

# COUNTY OF SAN DIEGO



## HEALTH AND HUMAN SERVICES AGENCY

**CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT;  
COMMUNITY BASED CHILD ABUSE PREVENTION;**

**and**

**PROMOTING SAFE AND STABLE FAMILIES  
PROGRAMS**

## **PLAN AND APPLICATION 2005-2008**

### **BOARD OF SUPERVISORS**

Greg Cox, First District

Dianne Jacob, Second District

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## **EXECUTIVE SUMMARY**

### **Vision Statement**

*Every child in San Diego county lives in a safe, caring, stable, and permanent home; is prepared to learn; and is nurtured by healthy families and thriving communities, which lead to successful adulthood.*

### **Child Abuse Prevention Council and Required Promoting Safe and Stable Families Collaborative**

In 1994, the Commission on Children, Youth and Families (Commission) was designated the local advisory body to plan for the use of federal funds for the Promoting Safe and Stable Families Program, formerly known as Family Preservation and Support Program. The Commission also has oversight and planning responsibilities for three other funding sources: Children's Trust Fund; Child Abuse Prevention, Intervention and Treatment; and Community Based Child Abuse Prevention. In fulfillment of its advisory role, the Commission received Board approval in January 2003 to develop a comprehensive plan for contracted child welfare services.

The planning process consisted of surveys, focus groups, community dialogues, ad-hoc committees, reviews of existing strategic plans, as well as input from the Child Abuse Prevention Committee members and other stakeholders. Based on the principle that the safety of children is a shared community responsibility, the vision, mission, and guiding principles for the comprehensive plan were developed at community planning sessions with input from the Commission. The guiding principles of the plan emphasize a family-centered, strength-based delivery system, which recognizes the importance of meeting the basic needs of health and housing. Child Welfare Services used this framework to develop the competitive work statement for new contracts combining Promoting Safe and Stable Families; Child Abuse Prevention, Intervention and Treatment; and Community Based Child Abuse Prevention funds. Effective September 1, 2004, a new service model, Community Services for Families (CSF), was implemented to provide community-based services to children and families.

The Board of Supervisors designated the Commission as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982 on February 26, 2002. The Commission established a Child Abuse Prevention Committee to carry out the specified duties. The Child Abuse Prevention Committee meets monthly to develop, support and coordinate efforts to prevent child abuse and heal its effects. Attendees include County staff, community providers, foster parents, school personnel, parents, students, and others interested in child abuse prevention. In 2004, training and education was provided to over 1, 600 people.

## **Commission on Children, Youth and Families Planning Process**

The Commission guided a three stage planning process to develop a continuum of prevention and early intervention services.

- Stage 1: In July 2002, a planning committee was formed and reviewed existing reports; business plans and needs assessments that had been conducted in HHS regions since January 2000. Additional data was gathered through thirteen countywide community conversations and a focus group with the current contractors. The committee recommended blending the services for three contract groups, PSSF (formerly Family Preservation and Support Program), Family Support Services Continuum (FSSC) and Kinship Support Services Program (KSSP) as they serve overlapping target populations with similar service needs.
- Stage 2: In February, 2003 the Commission and Child Welfare Services (CWS) staff completed a comprehensive review of the PSSF, Family Support Services Contracts and KSSP contract groups. This review concluded that a comprehensive strategy for a continuum of support services was needed. In July 2003, additional countywide planning meetings, facilitated by the San Diego State University Foundation (Foundation), were held with key stakeholders, community members and consumers to define a continuum of support services that would match the needs of our communities.
- Stage 3: In October 2003, the Commission approved the Foundation's report that included a roadmap for a continuum of support services that provided prevention, early intervention, and reunification services, with specialized services for kinship and foster families. To implement this continuum of services, County staff utilized the Foundation's report and information collected at each stage of the planning process to develop the Performance Work Statement for a competitive solicitation.

## **Needs Assessment**

Several needs assessments have been conducted over a period of three years in preparation for this Plan. At each stage in the planning process, the Commission conducted countywide community planning meetings, regional community dialogues, and focus groups with consumers of services. The Commission worked in collaboration with the HHS Children's Mental Health Services and CWS, as well as the County of San Diego Probation Department, to develop and disseminate a survey to better assess community challenges and needs in the area of child abuse prevention. The *San Diego County Child and Family Health and Well-Being Report Card 2004* was also used for needs assessment information.

## **Description of Services - Community Services for Families**

The primary focus of the Community Services for Families contracts is to provide a continuum of child welfare support services to assist at risk families in providing safe and stable homes for their children. The continuum:

- Supports collaboration that is culturally sensitive in neighborhood-based sites,
- Reduces duplication of services,
- Utilizes all available resources efficiently, and
- Maximizes all available revenues.

High priority has been given to:

- Collaboration with community partners as subcontractors and referral sources,
- Development and support of regional collaboratives,
- Community capacity building by identifying and training community leaders, expanding family involvement, and
- Assisting CWS in recruiting and retaining neighborhood-based foster parents to ensure that children requiring out of home care continue to live in their own neighborhoods and stay connected to their school, family and support system.

### **Competitive bid process and allocation**

In order to implement this continuum of services, a County work group was convened to develop the Performance Work Statement for this competitive solicitation. Members of the work group included County staff from Child Welfare Services (representing all six regions), the Strategy and Planning Division, the Commission, and Purchasing and Contracting. The outcomes of child safety, child well-being, stable living environments, permanency, and development of community involvement are prioritized in the Commission Plan, the County Strategic Plan, California Child Welfare Program Improvement Plan, and the California – Child and Family Services Review (C-CFSR) (also known as Assembly Bill 636). The work group clearly defined the CSF objectives listed above for implementation in our community and provided a measurement tool for these contracts.

### **Goals and Outcomes/Evaluation**

The CSF countywide outcomes were developed to ensure that ongoing evaluation is as comprehensive as possible. Evaluation data will be utilized to ensure that the CSF services meet the needs of the communities. Within budgetary constraints, services will be available to at risk families through public, private, and self referral. Neighborhoods identified by the regional data as having the highest involvement with CWS will receive priority services in easily accessed sites that are individualized to meet each neighborhood's specific needs. Each HHSA region has also identified desired outcomes specific to their community needs.

### **Program Accountability and Oversight**

HHSA Agency Contract Support (ACS) is responsible for fiscal controls, including budgetary controls, claim processing controls, and fiscal reviews. ACS performs fiscal reviews of HHSA contractors. The performance of fiscal reviews of a contractor's accounting system and financial records allows the County to evaluate the contractor's accounting controls and reported financial solvency, in an effort to minimize County exposure. ACS staff review contractor records at the contractor's site and in the County office. Desk reviews are performed on all Independent Auditor Reports received. The reviews are performed in accordance with the contract terms and conditions, and with consultation with affected Division(s)/Region(s), as needed.

The HHSA Compliance Office conducts a risk assessment of internal controls at CWS. The objective of this assessment is to determine whether CWS has sufficient administrative, fiscal, contracting, security, and privacy controls in place to provide

reasonable assurances that CWS is operating its programs in accordance with funding guidelines, and County and Agency policies and procedures. The risk assessment is in support of the County of San Diego HHS Guiding Principles of 1) Fostering Continuous Improvement in Order to Maximize Efficiency and Effectiveness of Services and 2) Assuring Fiscal Responsibility and Integrity.

CWS, Policy and Program Support Division administer the CSF contracts. Policy and Program Support Division uses a formal contract monitoring system that includes assigning a contract monitor that serves as the contractor's primary contact and provides technical assistance to help ensure contracted goals/objectives are achieved. The contract monitor conducts site visits to discuss contract status, monthly fiscal desk reviews of the contractor's claiming/invoicing processes, file/desk reviews, and site visits to observe operations, such as ride-a-longs to observe home visits and delivery of services. Contractors are required to submit monthly progress reports on program progress and contractual deliverables. Contract monitors audit program case files for contract compliance, routinely validate samplings of the information reported by contractors and randomly review client satisfaction surveys. Contractors serve a diverse group of families and they are contractually required to offer each family the opportunity to anonymously complete a client satisfaction survey. Each survey is then reviewed and included in an annual report to the County on the results of the surveys and any suggestions for improvement to the existing services.

Regional CWS managers are committed to the success of CSF and successful implementation of the contracts. Supervisors and line staff participated in all aspects of the implementation process and CSF subcontractors have participated in implementation meetings with regional staff. Ongoing evaluation of the program is conducted to assist in defining how CSF services can be most effectively and efficiently provided to ensure maximum utilization of the available community and fiscal resources. County and contractor staffs collaborate during monthly meetings to discuss implementation issues, problem solve, brainstorm ideas and share information on relevant County programs. The purpose of these meetings is to refine and improve the services throughout the term of the contract. Policy and Program Support Division staff meets frequently with the executive directors and director/managers of the CSF contract agencies.

### **County reporting**

CSF contractors are all required to use the same Web-based database system, ServicePoint. This database system captures client information ranging from basic demographic information to the amount and cost of services received. The aggregation of all this information will be readily available for analysis and program evaluation. This centralized database will be used to generate the CSF Monthly Progress Report, and the Annual Child Abuse Prevention, Intervention and Treatment Report. The system comes with a robust reporting tool that will facilitate ad-hoc report creation. The information collected in the database can be used to identify gaps in service, track the success rates of programs and audit the effectiveness of grant monies.

The database provides the CSF contractors with a client management tool to keep track of services provided, referrals received and goals identified. ServicePoint will enable agencies to track the progress of clients from initial contact through program completion. This ability to manage their own information greatly improves each agency's efficacy in helping their target populations.

