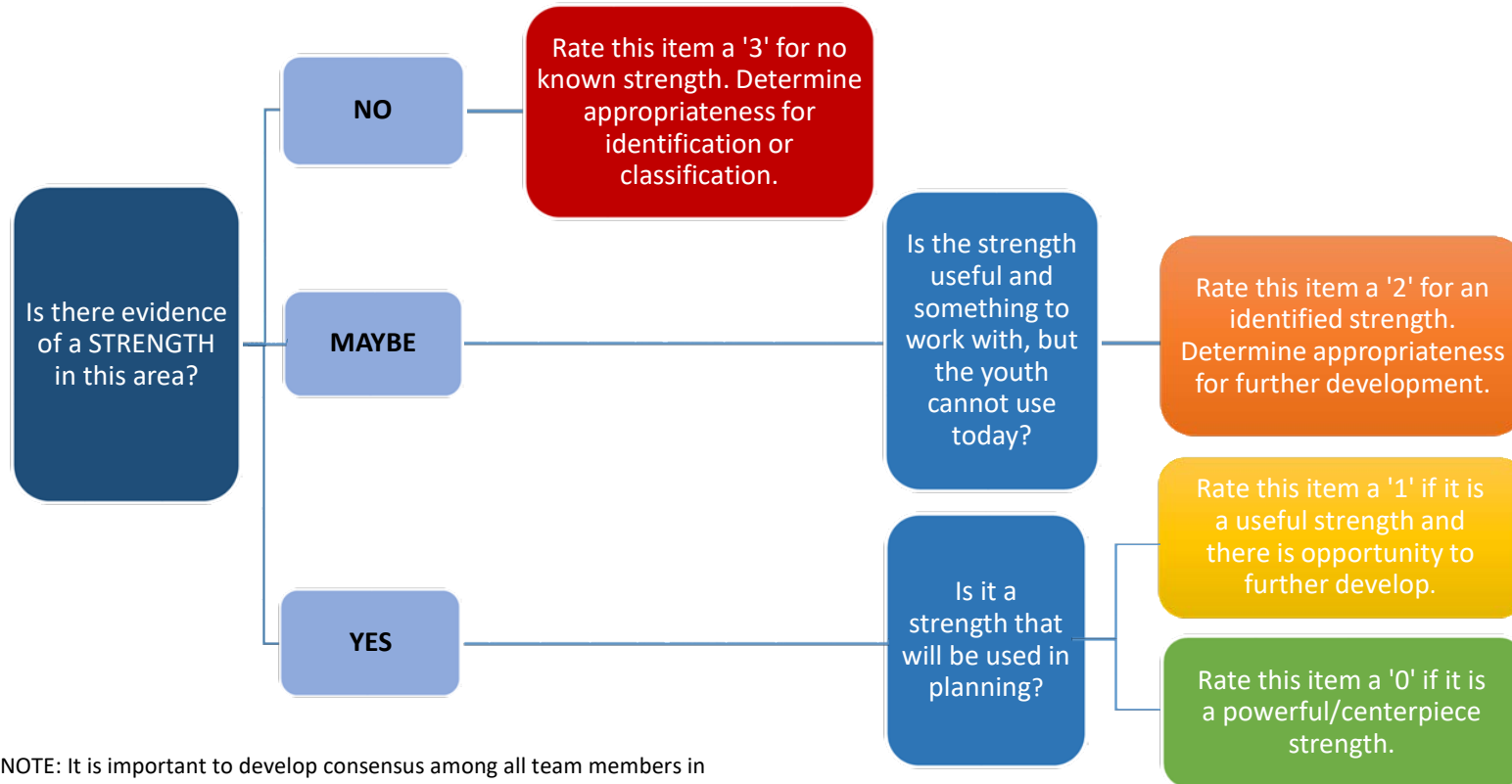


Action Levels: Strengths



ASSESSING FOR STRENGTHS

Decision of whether or not information represents a STRENGTH



NOTE: It is important to develop consensus among all team members in identifying the youth's strengths and in determining the item's action level.

Holding the Cultural Context

- Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.
- Culture is defined broadly for the CANS.
- Question to Consider for this Domain: How does the child/youth's membership in a particular cultural group impact his or her stress and wellbeing?





LIVE WELL
SAN DIEGO

Initial CANS – within 30 days of opening a case

Updated CANS – Every six months

Discuss and gather information regarding CANS items during interviews with child/youth, parents, caregivers, and team members



Consider information from:

- SDM (Safety & Risk Assessments)
- SOP Tools
 - Harm/Danger Statements
 - Three Questions/Houses
 - Ecomap
 - Appreciative Inquiry/Strengths



Discuss possible CFT meeting dates

Schedule a CFTM prior to the court report and case plan being due

Provide completed CANS to HEP Clerk for entry to CWS/CMS and CARES

Attach completed CANS in JD/Review Report

Behavioral/Emotional Needs Domain

1. Psychosis (Thought Disorder)
2. Impulsivity/Hyperactivity
3. Depression
4. Anxiety
5. Oppositional
6. Conduct
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8. Substance Use
9. Adjustment to Trauma

Life Functioning Domain

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Risk Behaviors

21. Suicide Risk
22. Non-Suicidal Self-Injurious Behavior
23. Other Self-Harm (Recklessness)
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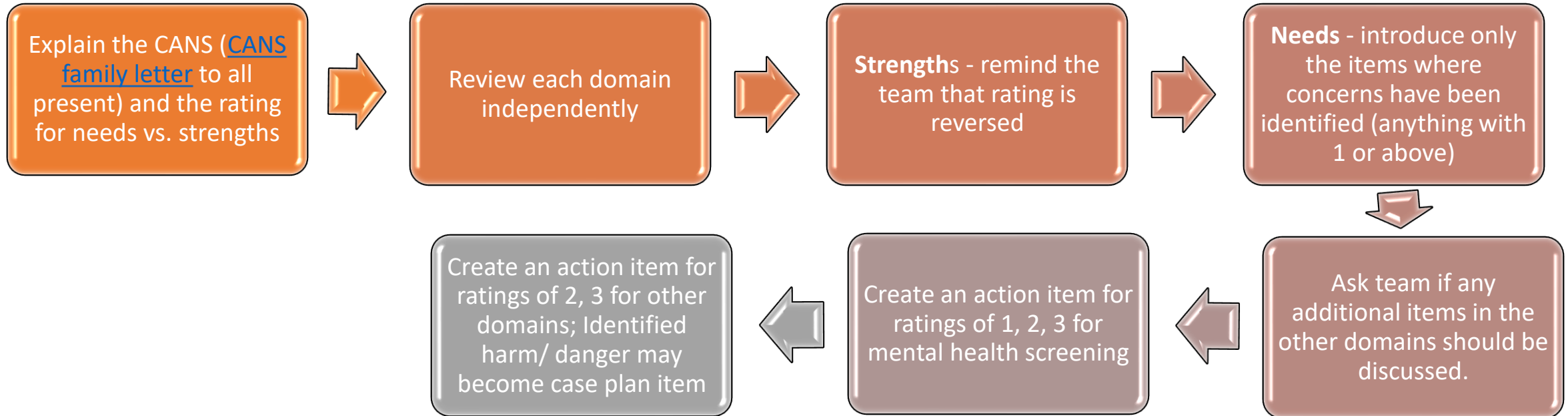
Caregiver Resources and Needs Domain

41. Supervision
42. Involvement with Care
43. Knowledge
44. Social Resources
45. Residential Stability
46. Medical/Physical
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50. Safety