### **Fiscal**

CSF sources of revenue include State Child Abuse Prevention, Intervention and Treatment (CAPIT), Children's Trust Fund, Community Based Child Abuse Prevention (CBCAP), PSSF, CWS, County General Fund, Kinship Support Services Program, and Title III-E Aging and Independence Services. The expenditure budget is allocated among the six HHS regions based on the federal PSSF funding formula, giving equal weight to numbers of children residing in each region ages 0-18 years and the number of families living below the poverty level.

The contractors are paid a combination of actual cost reimbursement and fixed unit prices. Actual cost reimbursement includes infrastructure costs for administrative overhead and non-program expenses. CSF contractors allocate funding to provide the following maximum training and supervision levels for their staff:

- Fifty hours of training annually, including a minimum of one hour of training per month during the contract period and 24-hours of required countywide CSF trainings.
- One-hundred hours annually of a combination of individual supervision and group supervision.

Fixed prices are negotiated for an hourly rate for direct services to clients, support groups and specialized training for groups of clients, and for a 12-week cycle of the countywide parent education curriculum.

Wraparound funding is utilized for consumer training, emergency funds, and educational and recreational activities to enhance the well-being and self-esteem of children and families. Emergency funds are for meeting those needs that will avoid or alleviate a crisis and include, but are not limited to, food and other household items, emergency medications, funds to avoid or eliminate homelessness, and assistance with emergency transportation needs to avoid loss of employment.

Other community resources are also leveraged for consumer training and contractors have a unit price for providing consumer training as specialized training needs are identified.

## **BACKGROUND**

Health and Human Services Agency (HHS) CWS, in conjunction with the Juvenile Court, is responsible for interventions that protect children who have been abused and/or neglected. To help carry out this responsibility, the County of San Diego funded an array of contracted services designed to assist at risk families. The Family Preservation and Support Program contracts, funded by PSSF, provided community-based family preservation, family support and post-adoption support services. The Family Support Services Continuum contracts, funded with federal, state, and local funds, provided child abuse prevention and intervention services. Kinship Support Services Program contracts, funded with federal, state and local funds, provided supportive services to ensure placement stability in families that are raising minor children whose parents are unable to care for them. In response to State direction and local community input, HHS received the Board of Supervisors' approval on February 10, 2004, to release a request for proposal to integrate these three programs to improve coordination, collaboration, and outcomes.

Effective September 1, 2004, a new service model, Community Services for Families (CSF) was implemented in each region to provide community-based services to children and families. CSF combines the services previously provided under Family Support Services Continuum, Kinship Support Services Program, and the Family Preservation and Support Program (renamed PSSF). County staff are now able to make referrals to one lead agency in each of the six service regions for home visiting, parent education, kinship support, and family preservation and support services. Services are provided through a collaborative network of subcontractors and community partners to ensure the continuum of services is a seamless, support system for families in our communities.

## **CHILD ABUSE PREVENTION COUNCIL AND REQUIRED PROMOTING SAFE AND STABLE FAMILIES COLLABORATIVE**

On September 27, 1994, the Board of Supervisors designated the Commission on Children, Youth and Families (Commission) as the advisory body to plan for the use of federal funds for the Family Preservation and Support Program, a federally funded program intended to encourage and enable states to develop, establish, expand and operate a program for community-based family preservation and support services. The Adoption and Safe Families Act of 1997 reauthorized the funding for this program through September 30, 2002, and changed the name of the program to Promoting Safe and Stable Families (PSSF). On April 11, 2000, the Board approved a new PSSF Three-Year Plan (Plan) for Fiscal Years (FY) 1999 through 2001, and authorized a competitive solicitation of contracts. On May 21, 2002, the Board approved the submission of a new PSSF Three-Year Plan Application, as required by the State, to continue funding through FY 04-05. This Plan included a requirement for a planning process to develop a continuum of prevention and early intervention services with the oversight from the Commission. This planning process included gathering community input to determine the most effective way to provide services in the community.

The Board of Supervisors designated the Commission to fulfill the functions of a local child abuse prevention council (council), as described by California Welfare and



Institutions Code Section 18982 on February 26, 2002. The Commission established a Child Abuse Prevention Committee (CAPC) to carry out the duties of the council. The CAPC is comprised of County staff, community providers, foster parents, school personnel, and others interested in child abuse prevention in San Diego county. Monthly meetings are convened to develop, support and coordinate community efforts and awareness to prevent child abuse and heal its effects. The CAPC agenda focuses on three different areas during their meetings. Workgroups provide updates on their activities, a 15-minute Spotlight on a new or innovative program or service is provided, and there is an hour-long training. There are five subcommittees or workgroups of the CAPC that also meet to focus on a specific area of child abuse prevention. The workgroups are: CAPC Steering, Cultural Competence, Media and Public Awareness, Parent Education Task Force, and System Enhancement.

The CAPC Steering Committee facilitates general meetings, plans the committee activities and develops an annual action plan. The Steering Committee conducted a survey via email in August 2004 to determine how to fully engage committee members and increase involvement. After analyzing the results of the survey, the Steering Committee made changes to the day, time and format of CAPC meetings. The new meeting format includes workgroup updates, information sharing and networking, and a featured speaker/training component. Since these changes were applied, there has been an increase in participation at the CAPC and the CAPC workgroup meetings.

The Cultural Competence Workgroup plans a monthly training series called Diversity Schoolhouse. Diversity Schoolhouse is designed to help frontline workers within the social services, law enforcement and education fields improve their communication with and understanding of various ethnic, cultural, religious, and other diverse groups in our community.

The Media and Public Awareness Workgroup promotes public awareness of prevention, intervention and treatment of child abuse and neglect. To support community prevention efforts, materials and informational brochures are distributed to schools and community groups throughout the year. In 2004, approximately 5,775 pieces of prevention and educational materials were distributed in English and Spanish.

The Parent Education Task Force provides a forum for parent educators to network with one another, learn about new programs, and share curriculum and best practices. CSF contracts provide community-based support services for families at risk or involved in the child welfare system. One important component of the contracts is parent education classes. CWS staff requested guidance to ensure quality programs for the families. The Task Force developed an evaluation tool for evaluating parenting curriculum and program guidelines for the parent education component of the contracts. Each year the Task Force organizes a Parenting Conference. On February 28, 2004, the 3<sup>rd</sup> Annual Parenting Conference was attended by 500 parents and caregivers. The keynote speaker was Gerald Newmark, Ph.D. whose topic was: "How to Raise Emotionally Healthy Children". On April 30, 2005, the 4<sup>th</sup> Annual Parenting Conference was attended by approximately 300 parents. The keynote speakers, Moises Roman and Alina Rosario, co-

hosts of the PBS television program “Los Ninos en Su Casa,” discussed ways to encourage children to read. The annual conference features a variety of workshops in Spanish and English including Step Parenting, Power Struggles and Toddlers, Balancing Love and Discipline, Bullying, and Homework.

The System Enhancement Workgroup works to improve services in communities by developing community capacity for a comprehensive network of opportunities and resources to support the needs of children and their families along the child welfare continuum. This Committee will be utilized by CWS as they implement the goals of California’s Child and Family Services Review through their System Improvement Plan.

## **VISION STATEMENT**

*Every child in San Diego county lives in a safe, caring, stable, and permanent home; is prepared to learn; and is nurtured by healthy families and thriving communities, which lead to successful adulthood.*

## **NEEDS ASSESSMENT**

San Diego is a dynamic, richly diverse county with all the opportunities and challenges that diversity affords. Although the county has an abundance of resources and services, there are significant deficiencies in some areas. The following demographics, health, safety, and economic indicators provide a snapshot of San Diego county. The primary data source is *the San Diego County Child and Family Health and Well-Being Report Card 2004* (Report Card). The Executive Summary of the Report Card is included in this plan as Attachment H.

### County Demographics and Indicators:

- The estimated population of San Diego county is 2.9 million making it the third most populated county in California and the sixth most populated county in the nation.
- Of the 2.9 million residents of San Diego county, an estimated 742,584 people or 25.1% are under the age of 18 years.
- The county covers over 4,300 square miles, an area larger than the state of Connecticut.
- There are 18 Native American reservations, more than any other county in the United States.
- Approximately 500,000 children attend school at the county’s 42 school districts
- In 2003, there were 1,131 children born to teen parents ages 15-17 years, which is approximately 18.9 births per 1,000 teen girls.
- According to the California Department of Education, 57,823 children are enrolled in special education classes in San Diego county
- For the 02-03 school year, the number of high school graduates in the county was 28,658 and the number of dropouts was 3,371 which indicates an 89.5% graduation rate among the youth in this group.
- In 2004, there were 49,317 child abuse reports made to CWS and 2,443 children entered foster care for the first time.

- In FY 02-03, there were 53,421 children and youth ages 1-17 years receiving CalWORKS assistance. This is a rate of 71.9 per 1,000 children.
- It is estimated that 16.5% of children and youth in San Diego county ages 0-17 years were living in poverty in 2003. This is approximately 123,017 children and youth.
- For the 02-03 school years, 42% of students in the San Diego public school system were enrolled in the free and reduced lunch programs.
- Of the households with children ages 0-12 years that participated in the 2003 United Way survey, 75.5% reported that their childcare needs were met in the last 12 months.
- The percent of babies born in San Diego county with low birth weight, or less than 5 ½ pounds, was 6.1% in 2003. The number of low weight births was 2,782.
- Based on the HHS San Diego Immunization Program Survey in 2003, 88.9% of young children were adequately immunized for their age.