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- T9. War/Terrorism Affected
- T10. Victim/Witness to Criminal Act.
- T11. Disrupt. in Caregiving/Attch Losses
- T12. Parental Criminal Behaviors

CANS Conversation in a CFTM - Process

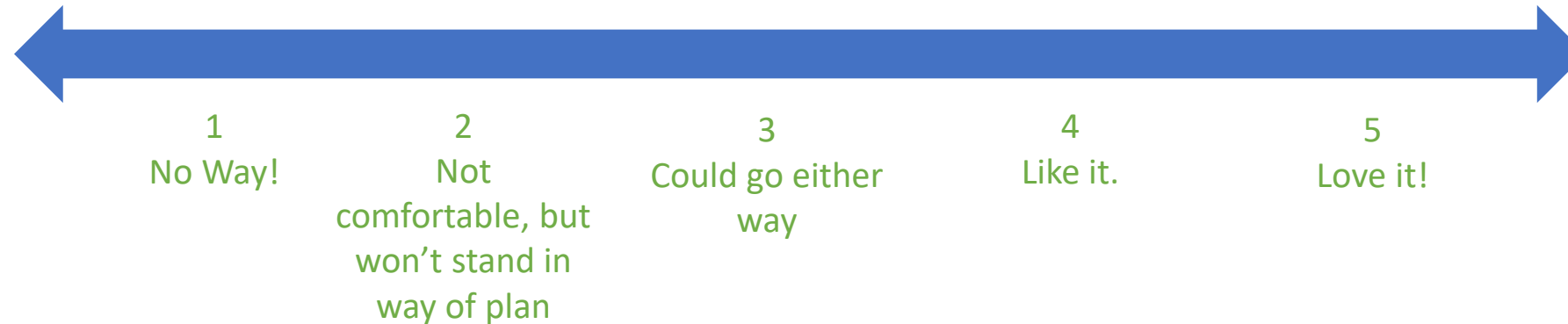


Tools to help the team conversation:

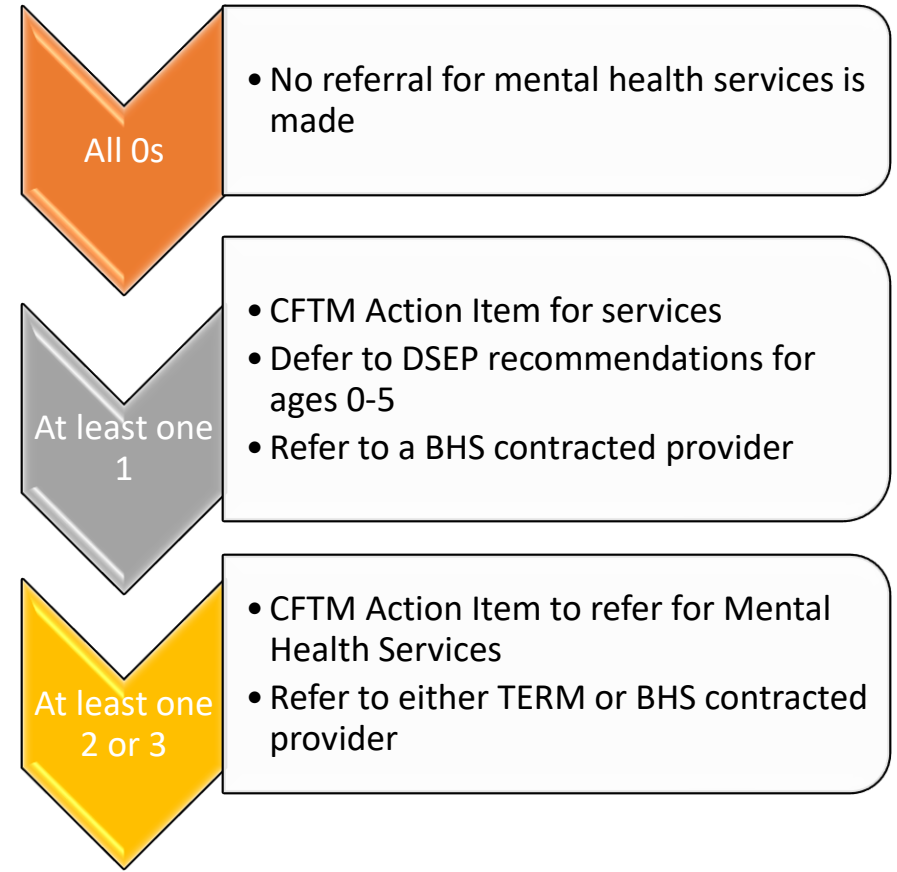
- Laminated CANS forms and dry erase markers for CFT members to follow along
- Manuals available for discussion
- Large posters with stop light descriptions of numbers and flow charts

CANS Conversation in a CFTM - Consensus

- “Now we’ll talk about any area where there was a concern. Let’s start with _____. We heard some worries mentioned about this area. Does the group think this is an area we need to do something about (2,3) or just wait and watch (1)?”



CFWB Policy: CANS and MH Screening



Challenges Domain (0-5)

CHALLENGES					
0 = no evidence	1 = history or suspicion; monitor				
2 = interferes with functioning; action needed	3 = disabling, dangerous; immediate or intensive action needed				
		0	1	2	3
EC1. Impulsivity/Hyperactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep (12 months to 5 years old)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavioral/Emotional Needs Domain (6-21)

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN					
0 = no evidence	1 = history or suspicion; monitor				
2 = interferes with functioning; action needed	3 = disabling, dangerous; immediate or intensive action needed				
		0	1	2	3
1. Psychosis (Thought Disorder)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anger Control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Children who score a 3 will be assessed for more intensive services including Wraparound. Safety concerns will always be addressed to ensure the child's immediate well-being are assessed and their needs are met.



CANS Practice Successes and Challenges

What is working Well	What are the Challenges
Positive feedback from families, staff and facilitators	Difficult to complete Initial CANS/CFTM before Jurisdictional / Dispositional hearing (which is about 23 days after removal)
Increased referral of children for Mental Health Assessment (MHA) or straight to therapy	Ensuring that staff are trained in CANS and comfortable leading the discussion
Families understand their case plan better / enter services quicker	One CANS per child barriers - CFWB and BHS required to complete different forms
Increase in transparency and understanding of the protective issue	





Questions?

Becky Lanier, Protective Services Supervisor

CA INTEGRATED PRACTICE—CHILD AND ADOLESCENT NEEDS AND STRENGTHS (Age 6 – 21)				CA IP-CANS	
Child's Name:		DOB:	Gender:	Race/Ethnicity:	
Caregiver(s):		Form Status:	<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment		
		Case Name:			
		Case Number:			
Assessor:		Date of Assessment (mm/dd/yyyy)			