## **PLANNING PROCESS**

In July 2002, the Commission convened the Planning Committee to oversee the development of a request for proposal for a continuum of prevention and early intervention services as the initial stage of the planning process. This Planning Committee included community and County representatives from each of the six HHS regions. The Planning Committee reviewed existing reports, business plans and needs assessments that had been conducted in HHS regions since January 2000. Additional data was gathered countywide through 13 community conversations and a focus group with the current CWS contractors.

Based on their review, the Planning Committee recommended combining the PSSF Program with two additional contracted CWS programs Family Support Services Continuum and Kinship Support Services Program. Family Support Services Continuum contracts included early intervention and prevention services to assist at risk families and family intervention services for families reunifying with children placed in out-of-home care. Kinship Support Services Program provided services to maintain the placement of children with relatives, thereby stabilizing placements and/or preventing children from entering the foster care system. All three of these programs served overlapping target populations with similar service needs. In order to blend the services for these three contract groups, Board authority was obtained on January 28, 2003, to extend the PSSF contracts for an additional year so all three groups of contracts would terminate simultaneously on June 30, 2004. This additional year also provided the time needed for the Commission to seek further community input to define a continuum of child welfare support services.

For the second stage of the planning process, in February 2003, the Commission and Child Welfare Services staff completed a comprehensive review of the three contract groups. This review concluded that a comprehensive strategy for a continuum of support services was needed. In July 2003, additional countywide planning meetings facilitated by the San Diego State University Foundation (Foundation) were held with key stakeholders, community members and consumers to define a continuum of support

services that will match the needs of our communities. The Foundation's planning activities also included the development of a Mission, Vision and Guiding Principles that have become the driving force in developing the new CSF Program. The plan entitled "Child Welfare Services Redesign: Guiding the Process for a New Service Delivery System in San Diego County" provides a road map for the development of a coordinated continuum of services with the goals of reducing duplication, maximizing resources and identifying outcomes. This plan was the foundation for the development of the request for proposals for new contracts utilizing CAPIT/CBFR and PSSF funding.

In October 2003, the third stage of the planning process was concluded when the Commission approved the Foundation's report that included a road map for a continuum of support services that provided early intervention, prevention and reunification services, with specialized services for kinship and foster families. In order to implement this continuum of services, a County workgroup was convened to develop the Performance Work Statement for this competitive solicitation. Members of the workgroup included County staff from HHSA CWS (representing all six regions), Strategy and Planning; and Commission on Children, Youth and Families; and Purchasing and Contracting. The objectives of child safety, child well-being, stable living environments, permanency, and development of community involvement were based on priorities set by the County Strategic Plan and the C-CFSR (also known as Assembly Bill 636). The workgroup clearly defined the objectives for implementation in our community and provided a measurement tool for these contracts. The new contracts were to be called "Community Services for Families" and the Board of Supervisors approved the competitive solicitation on February 10, 2004.

The primary focus of CSF is to provide a continuum of child welfare support services to assist at risk families in providing safe and stable homes for their children. The continuum will:

- Support collaboration in culturally sensitive, neighborhood-based sites,
- Reduce duplication of services,
- Utilize all available resources efficiently, and
- Maximize all available revenues.

High priority has been given to:

- Collaboration with community partners as subcontractors and referral sources,
- Development and support of regional collaboratives,
- Community capacity building by identifying and training community leaders and increasing family involvement, and
- Assisting CWS in recruiting and retaining neighborhood-based foster parents to ensure that children requiring out of home care continue to live in their own neighborhoods and stay connected to their school, family and support system.

A fourth stage of the planning process gathered additional Community Assessment process which took place between January and June 2005. This stage of the planning process included a survey, a series of community dialogues, and consumer focus groups. The purpose of each of these steps was to engage the community to participate in the planning process and to gain more in depth information on the unmet needs in San Diego

county by gathering input from a diverse group of stakeholders. This information will be utilized in the ongoing improvement activities for CSF and other contracted services.

The first part of this stage was to develop a survey for providers and consumers. The survey was developed in cooperation with the San Diego Association of Governments, County of San Diego Probation Department, and HHSA. Providers and consumers could complete the English or Spanish version of the survey either by filling out the hard copy or online. Survey questions focused on challenges for youth and families in the community, and service needs and gaps. A copy of the survey and the survey results analysis is provided as Attachment K.

Beginning in February 2005, community dialogues were held in six different geographic regions of the county in connection with existing collaborative networks. Participants of these community dialogues were primarily service providers or County employees. At each of these sessions, participants were asked to provide more detailed responses on strengths, challenges, and gaps in their communities. The results of the community dialogues are summarized in Attachment K.

Focus groups were then convened to gain the participation of families and consumers of services. The Commission partnered with the Family & Youth Roundtable of San Diego County (FYRT) for these focus groups. FYRT is a family organization whose mission is to advance excellence in the public child, youth and family service systems through an independent network of youth and families. Their primary objective is to promote the family and youth voice. In order to get the most relevant and candid information from focus groups, having FYRT facilitate the focus groups was essential. CSF contractors assisted by arranging easily accessible locations and identifying focus group participants. Five focus groups were conducted in English and Spanish in the different geographic regions of the county. Family members participating in the focus groups had a diverse range of experiences with public systems and provided their perspective on community challenges, what is working well in their communities and where they see gaps in programs and services. The results of the focus groups are summarized in Attachment K.

In analyzing the results of the community dialogues and focus groups, there were several recurring themes. When discussing barriers or challenges that youth and families in our communities are facing several topics continually emerged: housing, transportation, health care, education, and poverty. In the area of service needs and gaps, the most commonly discussed items at focus groups and community dialogues were: affordable housing, counseling and mental health services, affordable health care, education and school-related services.

## **DESCRIPTION OF SERVICES**

The CSF contracts provide a continuum of support services for families at risk of child abuse or neglect. The CSF contracts are funded by blending funds from federal, state and county sources including PSSF, CAPIT, Children's Trust Fund, CBCAP, CWS, County Treasurer Funds, Kinship Support Services Program, and Title III-E. Blending funding promotes our ability to avoid duplication of services, ensure optimum prevention service

utilization and maximize funding. CSF was designed to provide a continuum of services, including the previously unmet needs and special needs of children (ages 0-18 years) and their families. All children entering the child welfare services out of home care system receive a developmental evaluation through the Children's Hospital Developmental Screening and Evaluation Program which then refers special needs children to CSF as priority referrals. The continuum eliminates multiple agencies providing the same services, ensures families receive the services they need by utilizing funding to cover current gaps in services and maximizes the amount of services provided with available funding.

To ensure that families receive optimum prevention services, wherever they reside in the county, countywide CSF staff utilize standardized intake and assessment tools, participate in countywide staff trainings and provide an approved parent education curriculum to families. Services are provided when families are available and wish to receive services. This requires that the contractor provide services in the evenings and/or on weekends. Families are encouraged to see CSF as a long-term resource in their community so that they know how to access services for their future needs for prevention services and can eliminate entry into the child welfare system.

CSF services include the following continuum of service delivery:

- Primary prevention is provided through family preservation services that assist children and families to resolve crises, connect with necessary and appropriate services and remain safely together in their homes. County staff, community providers, educators, medical providers, law enforcement, other key stakeholders, and community members make this type of prevention referral.
- Secondary prevention is provided through family support services that enhance parents' ability to create stable and nurturing home environments that promote healthy child development, avoid unnecessary out-of-home placement of children and help children already in out-of-home care to be returned to and be maintained with their families or in another planned, permanent living arrangement. This type of referral is made primarily by County staff for services to families that are receiving child welfare services through a voluntary contract that is designed to allow children to remain in their own homes or who are preparing to reunify or have reunified and need prevention services to ensure that children are safe and do not enter or re-enter the child welfare system.
- PSSF funds for time-limited reunification services are utilized to fund contracted services for Supervised Family Visitation Centers for families with court-ordered supervised visitations.
- PSSF funds the Adoption Support Services Program contracted services that provide adoptive families with support groups for all family members, counseling, training, and other needed services.

Referrals are prioritized in the following order:

- Families with a child welfare services reunification or maintenance case plan (highest risk)
- Families with a child welfare services voluntary case plan (moderate risk)

- Families referred by child welfare services as needing prevention services (low risk)
- Families referred by subcontractors who have identified the family's support service needs through services not provided by CSF
- Families referred by community partners who have identified the family's support services needs through services not provided by CSF (includes law enforcement, schools, faith communities, medical entities, etc.)
- Self-referrals

CSF services include:

- Case management – contractor provides case management services for a specified number of unduplicated families, utilizing a family strengths and family participation model.
- Parenting education – contractor provides parent education classes and ensures a specified number of unduplicated parents/caregivers complete a 12-week cycle of parent education classes. Contractors utilize a countywide, County approved, curriculum for families with a CWS case plan. They utilize specialized curriculums and training for kinship and guardianship families, families with special needs children, adolescents, and other issues defined by the families receiving services.
- Other support services - contractors provide specialized services for kinship and foster families, support groups, literacy services, mentoring, tutoring, emergency funds, recreation activities, individual and group short-term therapy, transportation and housing assistance.

The process of determining the most effective utilization of these funds was an integral part of the planning process for supporting a comprehensive continuum of care for San Diego county families. The planning process included an evaluation of existing initiatives, the new Family-Centered, Neighborhood-Based Initiative and other proposed services. The funds are allocated to contracted services that support the Title IV-B federal outcomes. The collaborative model for the CSF contracts ensures dollars are leveraged through referrals of clients to other services when appropriate. Because of the long-term collaborative focus of the County social services system, HHSa CWS staff and non-profit entities have well-established referral networks. CWS staff makes referrals to a range of contracted and private services that provide a continuum of care for the County's children. Providers of CSF services have linkages to innovative initiatives developed by the County such as: Substance Abuse Recovery Management System that provides intensive case management services to drug dependent parents who wish to reunify with their children, and Children's Mental Health Initiative that utilizes the wraparound model to support children and families. To provide a continuum of services for families and children it will be necessary to utilize all available funding streams including CAPIT, CBCAP, CWS, PSSF and the Children's Trust Fund.

## **COMPETITIVE BID PROCESS AND ALLOCATION**

In order to implement this continuum of services, a County workgroup was convened to develop the Performance Work Statement for this competitive solicitation. Members of

the workgroup included County staff from HHSA CWS (representing all six regions), Strategy and Planning, and Commission on Children, Youth and Families; and Purchasing and Contracting. The outcomes of child safety, child well-being, stable living environments, permanency, and development of community involvement were based on priorities set by the community in the Commission Plan, the County Strategic Plan and the C-CFSR (also known as Assembly Bill 636). The workgroup clearly defined the CSF objectives listed above for implementation in our community and provided a measurement tool for these contracts.

The 18-month planning process resulted in a Request for Proposals (RFP) to provide a continuum of support services that were named “Community Services for Families.” CSF contracts are performance-based, outcome-driven and support national, state and community initiatives. Responses to the RFP had to demonstrate that the continuum of services would be provided by a community-based collaborative that was composed of a lead non-profit agency, subcontractors and community-based partners such as education, law enforcement, faith communities, drug treatment programs, and grassroots organizations. The RFP also required a plan for ongoing expansion and strengthening of the collaborative entity, and activities to identify and train community leaders in high-risk neighborhoods. Applicants were required to submit letters of reference regarding their ability and successful history providing child abuse and neglect prevention services. County staffs that are technical experts for the Source Selection Committee (SSC) also provided information on the applicant’s success in meeting their contractual requirements in current contracts that provide child abuse and neglect prevention services. A new part of the SSC process was the oral interview where each applicant was provided with the opportunity to respond to two case vignettes by bringing in a group of their collaborative partners and explaining the process by which the needs of the family in the vignette would be met.

Contracts were awarded to the applicants who scored highest on the SSC evaluation tool. The oral interviews and responses to each required aspect of the RFP were weighted and scored independently by members of the SSC. The SSC members then discussed their scores and agreed upon a fair score for each item being evaluated. There was a SSC in each of the six County regions that was composed of regional staff and regional subject matter experts. These SSC made recommendations to the countywide SSC that was composed of regional general managers, assistant deputy directors and the executive director of the Commission on Children, Youth and Families. Final recommendations were made to the director of HHSA, who is the Source Selection Authority and makes the final award decisions.

All CSF contractors are required to use the same database. A Web-based database, ServicePoint, was mutually agreed upon with one agency receiving funding and assuming responsibility for purchasing the database and providing the system administrator support.

Technical assistance is provided through the County manager and contract monitor assigned to provide over sight of CSF. Meetings are held with CSF directors and



managers six to eight times each contract year to resolve issues, share successes and discuss how to eliminate barriers to successful provision of services. The CWS assistant deputy director and manager meet four to six times annually with the CSF executive directors and directors to resolve issues and discuss future plans and expansion of services.

Trainings are provided through a contractual requirement that each of the six regional CSF contractors annually provide a minimum half day training for all CSF direct services staff countywide (approximately 120 staff). The CSF managers and County regional staff assess the training needs of the direct service staff and agree upon a training schedule. Each agency is allowed to bill for an additional 36 hours of annual training per direct service staff based on individualized needs. Direct service staff is also required to have regularly scheduled individual and group supervision by an experienced supervisor with a Master's degree in social work or a closely related field.

## **USE OF FUNDS**

The County follows State guidelines in developing the Performance Work Statement for contracted services utilizing these funds. For CAPIT, CBCAP and PSSF, the County has developed a continuum of services through the CSF contracts. PSSF funds are also utilized as follows: 20% is used to support adoptive families through support groups, respite and counseling, and for targeted adoption recruitment; and 20% is used to support time-limited reunification services provided at Supervised Family Visitation Centers. In addition to these funds, State Kinship Grant dollars are leveraged to provide additional support services to kinship families per State guidelines.

## **PROGRAM COMBINATION**

Beginning in 2002, the Commission, HHSA, community providers, and family partners began examining the current service delivery model in a four-phase process that included many community conversations. The purpose was to create a system of services and community supports for at risk families. This Plan not only describes the integration of child abuse funds for early intervention and prevention services but also provides the blueprint for neighborhood-based services for children and families. A key component is a model that is seamless to families by providing one point of entry in every region of the county. This results in families getting the timely services they need, delivered in a culturally sensitive manner.

## **GOALS AND OUTCOMES/EVALUATION**

Five objectives have been established for the CSF program. The objectives support the County's Strategic Initiatives for Kids, and Safe and Livable Communities, CWS Family to Family Initiative, HHSA Regional Initiatives and Business Plans, and State Child Welfare Services C-CFSR requirements. The objectives are child safety, child well-being, stable living environments, permanency, and development of community involvement.

### Child Safety Objectives

- No subsequent, substantiated referral to the Child Abuse Hotline

- Understand how to select safe, and appropriate childcare, how to meet a child's basic needs and the importance of using alternative discipline methods
- Receive treatment and support services for domestic violence prevention

#### Child Well-Being Objectives

- All eligible children will have a health insurance application completed and submitted, and maintain their coverage
- Children will receive well child visits, per the CHDP guidelines, and will have a medical home
- Children, ages birth to five years, will be current with their immunizations

#### Child Development and School Readiness

- Understand appropriate child development for their child and their role in preparing their child for school readiness
- Understand the importance of nutrition and danger of childhood obesity
- Male caregivers will demonstrate increased involvement in their child(ren)'s development and education

#### Stable Living Environment Objective

- Placement disruptions will be reduced in all out-of-home care and in voluntary kinship placements
- Foster and kinship caregivers will receive support services to reduce stress

#### Permanency Objective

- Children reunifying with their families will not re-enter foster care
- Children assessed as being at risk of current placement disruption in adoptive, guardianship or another permanent planned living arrangement will continue to reside with the family

#### Development of Community Involvement

- Develop and/or support community collaboratives
- Identify and train clients to become community leaders
- Identify and support prospective foster parents

#### Engagement Outcomes include:

- Training staff to provide services in a manner that ensures that families will develop trust in the staff
- Providing services in neighborhoods at sites that are convenient for families
- Creating a welcoming environment at program activities
- Utilizing voluntary programs such as support groups and family nights

Outcomes for each of the objectives were developed to support:

- County of San Diego's Strategic Initiatives for Kids, and Safe and Livable Communities;
- HHS Strategic Initiatives to improve child health, increase access to health insurance coverage, address childhood obesity, and reduce child abuse and neglect;
- C-CFSR outcomes related to preventing referrals to the Child Abuse Hotline, permanency and safety in foster care placements and reducing subsequent removals of children after they are reunified with their families;

- Family to Family Initiative priorities for expanding the capacity of communities to protect their own children including developing new foster homes in their communities so children who need out-of-home care can continue to reside in their own community, continue to attend the same school and stay connected to their support system;
- Regional Initiatives and Strategic Plans were utilized to develop region specific outcomes to ensure CSF supports and enhances services specifically designed to meet the needs of families in diverse communities such as rural mountain and desert communities, 18 Native American reservations, densely populated suburban and urban communities, and military housing.

Short-term outcomes reflect changes in knowledge, attitudes, skills and aspirations of participants within a relatively short period of time. Examples of short-term outcomes include:

- Increased knowledge of appropriate child development and the parent's role in preparing their child for school readiness
- Importance of nutrition and danger of childhood obesity
- Importance of using alternative discipline methods
- How to select safe, appropriate childcare

Intermediate outcomes are primarily changes in applied skills and behavior. Examples of intermediate outcomes include:

- Increased uses of positive discipline skills
- Improvement in school grades
- Completion of health insurance applications and maintenance of health insurance coverage

Long-term outcomes are broad statements reflecting long-term changes, primarily in status and conditions (sometimes called goals or impacts). Examples of long-term outcomes include:

- Establishment of safe, supportive family environments
- Decrease in the incidence of child abuse and neglect
- Decrease in substance abuse
- Increase in family income
- Decrease in the incidence of teenage pregnancy

## **QUALITY ASSURANCE MANAGEMENT**

HHSA CWS Program and Policy Support Division administers the CSF contracts. Program and Policy Support Division uses a formal monitoring system that includes assigning a contract monitor to serve as the contractor's primary contact and provide technical assistance to help ensure contracted goals/objectives are achieved. The contract monitor conducts monthly site visits to the contractors' project sites to discuss contract status, fiscal desk review of the contractor's claiming/invoicing process, review of files for determination of provided services, site visits to observe operations, ride-a-longs to observe first hand home visits. Contract monitors also determine if and when corrective

actions are needed for contractors. Contractors are required to submit monthly progress reports describing progress, deliverables, and achievements. Contract monitors routinely validate samplings of the information reported by contractors and randomly review selected client satisfaction surveys completed by service recipients.

The County manager for CSF reports to the CAPC at their monthly meetings regarding the successes and barriers encountered by the CSF programs and to seek input from the CAPC community members regarding unmet needs and new resources that can be leveraged or included in the CSF collaboratives. Contract managers and supervisors regularly attend the meetings and are members of the CAPC Steering Committee.

Contractors serve a diverse group of families and they are contractually required to offer each family the opportunity to anonymously complete a client satisfaction survey, which is then reviewed and included in an annual report to the County on the results of the surveys and any suggestions for improvement to the existing services.