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN					
0 = no evidence		1 = history or suspicion; monitor			
2 = interferes with functioning; action needed		3 = disabling, dangerous; immediate or intensive action needed			
		0	1	2	3
1. Psychosis (Thought Disorder)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anger Control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE FUNCTIONING DOMAIN					
0 = no evidence		1 = history or suspicion; monitor			
2 = interferes with functioning; action needed		3 = disabling, dangerous; immediate or intensive action needed			
		0	1	2	3
10. Family Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Living Situation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Social Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developmental/Intellectual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decision Making		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. School Behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. School Achievement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. School Attendance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Medical/Physical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sexual Development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sleep		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK BEHAVIORS					
0 = no evidence		1 = history or suspicion; monitor			
2 = interferes with functioning; action needed		3 = disabling, dangerous; immediate or intensive action needed			
		0	1	2	3
21. Suicide Risk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Non-Suicidal Self-Injurious Behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other Self-Harm (Recklessness)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Danger to Others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sexual Aggression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Delinquent Behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Runaway		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Intentional Misbehavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS DOMAIN					
0 = no evidence		1 = history or suspicion; monitor			
2 = interferes with functioning; action needed		3 = disabling, dangerous; immediate or intensive action needed			
		0	1	2	3
29. Language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Traditions and Rituals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cultural Stress		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS DOMAIN					
0 = Centerpiece strength		1 = Useful strength			
2 = Identified strength		3 = No evidence			
		0	1	2	3
32. Family Strengths		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Interpersonal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Educational Setting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Talents and Interests		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Spiritual/Religious		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Cultural Identity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Community Life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Natural Supports		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Resiliency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.			
NO = no evidence			
YES = child/youth has/suspected of experiencing this type of trauma			
		NO	YES
T1. Sexual Abuse		<input type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse		<input type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse		<input type="checkbox"/>	<input type="checkbox"/>
T4. Neglect		<input type="checkbox"/>	<input type="checkbox"/>
T5. Medical Trauma		<input type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence		<input type="checkbox"/>	<input type="checkbox"/>
T7. Witness to Community/School Violence		<input type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster		<input type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected		<input type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity		<input type="checkbox"/>	<input type="checkbox"/>
T11. Disruption in Caregiving/Attachment Losses		<input type="checkbox"/>	<input type="checkbox"/>
T12. Parental Criminal Behaviors		<input type="checkbox"/>	<input type="checkbox"/>

Please use page 2 to complete the Caregiver Resources and Needs Section. Use one section for each adult listed on the case plan and one section for the caregiver. Example: a = mom, b = dad, c = resource family with whom the child resides.

Mark if youth has no known caregiver or resides in residential treatment. Still complete this section for all adults listed in the case plan (mom, dad, etc).

CAREGIVER RESOURCES AND NEEDS				
A. Caregiver Name:				
Relationship:				
0 = no evidence; this could be a strength 1 = history or suspicion; monitor; may be an opportunity to build 2 = interferes with functioning; action needed 3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
C. Caregiver Name:				
Relationship:				
0 = no evidence; this could be a strength 1 = history or suspicion; monitor; may be an opportunity to build 2 = interferes with functioning; action needed 3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
41c. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42c. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43c. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44c. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45c. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46c. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47c. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48c. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49c. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50c. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
B. Caregiver Name:				
Relationship:				
0 = no evidence; this could be a strength 1 = history or suspicion; monitor; may be an opportunity to build 2 = interferes with functioning; action needed 3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
41b. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42b. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43b. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44b. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45b. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47b. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49b. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
D. Caregiver Name:				
Relationship:				
0 = no evidence; this could be a strength 1 = history or suspicion; monitor; may be an opportunity to build 2 = interferes with functioning; action needed 3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
41d. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42d. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43d. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44d. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45d. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46d. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47d. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48d. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49d. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50d. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child and Family Strengthening Advisory Board

Two-Year Action Plans

The Ask

- Create two-year actions plans that:
 - Identify goals and measurable objectives and timelines,
 - Align with the CFSAB and individual Work Groups' mission and responsibilities,
 - Incorporate a clear focus on reducing racial and ethnic disparities, and
 - Share ownership, participation, and accountability across stakeholders.

The Process

- Agenda item in November, December, February, and March Work Group meetings.
 - Identify key areas of interest, action ideas
 - Refine action ideas into goals
 - Identify partners and metrics
- Meetings with Work Group co-chairs and CFWB leads.
- Meetings with Dr. Keisha Clark on race and equity.

The Themes

- Warm transitions – between placements and providers.
- Involving lived experts – expand the number of lived experts with a variety of experiences in the work of CFSAB.
- Increasing knowledge – great programs are out there that people do not know about or are not being fully utilized.

Placement and Caregiver Support Work Group

2024-2026 Action Plan

The background of the slide features several concentric, curved lines in shades of gray, some solid and some dashed, creating a sense of motion and depth. A large blue rectangle is positioned on the left side, containing the main goal text.

Goal 1: Implement the Kin-First Model.

- Strategy: Support permanent connections and successful kin placements by co-creating transition plans for 100% of children and youth transitioning to/from a kin placement.

Goal 2: Increase Placement Options for Children and Youth in Specific Populations*.

- Strategy: Increase by 10% the number of caregivers indicating they are a placement option for children and youth in specific populations.
 - Increase collaboration, consistency, and scope of recruitment outreach in specific populations.
 - Jointly plan and participate in recruitment efforts/events for specific populations.
 - Partner with Faith in Motion to outreach to faith communities.

* Specific populations include ages 8-19, medically fragile, sibling sets, commercially and sexually exploited children, historically excluded communities (Black/African American, Hispanic/Latino/a).

Goal 3: Increase Retention, Support, and Services for Caregivers.

- Strategy: Clarify state and county policies to understand the roadblocks to giving caregiver families information they need to provide the best care for the child and identify tools to navigate the system.
 - Communicate policies and tools through five forums.
- Strategy: Identify and mine existing caregiver input methods in varying formats to better understand the supports needed and challenges faced by caregivers.
- Strategy: Increase by 25 % the number of caregivers reporting knowledge of ombudsman (CFWB and County).

Questions and Feedback

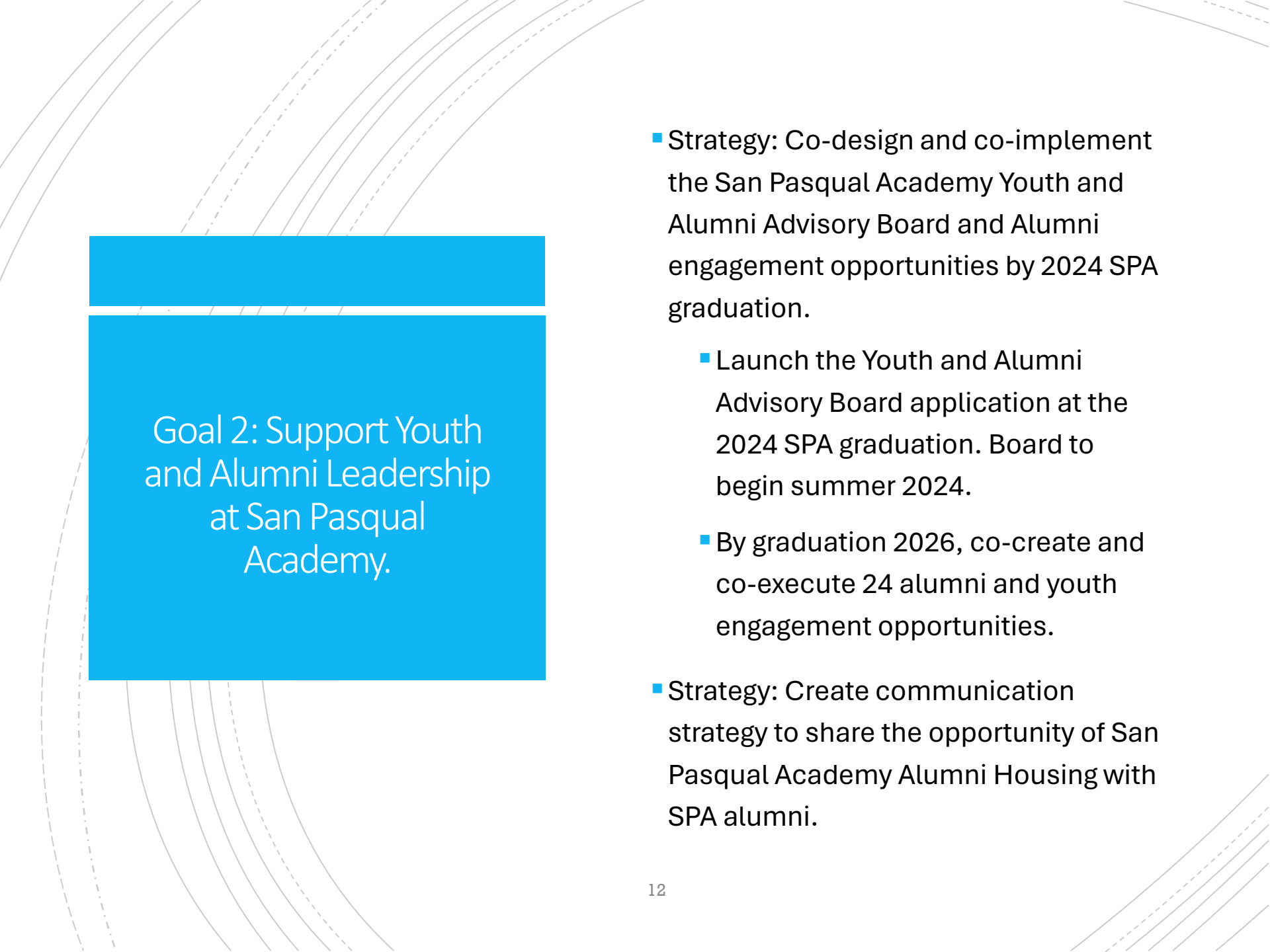
- Goal 1: Implement the Kin-First Model.
- Goal 2: Increase Placement Options for Children and Youth in Specific Populations.
- Goal 3: Increase Retention, Support, and Services for Caregivers.