## **COUNTY REPORTING**

CSF contractors are all required to use the same Web-based database system, ServicePoint. This database system captures client information ranging from basic demographic information to the cost and funding source for services received. The aggregation of all this information will be readily available for analysis and program evaluation. Specifically, this centralized database will be used to generate the CSF Monthly Report, and the Annual State CAPIT Report. The system comes with a robust reporting tool that will facilitate ad-hoc report creation on demand. The information collected in the database can be used to identify gaps in service, track the success rates of programs and audit the effectiveness of grant monies.

In addition, the contractors will have a client management tool to keep track of services provided, referrals issued and goals identified. ServicePoint will enable agencies to track the progress of clients from initial contact through program completion. This ability to manage their own information greatly improves each agency's efficacy in helping their target populations.

## **FISCAL/ADMINISTRATIVE**

CSF contractors are all required to use the same Web-based database. Capacity is built into the database to calculate hours of billable services at the fixed unit price.

The expenditure budget is allocated among the six HHSA regions based on the federal PSSF funding formula giving equal weight to the number of children residing in each region ages 0-18 years and the number of families living below the poverty level.

Each contractor allocates funding for staff training. Wraparound funding is utilized for consumer training and training for County liaison staff is funded through the County. Other community resources are also leveraged for consumer training and contractors have a fixed unit price for providing consumer training as specialized training needs are identified.

## **ATTACHMENTS**

- A. RESOLUTION - County of San Diego Three-Year Plan and Application for the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention, and Promoting Safe and Stable Families Programs.
- B. Notice of Intent Form
- C. Plan Requirement - Attachment C1
- D. RESOLUTION –Approval of Commission on Children, Youth and Families Assuming Duties of the Local Child Abuse Prevention Council
- E. Letter from Director Approving Plan
- F. CBCAP Annual Report Matrix for 04-05
- G. San Diego County Commission on Children, Youth and Families By-laws
- H. San Diego County Child and Family Health & Well-Being 2004 Report Card - Executive Summary
- I. San Diego County Commission on Children, Youth and Families Membership Roster
- J. Planning Team Rosters
- K. Youth, Family and Community Survey, Youth, Family and Community Survey Final Results, and Community Assessment Comparison Tables

**ATTACHMENT A**

**RESOLUTION**

**County of San Diego Three-Year Plan and Application for the  
Child Abuse Prevention, Intervention and Treatment,  
Community Based Child Abuse Prevention, and  
Promoting Safe and Stable Families Programs**

**RESOLUTION 05-174**

**County of San Diego Three-Year Plan and Application for the  
Child Abuse Prevention, Intervention and Treatment,  
Community Based Child Abuse Prevention, and  
Promoting Safe and Stable Families Programs**

**WHEREAS**, the County of San Diego has responsibility to protect children from abuse and neglect, and

**WHEREAS**, the California Department of Social Services, Office of Child Abuse Prevention makes available State revenue under the Child Abuse Prevention, Intervention and Treatment program, and

**WHEREAS**, the Office of Child Abuse Prevention allocates federal revenue under the Community Based Child Abuse Prevention and Promoting Safe and Stable Families programs, and

**WHEREAS**, the Board of Supervisors of the County of San Diego has determined that there is a need for child abuse prevention services to strengthen the effectiveness of the Community Services for Families Continuum, which integrates County child abuse prevention and intervention programs and services, and

**WHEREAS**, revenue received under the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention and Promoting Safe and Stable Families, assists the County of San Diego to achieve goals outlined in the Self-Sufficiency Initiative of the Fiscal Year 2001-06 Strategic Plan, and

**WHEREAS**, the Health and Human Services Agency will administer revenue and contracts that provide services funded by the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention and Promoting Safe and Stable Families programs, and

**WHEREAS**, the San Diego County Commission on Children, Youth and Families and the Health and Human Services Agency, have developed a Three-Year Plan and Application for funding under the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention and Promoting Safe and Stable Families programs for Fiscal Years 2005-06, 2006-07, and 2007-08, and

**WHEREAS**, the Three-Year Plan meets the requirements specified by the California Department of Social Services, Office of Child Abuse Prevention, and is approved by the Board of Supervisors;

**BE IT RESOLVED** that the Board of Supervisors of the County of San Diego approves the Three-Year Plan and Application and authorizes the Health and Human Services Agency to submit the County of San Diego's Three-Year Plan and Application to the California Department of Social Services, Office of Child Abuse Prevention.

APPROVED AS TO FORM AND LEGALITY  
COUNTY COUNSEL

BY   
COUNTY COUNSEL

ON MOTION of Supervisor Jacob, seconded by Supervisor Cox, the above Resolution was passed and adopted by the Board of Supervisors, County of San Diego, State of California, on this 20<sup>th</sup> day of September, 2005, by the following vote:

AYES: Cox, Jacob, Slater-Price, Horn

ABSENT: Roberts

STATE OF CALIFORNIA)  
County of San Diego)<sup>SS</sup>

I hereby certify that the foregoing is a full, true and correct copy of the Original Resolution entered in the Minutes of the Board of Supervisors.

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By: Nancy Vizcarra  
Nancy Vizcarra, Deputy



No. 05-174

09/20/05 (8)



**ATTACHMENT B**

**Notice of Intent Form**

NOTICE OF INTENT FOR SAN DIEGO COUNTY  
(SFY 2005 – 2008)

The undersigned agrees that the county intends to contract or not contract with public or private nonprofit agencies to provide service, in accordance with Welfare and Institutions Code (W&I C) Article 4 (Section 18960, et. seq.) and family support services, in accordance with W&I C, Section 16600, et.seq.

In addition, the undersigned assures that allocations made by the County under the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention, and Promoting Safe and Stable Families (supportive services) Programs will be used in the development, implementation, expansion or enhancement of a local network of child abuse prevention programs.

**Please check the appropriate box.**

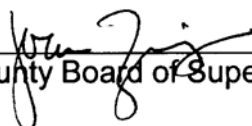
The County intends to contract with public or private nonprofit agencies to provide primary prevention services.

The County does not intend to contract with public or private nonprofit agencies to provide primary prevention services.

The County Board of Supervisors designates Health and Human Services Agency as the public agency to administer the combined Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention, and Promoting Safe and Stable Families (supportive services) Programs. Co-Agencies may be designated, if deemed beneficial by the Board. **Note: W&I C, Section 16602 (b) requires that the local Welfare Department shall administer the PSSF program.**

In order to receive funding effective July 1, 2005, please sign and return the Notice of Intent within sixty (60) days of the date CDSS County Fiscal Letters (CFL) provide CAPIT and/or PSSF county planning or final allocations. (County CBCAP allocations will be released by OCAP under separate cover, as a lump sum, for deposit to the County Children’s Trust Fund). Notices of Intent must be forwarded to:

California Department of Social Services  
Office of Child Abuse Prevention  
744 P Street, MS 11-82  
Sacramento, California 95814

  
County Board of Supervisors Authorized Signature

JOAN ZWSG2

9-29-05  
Date

Deputy Director, HHS&A  
Title

**ATTACHMENT C**

Funding Example Attachment C1

**Funding Example (Combined Plan Summary Option)**

Reference **ACL xxx**

CAPIT/CBCAP/PSSF Service Goals/Outcomes and Expenditure Plan Summary

COUNTY San Diego

**INSTRUCTIONS:** Please provide the following requested information.

Check box designating a report for CAPIT, CBCAP, or PSSF.

**A combined report must state a percentile by program, equal to the county's allocation.**

Liaison Diane Ferreira, Program Manager  
 Phone No. (858) 694-5272  
 Co-Liaison Roseann Myers  
 Phone No. (858) 514-4616  
 Date September 1, 2005

CAPIT                       CBCAP   
 PSSF

		PROJECTED GOALS				ACTUAL OUTCOMES				
SERVICES and SERVICE PROVIDERS	*Funding(\$)/ Percent of funding									
Provider 1 Community Services for Families	CAPIT \$732,864/89% CBCAP \$50,000/48% PSSF \$1,584,097/ 59%	Pursuant to the required RFP for San Diego County , the County's \$3,671,495 allocation (CAPIT @ \$868,404; CBCAP @ \$103,442; and PSSF \$2,699,649) was awarded as follows:  Provider 1 Community Services for Families (Home Visitation, Parent Education, Specialized Parent Training, Support Groups, Wraparound Funds)								
Provider 2 Supervised Family Visitation Centers	PSSF \$575,622/21%	Provider 2 Supervised Family Visitation Centers (Court ordered supervised visitations)								
Provider 3 Adoption Support Services	PSSF \$450,000/6.7%	Provider 3 Adoption Support Services (support groups, respite, counseling)								
Provider 4 Adoptions Recruitment	PSSF \$89,930/3.3%	Provider 4 Adoptions Recruitment (media recruitment)								
Child Abuse Prevention Council and PHN	CAPIT \$30,000/3.6% \$15,000/1.7%	County Child Abuse Prevention Council (community trainings) Public Health Nurse – (access to medical home)s								
<b>TOTALS</b>	\$3,537,513/ 90.3%									

\* Equal to County's annual PSSF/CAPIT/CBCAP allocation less administrative costs (up to 10%).