Lived Expert Action Partners Work Group

2024-2026 Action Plan

Goal 1: Expand the Opportunities to Engage Youth Serving Partners with Youth and Young Adult Lived Experts.

- Strategy: Co-facilitate trainings on the value of listening and including youth in decision-making to three providers.
- Strategy: Establish a model for 30 people with a variety of lived experience including reunification, adoption, and guardianship, to serve as action partners in the Lived Expert Action Partner led projects/work group.
- Strategy: Conduct a youth and alumni survey on interest in advocacy and barriers to participation in this work group.
- Strategy: Facilitate engagement of current system impacted youth to participate in the work group.



Goal 2: Support Youth
and Alumni Leadership
at San Pasqual
Academy.

- Strategy: Co-design and co-implement the San Pasqual Academy Youth and Alumni Advisory Board and Alumni engagement opportunities by 2024 SPA graduation.
 - Launch the Youth and Alumni Advisory Board application at the 2024 SPA graduation. Board to begin summer 2024.
 - By graduation 2026, co-create and co-execute 24 alumni and youth engagement opportunities.
- Strategy: Create communication strategy to share the opportunity of San Pasqual Academy Alumni Housing with SPA alumni.

Goal 3: Increase
Knowledge of
Resources for Current
and Former Foster
Youth.

- Strategy: Research and identify resource hub models for system involved youth.
- Strategy: Create universal service application for current and former foster youth to be piloted by five providers.

Goal 4: Develop Youth Centered Assessments for Placements, Programs, and Services to Be Required in All County Contracts with Child and Family Well-Being Department.

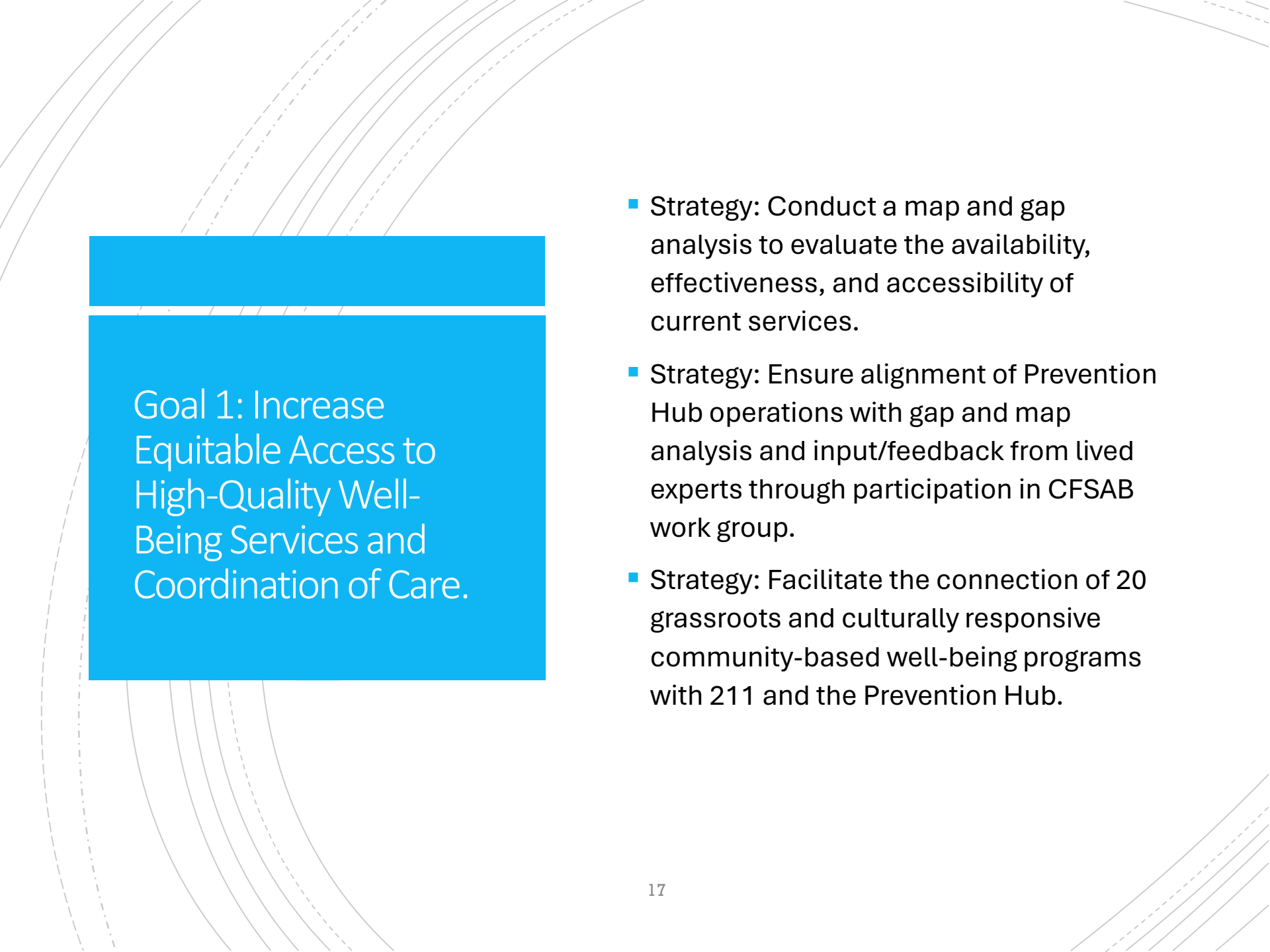
- Strategy: Review current contractor required exit survey models.
- Strategy: In collaboration with CFWB develop common language and youth centered questions.
- Strategy: Review the surveys of three placements or programs annually.

Questions and Feedback

- Goal 1: Expand the Opportunities to Engage Youth Serving Partners with Youth and Young Adult Lived Experts.
- Goal 2: Support Youth and Alumni Leadership at San Pasqual Academy.
- Goal 3: Increase Knowledge of Usage of Resources for Current and Former Foster Youth.
- Goal 4: Develop Youth Centered Assessments for Placement, Programs, and Services to Be Required in All County Contracts with CFWB.

Child and Family Well-Being Work Group

2024-2026 Action Plan

The slide features a decorative background with several curved lines in shades of gray and blue. A prominent blue rectangular box is positioned on the left side, containing the goal text. To the right of this box, there is a list of three strategy items, each preceded by a small blue square bullet point.

Goal 1: Increase Equitable Access to High-Quality Well-Being Services and Coordination of Care.

- **Strategy:** Conduct a map and gap analysis to evaluate the availability, effectiveness, and accessibility of current services.
- **Strategy:** Ensure alignment of Prevention Hub operations with gap and map analysis and input/feedback from lived experts through participation in CFSAB work group.
- **Strategy:** Facilitate the connection of 20 grassroots and culturally responsive community-based well-being programs with 211 and the Prevention Hub.

Goal 2: Prioritize Lived Expertise (Child, Youth, Family, and Caregiver).

- Strategy: Develop, adopt, and implement a compensation model for project specific activities to be used consistently across all work groups.
- Strategy: Participate in five outreach activities to recruit lived experts to engage in the work groups.
- Strategy: Have lived experts comprise at least 25% of work group attendees.

Goal 3: Align 211, the Community Information Exchange (CIE), the Prevention Hub, and Community Based Referrals through Improved Referral Pathways.

- Strategy: Explore feasibility of expanding CIE infrastructure to include child-level association with caregivers through discussions with 211/CIE.
- Strategy: Collaborate with 211 to better understand service provider update process and to increase the number of child, youth, and family serving agencies included.

A decorative background featuring several concentric, curved lines in shades of gray and white, some solid and some dashed, creating a sense of motion and depth. A large, solid blue rectangular box is positioned on the left side of the page, containing the text 'Questions and Feedback'.

Questions and Feedback

- Goal 1: Increase Equitable Access to High-Quality Well-Being Services and Coordination of Care.
- Goal 2: Prioritize Lived Experts (Child, Youth, Family, and Caregiver).
- Goal 3: Align 211, the Community Information Exchange (CIE), the Prevention Hub, and Community Based Referrals through Improved Referral Pathways.

The background features several thin, light gray curved lines that sweep across the frame, some solid and some dashed. A large, solid blue rectangle is positioned in the center, containing the text "Call to Action" in white. The overall aesthetic is clean and modern.

Call to Action

Child and Family Strengthening Advisory Board

Placement and Caregiver Support

04.26.24 Agenda Item # 5a.1

A workgroup that focuses its efforts on best and promising practices for all out of home placement options for children and youth in San Diego County. These options include Polinsky Children's Center, resource family homes, kinship foster care, Short-Term Residential Therapeutic Programs (STRTPs), San Pasqual Academy, or any other out of home placement setting. This workgroup is responsible for a two-year action plan that includes goals, measurable outcomes and a timeline that supports out of home placements. The action plan includes a focus on racial disparities, equity, diversity, and inclusion and alignment with the Advisory Board's mission. Placement and Caregiver Support meets virtually for two consecutive months on the fourth Thursday of the month from 11:00 am - 12:30 pm.

2024-2026 Action Plan

Goal 1: Implement the Kin-First Model.

Strategy: Support permanent connections and successful kin placements by co-creating transition plans for 100% of children and youth transitioning to/from kin placements.

Goal 2: Increase Placement Options for Children and Youth in Specific Populations*.

Strategy: Increase by 10% the number of caregivers indicating they are a placement option for children and youth in specific populations.

- Increase collaboration, consistency, and scope of recruitment outreach in specific populations.
- Jointly plan and participate in recruitment efforts/events for specific populations.
- Partner with Faith in Motion to outreach to faith communities.

* Specific populations include ages 8-19, medically fragile, sibling sets, commercially and sexually exploited children, historically excluded communities (Black/African American, Hispanic/Latino/a).

Goal 3: Increase Retention, Support, and Services for Caregivers.

Strategy: Clarify state and county policies to understand the roadblocks to giving caregiver families information they need to provide the best care for the child and identify tools to navigate the system.

- Communicate policies and tools to caregivers and service providers through five forums.

Strategy: Identify and mine existing caregiver input methods in varying formats to better understand the supports needed and challenges faced by caregivers.

Strategy: Increase by 25 % the number of caregivers reporting knowledge of ombudsman (CFWB and County).



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board *Placement & Resource Family Support Work Group*

A workgroup that focuses its efforts on best and promising practices for all out of home placement options for children and youth in San Diego County. These options include Polinsky Children's Center, resource family homes, kinship foster care, Short-Term Residential Therapeutic Programs (STRTPs), San Pasqual Academy, or any other out of home placement setting.

Meeting Summary

Date: Thursday, February 22, 2024

Time: 11:00 am-12:30 pm

Co-Chairs: Jeff Wiemann and Patty Boles

Meeting Staff: Torrey Giaquinta

Participants: 25 attendees, Board Members: Patty Boles, Jeff Wiemann, Erin Gospodarec, Stephanie Ortega, Beth Ploesch

1. *Welcome and Introductions:* Jeff Wiemann and Patty Boles welcomed participants to the meeting. Participants entered their names and roles in the chat.
2. *Name change:* There was a discussion around the proposal to change the work group name to 'Placement & Caregiver Support'. It is believed that more people, especially kin placements, will identify as caregivers than resource families. No objection to the name change.
3. *Two-Year Action Plan:* Danell Scarborough facilitated this agenda item. She shared the link to the goals document that is on the shared drive.
 - a. *Goals, Objectives, Partners, and Timeline:* The goals and objectives are almost finalized. For this work group the goals are:
 - Increase placement options for key needs children and youth.
 - Develop and implement a kinship/relative-first model.
 - Build connections for youth through visitation.
 - Listening and engaging as an underlying value.
 - Increase retention, support, and services for caregiver families.

Participants worked on identifying possible partners, leads, and funders to help accomplish the goals and objectives, as well as current initiatives that are relevant to the work.

4. *Date of Next Meeting – March 28, 2024 at 11:00 am*



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board *Placement & Resource Family Support Work Group*

A workgroup that focuses its efforts on best and promising practices for all out of home placement options for children and youth in San Diego County. These options include Polinsky Children's Center, resource family homes, kinship foster care, Short-Term Residential Therapeutic Programs (STRTPs), San Pasqual Academy, or any other out of home placement setting.