**ATTACHMENT D**

**RESOLUTION –Approval of Commission on Children, Youth and Families  
Assuming Duties of the Local Child Abuse Prevention Council**

Approval of Commission on Children, Youth and Families Assuming Duties  
of the Local Child Abuse Prevention Council

**WHEREAS**, the San Diego Community Child Abuse Coordinating Council, a non-profit corporation, presently functions as the local child abuse prevention council in San Diego County, as provided for by California Welfare and Institutions Code Section 18982 and related sections; and

**WHEREAS**, an analysis by the Office of Child Abuse Prevention and the San Diego Community Child Abuse Coordinating Council has shown that the majority of specific functions required of a local child abuse prevention council by the Welfare and Institutions Code are presently being performed by the County of San Diego Commission on Children, Youth and Families, and

**WHEREAS**, the Commission on Children, Youth and Families is a multi-disciplinary advisory board that was established by the Board of Supervisors to advise the Board on the entire range of issues concerning children, youth and families; and

**WHEREAS**, the Commission on Children, Youth and Families takes a leadership role in identifying and addressing the needs of children, youth, and families who are in the public charge and/or whose safety and welfare may be at risk; and

**WHEREAS**, the San Diego Community Child Abuse Coordinating Council would be greatly strengthened if it were established as a standing committee of the Commission on Children, Youth and Families rather than continuing as a separate entity;

**BE IT RESOLVED** that the Board of Supervisors of the County of San Diego authorizes the County of San Diego Commission on Children, Youth and Families to undertake the functions of a local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982 and related sections, including matters related to the Children's Trust Fund, and establish a standing committee, titled Child Abuse Prevention Coordinating Committee, to assist the Commission as a whole in exercising those functions.

PASSED AND ADOPTED by the Board of Supervisors of the County of San Diego, State of California, this 26th day of February, 2002 by the following vote:

AYES: Cox, Jacob, Slater, Horn  
ABSENT: Roberts

APPROVED AS TOP FORM AND LEGALITY  
COUNTY COUNSEL

BY   
SENIOR DEPUTY


ON MOTION of Supervisor Horn, seconded by Supervisor Jacob, the Board of Supervisors adopted the foregoing Resolution.

- - -

STATE OF CALIFORNIA)  
County of San Diego)<sup>ss</sup>

I hereby certify that the foregoing is a full, true and correct copy of the Original Resolution entered in the Minutes of the Board of Supervisors.

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By   
Lixya Preston de Silva, Deputy



Resolution No. 02-36  
2/12/02 (21)

**ATTACHMENT E**

**Letter from HHS Director Accepting the Plan**





## County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417

(619) 515-6555 • FAX (619) 515-6556

JEAN M. SHEPARD  
DIRECTOR

September 20, 2005

Mark Wong  
California Department of Social Services  
Office of Child Abuse Prevention  
744 P Street, MS 1982  
Sacramento, CA 95814

Dear Mr. Wong:

The San Diego County Commission on Children, Youth and Families has developed a 2005-2008 Plan and Application for continued funding under the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention and Promoting Safe and Stable Families program. The Plan supports and strengthens child abuse prevention systems presently operating in each of the Health and Human Services Agency's six geographic service regions. The Plan is consistent with the County Strategic Plan "Kids" initiative, which emphasizes improving opportunities for children and the vision of the Community Services for Families contracts.

The 2005-2008 Plan and Application has my full approval. I thank the California Department of Social Services, Office of Child Abuse Prevention, for strong leadership toward the goals outlined in the Plan. Pursuit of these goals will maximize service benefits for children and families by making the best possible use of our resources, including the funding provided to the County of San Diego under these programs.

If you have any questions, please call Roseann Myers, Executive Director, Commission on Children, Youth and Families at (858) 514-4616.

Sincerely,

JEAN M. SHEPARD  
Director

JMS/kl

**ATTACHMENT F**

**CBCAP Annual Report Matrix for 04-05**

**COUNTY**

**Community Based Child Abuse Prevention (CBCAP) Annual Report Matrix**

<p><b><u>SERVICES</u></b>          Provide an inventory and description of core and optional services</p>	<p>Contracted support services fro families include the following continuum of service delivery:  <u><b>CORE/Primary Prevention</b></u> - Is provided through Family Preservation services that assist children and families to resolve crises, connect with necessary and appropriate services, and remain safely together in their homes. This type of prevention referral is made by County staff, community providers, educators, medical providers, law enforcement, other key stakeholders and community members.  <u><b>CORE/Secondary Prevention</b></u> - Is provided through Family Support services that enhance parents' ability to create stable and nurturing home environments that promote healthy child development, avoid unnecessary out-of-home placement of children and help children already in out-of-home care to be returned to and be maintained with their families or in another planned, permanent living arrangement. This type of referral is made primarily by County staff for services to families that are receiving child welfare services through a voluntary contract that is designed to allow children to remain in their own homes or who are preparing to reunify or have reunified and need prevention services to ensure that children are safe and do not enter or reenter the child welfare system.  <u>Time-limited Reunification</u> services are provided through Supervised Family Visitation Centers for families with court-ordered supervised visitations.  <u>Adoption Support Services</u> are provided to adoptive families through support groups for all family members, counseling, training and other needed services.  <u><b>OPTIONAL/Support Services</b></u> – Include specialized services for kinship and foster families, support groups, literacy services, mentoring, tutoring, emergency fund, recreation activities, individual and group short-term therapy, transportation and housing assistance, through direct provision of services, sub-contacting services and/or referrals to community partners.</p>
<p><b><u>PARENT/FAMILY INVOLVEMENT</u></b>          Describe how parents/families are involved in the design, operation, and evaluation of programs</p>	<p>Parents/families are involved in all planning processes and needs assessments through focus groups and community conversations. Many of these activities are facilitated by the Family and Youth roundtable through trained youth and adult family members. All families that receive support services are also invited to complete a customer satisfaction survey which is evaluated and reported to the County.</p>

ATTACHMENT F

<p><b><u>NEW/EXPANDED SERVICES BASED ON UNMET NEEDS</u></b>          Describe the establishment of new respite care and other specific new family resource services and the expansion of existing services that address the unmet needs identified by the inventory.</p>	<p>Services were expanded to address unmet health needs of children include ensuring that all eligible children have health insurance. This is accomplished by assisting the families to:</p> <ul style="list-style-type: none"> <li>• Completing the application/paperwork to receive health insurance,</li> <li>• Providing clients with information on health insurance (Medical, Healthy Families, etc.)</li> <li>• Referring them to a Certified Applicant Assistant, assist in making an appointment with a CAA,</li> <li>• Accompanying to the appointment with the CAA,</li> <li>• Follow up with CAA to ensure that client kept the interview and complete application process.</li> </ul> <p>Wraparound and emergency funds assist families with a range of needs, including food, housing, transportation, recreation and educational activities and other needs as assessed by the families.</p> <p>All children entering the child welfare services out of home care system receive a developmental evaluation through the Children's Hospital Developmental Screening and Evaluation Program (DSEP) which then refers special needs children to CSF as priority referrals.</p> <p>Services are provided for 60 year and older kinship caregivers include respite, information on how to access services and caregiver support groups.</p>
<p><b><u>CONSUMER SATISFACTION</u></b>          Describe how family satisfaction with services is measured</p>	<p>Contractors administer client satisfaction surveys to clients who have used their services and report survey results to the County. The information is then reviewed to determine what if any changes need to be made which would improve program services.</p>
<p><b><u>INNOVATIVE FUNDING/INTERDISCIPLINARY SERVICES</u></b>          Include information and documentation demonstrating the establishment or maintenance of innovative funding mechanism at the county level that blend Federal, state, local, private funds for the development, operation, expansion and enhancement of countywide network of prevention programs; Identify how county provided innovative, interdisciplinary services</p>	<p>Contracts are funded by blending funds from Federal, State and County sources, including PSSF, CAPIT, Children's Trust Fund, CBCAP, CWS, County Treasurer Funds, Kinship Support Services Program and Title III-E. Blending funding promotes our ability to avoid duplication of services, ensure optimum prevention service utilization and maximize funding. The continuum eliminates multiple agencies providing the same type of services, ensures that families receive the services they need by utilizing funding to cover current gaps in services and maximizes the amount of services that can be provided with available funding.</p>

**ATTACHMENT G**

**San Diego County Commission on Children, Youth and Families  
By-laws**

## **ARTICLE 1      PURPOSE AND AUTHORITY**

- Section A**    The San Diego County Commission on Children, Youth and Families is established by County Administrative Code Article IIIo Sections 84.90 through 84.99.2 by Ordinance No.7226, referred to hereafter as the Commission.
- Section B**    The purpose of the Commission as set forth in the Administrative Code is to advise the Board of Supervisors as well as the Chief Administrative Officer in matters within its duties and responsibilities as related to identifying and addressing the needs of children, youth and families.
- Section C**    The Commission is a nonpartisan, non-sectarian, non-profit making organization. It does not take part officially in, nor does it lend its influence to any political issues.
- Section D**    The Commission is advisory to the Board of Supervisors and the Chief Administrative Officer only. The Commission is not empowered by ordinance, establishing authority or policy to render a decision of any kind on behalf of the County of San Diego or its appointed or elected officials.

## **ARTICLE 2      MEMBERSHIP AND TERM OF OFFICE**

- Section A**    Membership, selection and appointment are set forth in the County Administrative Code Sections 84.91 and 84.92.
- Section B**    Commission membership is limited to twenty-six (26) members in accordance with County Administrative Code Section 84.91 (a) through (c).  
  
Membership is limited to seventeen (17) members according to the purposes and requirements set forth in County Administrative Code Section 84.91 (d) and (e). The Commission shall nominate special members as prescribed under this Section for Board of Supervisors confirmation.
- Section C**    Commission member's term of office is set forth in the County Administrative Code Section 84.93.
- Section D**    The filling of vacancies is set forth in the County Administrative Code Section 84.94.