Meeting Summary

Date: Thursday, March 28, 2024

Time: 11:00 am-12:30 pm

Co-Chairs: Jeff Wiemann and Patty Boles

Meeting Staff: Torrey Giaquinta

Participants: 24 attendees, Board Members: Patty Boles, Jeff Wiemann, Stephanie Ortega, and Beth Ploesch

1. *Welcome and Introductions:* Jeff Wiemann and Patty Boles welcomed participants to the meeting. Participants entered their names and roles in the chat.
2. *Two-Year Action Plan:* This was the fourth work group meeting devoted to creating action plans. The plans will be presented to the full board on April 26th. Starting at the May work group meeting, we will focus on implementation.
 - a. *Review and support goals and objectives:* Jeff, Patty, Danell, and Torrey walked participants through a presentation of the action plan. There were four areas of influence mentioned: implement the kinship/relative first model, increase placement options of children and youth in key areas, increase retention, support, and services for caregiver families, and value listening and engaging throughout our work. Participants discussed the goals under each area of influence. There are six goals total.
 - b. *Envision the timeline:* Participants were asked to vote for the two goals they believe should be tackled first.
 - c. *Define measures of change:* The measures of change were embedded within the goals presented.
3. *Date of Next Meeting – May 23, 2024 at 11:00 am*

Child and Family Strengthening Advisory Board

Lived Expert Action Partners

04.26.24 Agenda Item #5b.1

A former foster youth lead workgroup that advances and supports youth voice and experiences on issues related to the care and support needed for current and former foster youth and their families. The work group is responsible for a two-year action plan that includes goals, measurable outcomes and a timeline that supports current and former foster youth. The action plan includes a focus on racial disparities, equity, diversity, and inclusion and alignment with the Advisory Board's mission. Lived Expert Action Partners meets virtually for two consecutive months on the third Thursday of the month from 6:00pm - 7:30 pm.

2024-2026 Action Plans

Goal 1: Expand the Opportunities to Engage Youth Serving Partners with Youth and Young Adults with Lived Experience.

Strategy: Co-facilitate trainings on the value of listening and including youth in decision-making to three providers.

- Create and distribute survey to gauge interest in being a facilitator.
- Provide training, mentors, and support for people with lived experience to serve as facilitators.
- Partner with providers to identify trainings and create co-facilitation approach.

Strategy: Establish a model for 30 people with a variety of lived experience including reunification, adoption, and guardianship, to serve as action partners in the LEAP led projects/work group.

Strategy: Conduct a youth and alumni survey on interest in advocacy and barriers to participation in this work group.

Strategy: Facilitate engagement of current system impacted youth to participate in the work group.

Goal 2: Support Youth and Alumni Leadership at San Pasqual Academy

Strategy: Co-design and co-implement the San Pasqual Academy Youth and Alumni Advisory Board and Alumni engagement opportunities by 2024 SPA graduation.

- Launch the Youth and Alumni Advisory Board application at the 2024 SPA graduation. Board to begin summer 2024.
- By graduation 2026, co-create and co-execute 24 alumni and youth engagement opportunities.

Strategy: Create communication strategy to share the opportunity of San Pasqual Academy Alumni Housing with SPA alumni.

Goal 3: Increase Knowledge of Resources for Current and Former Foster Youth.

Strategy: Research and identify resource hub models for system involved youth.

Strategy: Create universal service application for current and former foster youth to be piloted by five providers.

Goal 4: Develop Youth Centered Assessments for Placement, Programs, and Services to Be Required in All County Contracts with CFWB.

Strategy: Review current contractor required exit survey models.

Strategy: In collaboration with CFWB develop common language and youth centered questions.

Strategy: Review the surveys of three placements or programs annually.



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Lived Expert Action Partners Work Group

A former foster youth led work group that advances and supports youth voice and experiences on issues related to the care and support needed for current and former foster youth and their families.

Meeting Summary

Date: Thursday, February 15, 2024

Chair: Simone Hidds-Monroe

Meeting Staff: Torrey Giaquinta

Participants: 18 attendees, Board Members: Simone Hidds-Monroe and Joseph Robinson.

1. *Welcome:* Simone Hidds-Monroe welcomed participants to the meeting and explained the role of the work group. Participants entered their name and role in the chat.

2. *Two-Year Action Plan:* Danell Scarborough facilitated this agenda item. She shared the link to the goals document that is on the shared drive.

a. *Goals, Objectives, Partners, and Timeline:* The goals and objectives are almost finalized. For this work group the goals are:

1. Develop San Diego County's approach to valuing lived expertise.
2. Increase focus on resources and support for youth who are involved in the justice system.
3. Conduct youth evaluations of placements, programs, and services.
4. Incorporate lived experts in provider training.
5. Provide knowledge and resources to former foster youth.

Participants worked on identifying possible partners, leads, and funders to help accomplish the goals and objectives, as well as current initiatives that are relevant to the work.

3. *Date of Next Meeting:* Thursday, March 28, 2024 6:00pm

4. *Adjournment:* 7:32pm



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Lived Expert Action Partners Work Group

A former foster youth led work group that advances and supports youth voice and experiences on issues related to the care and support needed for current and former foster youth and their families.

Meeting Summary

Date: Thursday, March 28, 2024

Chair: Simone Hidds-Monroe

Meeting Staff: Torrey Giaquinta

Participants: 19 attendees, Board Members: Simone Hidds-Monroe

1. *Welcome:* Simone Hidds-Monroe welcomed participants to the meeting and explained the role of the work group. Participants entered their name and role in the chat.
2. *Two-Year Action Plan:* This was the fourth work group meeting devoted to creating action plans. The plans will be presented to the full board on April 26th. Starting at the May work group meeting, we will focus on implementation.
 - a. *Review and support goals and objectives:* Simone walked participants through a presentation of the action plan. There were three areas of influence mentioned: San Diego's approach to partnering with lived experts; youth evaluations of placements, program, and services; and, knowledge and accessibility of resources for current and former foster youth. Participants discussed the goals under each area of influence. There are 10 goals total.
 - b. *Envision the timeline:* Participants were asked to vote for the three goals they believe should be tackled first. A youth focused survey will be created and sent out to the participants who indicated they would send the survey to current and former foster youth. The deadline for the survey is April 10th.
 - c. *Define measures of change:* The measures of change were embedded within the goals presented.
3. *Date of Next Meeting – Thursday, May 16, 2024 6:00pm*
4. *Adjournment*

Child and Family Strengthening Advisory Board Child and Family Well-Being Work Group

A work group that uses a multi-level approach to identifying and removing systemic barriers in the community for children, youth, and families prior to and/or during involvement with our child welfare and juvenile justice systems. This multilevel approach includes primary prevention that is directed at the general population to prevent maltreatment before it occurs; secondary prevention that is targeted to individuals or families in which maltreatment is more likely; and tertiary prevention that is targeted toward families in which maltreatment has already occurred. This workgroup is responsible for a two-year action plan that includes goals, measurable outcomes and a timeline that supports prevention and intervention efforts. The action plan includes a focus on racial disparities, equity, diversity, and inclusion and alignment with the Advisory Board's mission. Child and Well-Being meets virtually for two consecutive months on the third Wednesday of the month from 11:00 am - 12:30 pm.

2024-2026 Action Plan

Goal 1: Increase Equitable Access to High-Quality Well-Being Services, and Coordination of Care.

Strategy: Conduct a map and gap analysis to evaluate the availability, effectiveness, and accessibility of current services.

- Inventory existing needs assessments, including eligibility criteria to inform the Prevention Hub.
- Understand referral pathways.
- Gaps. Overlaps. Impacted. Wait times.
- Array of services that require system involvement.
- Array of services available without system involvement.

Strategy: Ensure alignment of Prevention Hub operations with gap and map analysis and input/feedback from lived experts through participation in CFSAB work group.

Strategy: Facilitate the connection of 20 grassroots and culturally responsive community-based well-being programs with 211 and the Prevention Hub.

Goal 2: Prioritize Lived Expertise (Child, Youth, Family, and Caregiver).

Strategy: Develop, adopt, and implement a compensation model for project specific activities to be used consistently across all work groups.

Strategy: Participate in five outreach activities to recruit lived experts to engage in the work groups.

Strategy: Have lived experts comprise at least 25% of work group attendees.

Goal 3: Align 211, the Community Information Exchange (CIE), the Prevention Hub, and Community Based Referrals through Improved Referral Pathways.

Strategy: Explore feasibility of expanding CIE infrastructure to include child-level association with caregivers through discussions with 211/CIE.

Strategy: Collaborate with 211 to better understand service provider update process and to increase the number of child, youth, and family serving agencies included.



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Child and Family Well-Being Work Group

A work group that focuses on support and assistance in the community for children, youth, and families prior to and/or during involvement with our child welfare and juvenile justice systems.

This work group looks through the lens of prevention and intervention services that children, youth and families may need to live healthy, safe, and thriving lives.

Meeting Summary

Date: Wednesday, February 21, 2024

Co-Chairs: Aimee Zeitz and Stephanie Gioia-Beckman

Meeting Staff: Torrey Giaquinta

Participants: 29 participants, Board Members: Shea Prophett, Stephanie Ortega, Alethea Arguilez, Aimee Zeitz, Stephanie Gioia-Backman, Adam Reed, Stephen Moore, Steven Gachette, Diana Venegas, and Jeff Wieman.

1. *Welcome and Introductions:* Aimee Zeitz and Stephanie Gioia-Beckman welcomed participants to the meeting. Participants were asked to enter their name and role in the chat.
2. *Two-Year Action Plan:* Danell Scarborough facilitated this agenda item. She shared the link to the goals document that is on the shared drive.
 - a. *Goals, Objectives, Partners, and Timeline:* The goals and objectives are almost finalized. For this work group the goals are:
 - Increase equitable access to high-quality services, care, and coordination of care.
 - Understand the issues, develop advocacy strategies.
 - Enhance information and increase utilization of the 211 and Community Information Exchange.
 - Center community and lived expertise.

Participants worked on identifying possible partners, leads, and funders to help accomplish the goals and objectives, as well as current initiatives that are relevant to the work.

3. *Date of Next Meeting – April 3, 2024*



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Child and Family Well-Being Work Group

A work group that uses a multi-level approach to identifying and removing systemic barriers in the community for children, youth, and families prior to and/or during involvement with our child welfare and juvenile justice systems. This multilevel approach includes *primary prevention* that is directed at the general population to prevent maltreatment before it occurs; *secondary prevention* that is targeted to individuals or families in which maltreatment is more likely; and *tertiary prevention* that is targeted toward families in which maltreatment has already occurred. This work group looks through the lens of prevention and intervention supports that children, youth, and families may need to live healthy, safe, and thriving lives. This workgroup will develop a two-year action plan that includes goals, measurable outcomes, and a timeline that supports prevention and intervention efforts. The action plan will include a focus on racial and economic disparities, access to resources, equity, diversity, and inclusion and alignment with the advisory board's mission.

Meeting Summary

Date: Wednesday, April 3, 2024

Co-Chairs: Aimee Zeitz and Stephanie Gioia-Beckman

Meeting Staff: Torrey Giaquinta

Participants: 23 participants, Board Members: Stephanie Ortega, Alethea Arguilez, Aimee Zeitz, Stephanie Gioia-Beckman, Adam Reed, Steven Gachette, and Diana Venegas.

1. *Welcome and Introductions:* Aimee Zeitz and Stephanie Gioia-Beckman welcomed participants to the meeting.
2. *Two-Year Action Plan:* This was the fourth work group meeting devoted to creating action plans. The plans will be presented to the full board on April 26th. Starting at the May work group meeting, we will focus on implementation.
 - a. *Review and support areas of influence:* Torrey, Aimee, and Stephanie walked participants through a presentation of the action plan. There were three areas of influence identified: increase equitable access to high-quality well-being services, care, and coordination of care; increase utilization of the 211, Community Information Exchange, Prevention Hub, and community-based referrals through improved referral pathways; and, center lived expertise (child, youth, family, and community) in decision making. Participants discussed the goals under each area of influence. There are eight total goals.
 - b. *Envision the timeline:* Participants were asked to vote for the two goals they believe should be tackled first. After the results, participants discussed the

interdependency of some of the goals and the need to work on multiple areas of influence concurrently.

3. Date of Next Meeting – May 15, 2024

4. Adjournment



Improving Outcomes for Children and Families in California's Foster Care System

Proposed Permanent Rates Structure

California has made transformative changes to the way the state cares for children and youth in the foster care system. The Continuum of Care Reform (CCR) was founded upon the collective belief that all children served by the foster care system need, deserve, and have an ability to be part of a loving family, and not to grow up in congregate settings. With these goals in mind, CCR implementation began in early 2017, bringing together a series of existing and new reforms to our child welfare services program. The interim rate structure that was created as part of CCR created a level of care system for children in family settings and a separate rate structure for those in congregate settings. Statute requires the California Department of Social Services (CDSS) to establish an "ongoing payment structure no later than January 1, 2025". In the development of this proposal CDSS engaged extensively with stakeholders, including through a work group process in the fall of 2022. Four rates subgroups met five times each from August - November of 2022. The Governor's January Budget Proposal includes \$12 million General Fund in 2024-25 to make automation changes for a reformed foster care payment structure, with full implementation anticipated as early as 2026-27. **California is proposing to restructure our rates so that they are based on the child's assessed level of needs and strengths, and not based on the placement type.** If adopted, California will be the first state in the nation to take this approach.

It is crucial to recognize that proposed child welfare rate reform goes beyond just financial considerations. By restructuring the system as proposed, California can address historical racial inequities and help break the cycle of intergenerational poverty and trauma. This is an investment in our society's future, as well as a step towards making sure that children in foster care receive the support and care they need to thrive, ultimately leading to better outcomes for individuals, families, and communities.

- **KEEPING FAMILIES TOGETHER:** Over the last decade, CCR in California has focused on ending long-term congregate care placements in our foster care system, and increasingly placing children and youth with relatives. As a result, youth placement into congregate care has decreased by almost 60%, while placements into home-based settings have increased. Compared to children in non-relative foster care, children in kinship care experience fewer health and mental health concerns, better academic outcomes, greater placement



Improving Outcomes for Children and Families in California's Foster Care System

Proposed Permanent Rates Structure

stability, and a significantly lower likelihood of re-entering care within 12 months of exit.

The proposed rate structure invests directly in family-based placements to keep youth connected to their relatives and communities of origin.

- **ASSESSING AND MEETING THE INDIVIDUAL NEEDS OF EACH YOUTH:** The Child and Adolescent Needs and Strengths Tool (CANS) is a validated functional assessment tool which assesses well-being, identifies a range of social and behavioral healthcare needs, supports care coordination and collaborative decision-making, and monitors outcomes of individuals, providers, and systems. The CANS is well established and has been implemented statewide since 2018.

The data from the CANS can be aggregated and analyzed through an approach known as a Latent Class Analysis (LCA). LCA is a measurement model in which individuals can be classified into mutually exclusive and exhaustive classes based on their pattern of answers on a set of variables.

The proposed rate structure is based on a child's identified needs and strengths as identified by the CANS assessment; the rate is not tied to the placement. The proposed rate structure specifically includes funding to support strength building and to address a child or youth's immediate needs, and it utilizes the CANS and LCA to establish tiers (see proposed structure on the following page).