## **ARTICLE 3      DUTIES**

The duties and responsibilities of the Commission are set forth in County Administrative Code Section 84.98. These include the specific duties contained in:

- (1) The Welfare and Institutions Code Section 18987 as referenced in the County Administrative Code Section 84.91 (d);

SAN DIEGO COUNTY COMMISSION ON CHILDREN, YOUTH AND FAMILIES  
BY-LAWS

- (2) Title IVB of the Social Security Act, Subpart 2, Family Preservation and Support Program (Omnibus Budget Reconciliation Act of 1993, P. L. 103-66) as referenced in the County Administrative Code Section 84.91 (e); and
- (3) Welfare Institutions Code, Chapter 12.8, Section 18986 as referenced in the County Administrative Code Section 84.91 (e).
- (4) The Welfare and Institutions Code Section 18980-18983.8 as referenced in the County Administrative Code Section 84.96 (d).

**ARTICLE 4      OFFICERS**

- Section A**      The selection of officers is set forth in the County Administrative Code Section 84.95 (a).
- Section B**      If an office is vacated, the Chair will temporarily appoint a member of the Commission to fill the vacancy until a new officer is elected. Such election shall be held at the next possible Commission meeting.
- Section C**      The Chair provides general supervisory guidance to the Commission and presides over its meetings. The Chair assigns coordinating duties to the Vice Chair as necessary. The Chair is the sole spokesperson for the Commission unless this responsibility is delegated in writing.
- Section D**      In the absence of the Chair, the Vice Chair assumes the duties and responsibilities of that office.
- Section E**      The Secretary, or assigned staff, records the minutes of all Commission meetings and handles Commission correspondence as necessary. The Secretary, with the assistance of assigned staff keeps the roll, certifies the presence of a quorum, maintains a list of all active representatives, and keeps records of actions as they occur at each meeting. It is the responsibility of the Commission's Executive Director to assure that posting of meeting notices in a publicly accessible place for 72 hours prior to the Commission meeting occurs, to keep a record of such posting, and to reproduce and distribute the Commission notices and minutes of all meetings.

**ARTICLE 5      COMMITTEES**

- Section A**      The establishment of the Commission's Committee structure is set forth in the County Administrative Code Section 84.96 (a) through (e).
- Section B**      The Commission may select from its membership committee Chairs to carry out the purpose and scope of each committee.
- Section C**      The purpose and scope of each committee shall be outlined in writing and approved by the Commission.
- Section D**      Each Committee Chair shall be responsible for the keeping of records of all actions and reports of the committee, and shall submit these actions and reports to the Commission on a regular basis. A committee Chair shall not act as a spokesperson

ATTACHMENT G

SAN DIEGO COUNTY COMMISSION ON CHILDREN, YOUTH AND FAMILIES  
BY-LAWS

for the Commission unless authorized to do so in writing as set forth in Article 4 Section C of these By-laws.

## **ARTICLE 4 ORGANIZATION PROCEDURES**

- Section A** Robert's Rules of Order govern the operation of the Commission in all cases not covered by these by-laws. The Commission may formulate specific procedural rules or order to govern the conduct of its meeting.
- Section B** All voting by the Commission and its Committees shall be conducted on the basis of one vote per person with no proxy, telephone or absentee voting permitted. Members who have designated an official alternate representative in accordance with County Administrative Code Section 84.91 (f) may have their alternate vote in their absence.
- Section C** All meetings of the Commission and its Committees are open to the public and are to be held in an accessible, public place. Notice of all Commission meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. In addition, such notice will be mailed on request.
- Section D** A quorum is defined in County Administrative Code Section 84.95 (c).



**ATTACHMENT H**

**San Diego County Child and Family  
Health & Well-Being  
2004 Report Card  
Executive Summary**

**San Diego County Child and Family  
Health & Well-Being  
Report Card 2004**



**COUNTY OF SAN DIEGO BOARD OF SUPERVISORS**

**District 1**

Greg Cox

**District 2**

Dianne Jacob, Chairwoman

**District 3**

Pam Slater-Price, Vice Chairwoman

**District 4**

Ron Roberts

**District 5**

Bill Horn

**Chief Administrative Officer**

Walter F. Ekard

**Health and Human Services Agency**

Jean M. Shepard, Director

The Report Card is available in electronic format at [www.sdcountyreportcard.org](http://www.sdcountyreportcard.org)

# EXECUTIVE SUMMARY

The 2004 San Diego County Child and Family Health & Well-Being Report Card is the sixth in an annual series of reports that provides a snapshot of the overall health and well-being of San Diego's children and families. The Report Card is a powerful information and monitoring tool that can be used by policymakers, advocacy organizations, community members and service providers to inform discussions about issues related to the children and families in our community.

In 1998, the County Board of Supervisors initiated the Report Card in order to monitor the health and well-being of children and their families in San Diego County.<sup>1</sup> It is intended that the Report Card's data be used in decision-making processes, including resource allocation decisions, so that efforts to help improve the health and well-being of children are effectively leveraged across public, non-profit and private sectors. In doing this, progress on behalf of children can be achieved and sustained.

The Report Card consists of 30 measures that monitor the overall health and well-being of children and families and are organized around five outcomes:

- Economic Security
- Good Health
- Appropriate Access to Services
- A Safe Environment
- Educational Achievement

A description of the data source, how each measure is calculated, and why it is an important gauge of the overall health and well-being of San Diego County's children and families is included. However, it is beyond the scope of the Report Card to provide a detailed analysis of the multiple factors that influence the trends for each measure.

For the 2004 edition, two previous measures -- High School Dropouts and Stanford-9 Reading Scores -- have been revised to Graduation Rate of High School Seniors and Student Scores on the English Language Arts Test to better align these measures with similar measures commonly used to assess Educational Achievement.

## RESULTS

The following measures show overall improvement over the most recent 3- to 5-year period.

- CalWORKs Assistance
- Births to Teens (Ages 15-17)
- Youth Who Reported Cigarette Use
- Youth Who Reported Alcohol Use
- Immunizations in Young Children (CDC Survey)\*
- Child Abuse/Neglect
- Youth Offenders
- Violent Crime Victimization (Ages 0-11\* and 12-17)
- Unintentional Injury Hospitalizations and Deaths of Children and Youth\*
- Motor Vehicle Injury and Death Due to Alcohol (Ages 0-15) \*
- School Attendance
- Graduation Rate for High School Seniors

The following measures are areas of concern because the trend has been in a negative direction.

- Unemployment
- Youth Who Reported Attempting Suicide\*\*
- Youth Hospitalized for Self-Inflicted, Non-fatal Injuries (Ages 13-18)\*\*
- High School Seniors Taking the SAT

For many measures, the trend has been holding steady and there is little or no indication of change.

- Children in Poverty
- Babies with Low Birth Weight
- Youth Who Reported Marijuana Use
- Access To Childcare
- Immunizations in Young Children (HHSA survey)
- Health Insurance for Children and Youth (United Way survey)
- Reports of Domestic Violence
- Motor Vehicle Injury and Death Due to Alcohol (Ages 16-20)

The following measures are new or revised, so it is too early to determine if there is improvement or not.

- Oral Health (Dental Care Services for Cavity and/or Emergency Treatment)
- Health Insurance for Children and Youth (California Health Interview Survey)
- Student Scores on the English Language Arts Test (Grades 3, 8 and 11)

\* Measure shows "notable" improvement (greater than 5%), but the trend is not statistically significant.

\*\* Measure is "notably" worse (greater than 5%), but the trend is not statistically significant.

**ATTACHMENT I**

**San Diego County Commission on Children, Youth and Families  
Membership Roster**



**ROSTER**  
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**HEALTH & HUMAN SERVICES AGENCY** Jean Shepard (619) 515-6555 (619) 515-6556  
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**Alternate** Nick Macchione (760) 967-4599 (760) 967-4555  
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Health and Human Services Agency  
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**CHILD WELFARE SERVICES** Joan Zinser (858) 694-5790 (858) 694-5475  
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6950 Levant St., MS W-94

**ROSTER**  
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San Diego, CA 92111

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**SHERIFF** Bill Kolender (858) 974-2240 (858) 974-2244  
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San Diego, CA 92123

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**1600 PACIFIC HIGHWAY, MS A-12**  
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**SAN DIEGO COMMUNITY COLLEGE** Constance Carroll, Ph.D. (619) 584-6957 (619) 584-6541  
Chancellor  
San Diego Community College District

**ROSTER**

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<b>COUNTY SCHOOL BOARDS ASSN.</b>	Barbara Ryan Children's Hospital 3020 Children's Way, MC 5090 San Diego, CA 92123	(858) 966-4080	(858) 966-8095
<b>HOUSING &amp; COMMUNITY DEVELOPMENT</b>	Catherine Trout, Director Dept. of Housing & Community Development 3989 Ruffin Rd., MS 0-231 San Diego, CA 92123	(858) 694-8750	(858) 694-4871
<b>Alternate</b>	Dolores Diaz 3989 Ruffin Rd., MS 0-231 San Diego, CA 92123	(858) 694-4804	(858) 694-4871
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San Diego, CA 92123

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 San Diego, CA 92123

**Alternate**

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 San Diego, CA 92123

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DEVELOPMENT  
PLANNING  
COUNCIL**

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 Chairperson (858) 565-4148 (858) 565-4178  
 Social Advocates for Youth  
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CHILDREN**

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**Alternate**

Cindy Charron (858) 569-2019 (858) 569-7151

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Special Members

**OFFICE OF  
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**ROSTER**

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**VICE CHAIR** La Jolla, CA 92093-0831

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 Spring Valley Youth and Family Coalition

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**HHSA N. Coastal** Vacant  
**Region Collab.**  
**Representative**

**HHSA N. Inland** Phil Harris (858) 204-9643 (858) 451-1839  
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**CONSUMER** Donna Ewing Marto (619) 894-2507  
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**COMMISSION STAFF**