- **ADVANCING EQUITY:** The proportions of Black and Native American youth in foster care are around four times larger than the proportions of Black and Native American youth in California overall. Youth in foster care have experienced Adverse Childhood Experiences (ACEs). These traumatic experiences can include abuse and neglect, such as parental substance use, incarceration, and domestic violence. Youth who have experienced multiple ACEs often have greater behavioral health needs and can experience greater placement instability. However, the positive experiences that youth are more likely to experience when cared for by their own family have been proven to help mitigate the mental health damage caused by ACEs and can help youth heal.



Improving Outcomes for Children and Families in California's Foster Care System

Proposed Permanent Rates Structure

The proposed rate structure advances equity in California's Child Welfare system by strengthening our kin-first approach, keeping families together, and by putting services in place based on the child's CANS assessment and needs, not based on their placement via a County or Foster Family Agency or within a Short Term Residential Therapeutic Program.

The funding of strengths building is rooted in evidence that supports the need for investment in building strengths and addressing the immediate needs of a child. Participation in enrichment activities can help young people heal, promote supportive social connections, and provide opportunities to develop valuable skills.



Improving Outcomes for Children and Families in California's Foster Care System

Proposed Permanent Rates Structure

Proposed Permanent Foster Care Rates Structure Framework

Tier 1 (74% of children and youth) (Latent Classes 1 and 2 for the 0-5-year-olds and Latent Classes 1, 2, and 3 for the 6+ year olds)	
Care and Supervision Paid to the caregiver	\$1,788
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$500
Immediate Needs	NA
FFA Admin (for youth placed in an FFA) <i>Recruitment, retention, approval, training, etc.</i>	\$1,610

Tier 2 (19% of children and youth) (Latent Class 3 for the 0 – 5-year-olds and Latent Classes 4 and 5 for the 6+ year olds)	
Care and Supervision Paid to the caregiver	\$3,490
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$700
Immediate Needs County or contracted provider coordinate services	\$1,000
FFA Admin (for youth placed in an FFA) <i>Recruitment, retention, approval, training, etc.</i>	\$2,634

Tier 3 (ages 0-5) (4.5% of children and youth) (Latent Class 4 for 0 – 5-year-olds)	
Care and Supervision Paid to the caregiver	\$6,296
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$900
Immediate Needs County or contracted provider coordinate services	\$1,500
FFA Admin (for youth placed in an FFA) <i>Recruitment, retention, approval, training, etc.</i>	\$2,634

Tier 3+ (ages 6+) (2.5% of children and youth) (Latent Class 6 and 6a for 6+ year olds)	
Care and Supervision Paid to the caregiver	\$6,296
Strength Building and Maintenance Child and Family work with a Financial Management Coordinator	\$900
Immediate Needs County or contracted provider coordinate services	\$4,100
FFA/STRTP Admin (for youth placed in an FFA or an STRTP) <i>Recruitment, retention, approval, training, etc.</i>	\$7,213



Improving Outcomes for Children and Families in California’s Foster Care System

Proposed Permanent Rates Structure

Case Example - Ages 0-5

Henri, 6-Months Old, based on Henri’s CANS assessment he is placed in **Tier 2**.

- Henri was abandoned at a fire station shortly after his birth.
- Given his size and physical condition, it was determined that he was born premature and in need of urgent medical care.
- Henri was in the NICU for 2 months.
- During that time, he had symptoms of withdrawal including seizures, tremors, inconsolable crying, and an inability to sustain sleep.
- He continues to be behind in meeting physical and developmental milestones.
- His resource parents note that he is difficult to comfort and soothe.

Henri’s Tier 2 Rate		
Care and Supervision Rate \$3,490	Strength Building Rate \$700	Immediate Needs Rate \$1,000
<ul style="list-style-type: none"> • Compensate the basic care and supervision of a child (clothing, food, transportation, etc.). • Obtain the necessary equipment and items for the home to properly care for a newborn/infant that is considered high-risk (due to substance exposure, medically fragile). 	<ul style="list-style-type: none"> • Strategies may include but are not limited to: Music together/kinder music/play groups/art classes/gym/swimming. • Peer support, mentoring, early childhood classes -- support for caregiver in caring for child. • Facilitation of activities, relationships, teaming, coaching, engagement of other family and community members to build or maintain strengths 	<ul style="list-style-type: none"> • Strategies include but are not limited to: Visitation programs to support dyadic and relational dynamics with caregivers to support healing from trauma. • Facilitation of activities, relationships, teaming, coaching, engagement of other family and community members to address immediate needs



Improving Outcomes for Children and Families in California’s Foster Care System

Proposed Permanent Rates Structure

Case Example – Ages 6 or older

Tessa, 16-Years Old, based on Tessa’s CANS assessment she is placed in **Tier 3+**.

- Tessa’s family was sexually exploiting her since she was nine. When she refused to ‘work’ Tessa was beaten, drugged, starved and forced to sleep on the floor of the garage. Since being in care at age twelve, Tessa has had over 20 placement changes due to fighting with resource parents, sexualized behavior, drug use and running away.
- Tessa has many behavioral health challenges including impulsivity and oppositional behavior; has difficulty sleeping, frequent panic attacks, and cuts and burns herself; has had a few crisis episodes and a psychiatric hospitalization for suicide attempts.
- Tessa has few friends and doesn’t get along with any of her resource families. She has some support at school, but her anger issues and dysregulated behavior result in pushing others away.
- Tessa has few interests or recreational activities and is not very optimistic about her future.

Tessa’s Tier 3+ Rate		
Care and Supervision Rate \$6,296	Strength Building Rate \$900	Immediate Needs Rate \$4,100
<ul style="list-style-type: none"> • Compensate the basic care and supervision of a child (clothing, food, transportation, etc.) • Transportation due to higher levels of psychiatric appointments, medical appoints, group therapy sessions, etc. • Cleaning and repairs for damage to the home (e.g., resulting from behavioral issues, such as an outburst). 	<ul style="list-style-type: none"> • Strategies may include but are not limited to: Fees and transportation for sports, clubs, and extracurricular activities. • Education and Skill Building Support for coaches, activity facilitators, etc. to understand the possible manifestation(s) of the child's trauma and how to best support throughout the season/activity. 	<ul style="list-style-type: none"> • Strategies include, but are not limited to: Neurofeedback, the Neurosequential Model of Therapeutics (NMT), QEEG Neurofeedback (brainmapping), etc. • Peer support, mentoring, childhood classes -- support for caregiver in caring for child.



**San Diego County
Child and Family Strengthening Advisory Board**

**Meeting Schedule
2024-2025**

9:00 a.m. – 11:00 a.m.

July 26, 2024

October 25, 2024

January 24, 2025

April 18, 2025



**San Diego County
Child and Family Strengthening Advisory Board
Lived Expert Action Partners Work Group**

**Meeting Schedule
2024-2025**

6:00 p.m. – 7:30 p.m.

June 20, 2024

August 15, 2024

September 19, 2024

November 14, 2024

December 19, 2024

February 20, 2025

March 20, 2025

May 15, 2025

June 26, 2025



**San Diego County
Child and Family Strengthening Advisory Board
Child and Family Well-Being Work Group**

**Meeting Schedule
2024-2025**

11:00 a.m. – 12:30 p.m.

August 21, 2024

September 18, 2024

November 20, 2024

December 18, 2024

February 19, 2025

March 19, 2025

May 25, 2025

June 18, 2025



**San Diego County
Child and Family Strengthening Advisory Board
Placement and Caregiver Support Work Group**

**Meeting Schedule
2024-2025**

11:00 a.m. – 12:30 p.m.

August 22, 2024

September 26, 2024

November 21, 2024

December 19, 2024

February 27, 2025

March 27, 2025

May 22, 2025

June 26, 2025