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Analyst Jamie Beam  
Secretary Kristen Lowrey  
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**Executive Committee Members:**

**JUDGE SUSAN HUGUENOR, CHAIR**

Vivian Reznik, Vice Chair

Nan D'Anna, Secretary

JoAnne Bushby

Vincent Iaria/Kimberly Broderick

**LYNN NEAULT**

Roseann Myers

Barbara Ryan

**JEAN SHEPARD/NICK MACCHIONE**

**ATTACHMENT J**

**Planning Team Rosters**

## Promoting Safe and Stable Families (PSSF) Planning Team Roster

Name	Organization	Address
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Lorna Kindred	Health and Human Services Agency, Central Region	1255 Imperial Ave., San Diego, CA 92101
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Brad Wiscons	North County Collaboratives	600 E. Valley Pkwy., Escondido, CA 92025
Patty Huerta	Escondido Education Compact	2247 E. Valley Pkwy., Escondido, CA 92027
JoAnne Bushby		1513 Fairglen Rd., El Cajon, CA 92019
Renee Smylie	Health and Human Services Agency, Childrens Services	151 Van Houten, Suite 100, El Cajon, CA 92020
Miryam Choca	Casey Family Programs	3878 Old Town Ave., Suite 100, San Diego, CA 92110

## CWS REDESIGN STEERING COMMITTEE ROSTER

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## CWS REDESIGN STEERING COMMITTEE ROSTER

Name/Title	Agency/Address	Phone	Fax	Email
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<i>Nancy Kail Chief, Policy &amp; Program Support Division</i>	Health & Human Services Agency 6950 Levant St. San Diego, CA 92111	(858) 694-5396	(858) 694-5239	<a href="mailto:kailna@cws.state.ca.us">kailna@cws.state.ca.us</a>
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Lesley McClelland Deputy Chief	Probation 9444 Balboa Ave. 5 <sup>th</sup> Floor San Diego, CA 92123	(858) 514-3118		<a href="mailto:Lesley.McClelland@sdcounty.ca.gov">Lesley.McClelland@sdcounty.ca.gov</a>
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## CWS REDESIGN STEERING COMMITTEE ROSTER

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**CWS REDESIGN STEERING COMMITTEE ROSTER**

<b>Name/Title</b>	<b>Agency/Address</b>	<b>Phone</b>	<b>Fax</b>	<b>Email</b>
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Charles Wilson Executive Director	Chadwick Center – Children’s Hospital 3020 Children’s Way San Diego, CA 92123	(858) 966-5814		<a href="mailto:cwilson@chsd.org">cwilson@chsd.org</a>

**PLEASE EMAIL CORRECTIONS TO KRISTEN LOWREY AT  
[KRISTEN.LOWREY@SDCOUNTY.CA.GOV](mailto:KRISTEN.LOWREY@SDCOUNTY.CA.GOV)**

**PSSF Community Planning Session, July 31, 2003  
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## PSSF COMMUNITY PLANNING SESSION - 8/20/03

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**ATTACHMENT K**

**Youth, Family and Community Survey,  
Youth, Family and Community Survey Final Results,  
and Community Assessment Comparison Tables**

**YOUTH, FAMILY, AND COMMUNITY SURVEY**

The Commission on Children, Youth, and Families, in partnership with County agencies, community-based organizations, and consumer advocacy groups needs your input to identify and address the needs of children, youth, and families who are at risk or involved with public systems. Please take a few moments to complete this survey. The results will be utilized to target public and private social service resources and will be shared on-line at [www.sandag.org/cj](http://www.sandag.org/cj) and at regional community meetings. Thank you for your input.

I. **Challenges:** Below is a list of possible problems **youth/families** can face that may **negatively** impact their success. Please rate how significant an impact you think each factor can have, on a scale from 1 to 7 where 1 is “no negative impact at all” and 7 is “large negative impact”.

II.

	<i>No Neg. Impact</i>				<i>Large Neg. Impact</i>		
a. Anger management	1	2	3	4	5	6	7
b. Chaotic family life	1	2	3	4	5	6	7
c. Child abuse	1	2	3	4	5	6	7
d. Cultural differences/language barriers	1	2	3	4	5	6	7
e. Crime in neighborhood	1	2	3	4	5	6	7
f. Delinquent friends/few positive friendships	1	2	3	4	5	6	7
g. Developmental delay(s)	1	2	3	4	5	6	7
h. Domestic violence in family	1	2	3	4	5	6	7
i. Drugs/alcohol use by youth	1	2	3	4	5	6	7
j. Educational problems/poor academic achievement/truancy	1	2	3	4	5	6	7
k. Gang affiliation	1	2	3	4	5	6	7
l. Involved in foster/dependency system	1	2	3	4	5	6	7
m. Isolation from community	1	2	3	4	5	6	7
n. Lack of after school programs/child care	1	2	3	4	5	6	7
o. Lack of affordable housing	1	2	3	4	5	6	7
p. Lack of information about what is illegal	1	2	3	4	5	6	7
q. Lack of transportation	1	2	3	4	5	6	7
r. Mental illness	1	2	3	4	5	6	7
s. No meaningful relationship with an adult	1	2	3	4	5	6	7
t. No health insurance/physical health problems or disabilities	1	2	3	4	5	6	7
u. Parental criminality/substance abuse	1	2	3	4	5	6	7
v. Poor parental supervision /poor relations with parents	1	2	3	4	5	6	7
w. Poverty/homelessness	1	2	3	4	5	6	7
x. Run away	1	2	3	4	5	6	7
y. Sexual abuse	1	2	3	4	5	6	7
z. Suicidal thoughts or attempt(s)	1	2	3	4	5	6	7
aa. Other (SPECIFY)	1	2	3	4	5	6	7

**Of the factors listed above (a through aa), which do you consider the *five* most important?**

\_\_\_\_\_

ATTACHMENT K

III. **Service Needs:** Below is a list of service or program gaps that may exist in your community. Please rate how much of a problem you think each gap is, on a scale from 1 to 7 where 1 is “not a gap” and 7 is “major gap”.

	Not a Gap					Major Gap	
a. Adoptive parent support/foster parent & youth support	1	2	3	4	5	6	7
b. Affordable after school programs/child care/pre-school programs/respite care	1	2	3	4	5	6	7
c. Affordable housing	1	2	3	4	5	6	7
d. Aftercare for adults/youth released from custody	1	2	3	4	5	6	7
e. College financial aid information/scholarship programs	1	2	3	4	5	6	7
f. Community-based Family Resource Centers	1	2	3	4	5	6	7
g. Conflict resolution training	1	2	3	4	5	6	7
h. Counseling/mental health services	1	2	3	4	5	6	7
i. Cultural awareness/interpreter services/immigration programs/migrant family & children programs	1	2	3	4	5	6	7
j. Developmental/behavioral disability services (including parent support)	1	2	3	4	5	6	7
k. Domestic violence services	1	2	3	4	5	6	7
l. Employment services	1	2	3	4	5	6	7
m. Faith-based services	1	2	3	4	5	6	7
n. Gang intervention services	1	2	3	4	5	6	7
o. Health care/medical services	1	2	3	4	5	6	7
p. Home visitors	1	2	3	4	5	6	7
q. Life skills training	1	2	3	4	5	6	7
r. Mentoring programs	1	2	3	4	5	6	7
s. Parenting skills (for mothers/fathers)	1	2	3	4	5	6	7
t. Recreational activities for youth & families	1	2	3	4	5	6	7
u. Renters' right education	1	2	3	4	5	6	7
v. Safe houses/shelters	1	2	3	4	5	6	7
w. School services for children with special needs	1	2	3	4	5	6	7
x. Services for children of incarcerated parents	1	2	3	4	5	6	7
y. Sober living homes	1	2	3	4	5	6	7
z. Substance abuse treatment	1	2	3	4	5	6	7
aa. Support for relatives raising kin	1	2	3	4	5	6	7
bb. Transportation	1	2	3	4	5	6	7
cc. Truancy intervention services	1	2	3	4	5	6	7
dd. Other (SPECIFY)	1	2	3	4	5	6	7

**Of the gaps listed above (a through dd), which do you consider the *five* most important?**

\_\_\_\_\_

- III. Please choose the **one** category below that best describes who you are or represent:
- Parent
  - Youth
  - Hospital/HMO
  - Consumer of services
  - Community collaborative
  - County government
  - City government
  - Community-based organization
  - Education
  - Law enforcement
  - Other (SPECIFY) \_\_\_\_\_

- IV. How old are you?
- Under 18
  - 18 to 25
  - 26 to 34
  - 35 to 44
  - 45 to 54
  - 55 to 64
  - 65 and older

- V. When describing gaps in your community, which area of the county (region) were you thinking about?
- North Coastal
  - North Central
  - North Inland
  - South
  - East
  - Central

Your name & contact information (OPTIONAL):

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Do you have any additional thoughts, concerns, or recommendations to share?

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Please return completed surveys to:  
Cynthia Burke, Ph.D., Director, Criminal Justice Research  
SANDAG, 401 B Street, Suite 800, San Diego, CA 92101  
[CBU@SANDAG.ORG](mailto:CBU@SANDAG.ORG)

**YOUTH, FAMILY, AND COMMUNITY SURVEY  
FINAL RESULTS – MAY 23, 2005 (721 SURVEYS)  
PREPARED BY: SANDAG**

**YOUTH/FAMILY CHALLENGES THAT CAN NEGATIVELY IMPACT SUCCESS**

	<b>Percent Who Said it Had a Large Impact<sup>1</sup></b>	<b>Mean Rating<sup>2</sup></b>	<b>Percent Who Rated as a Top Five Concern</b>
Sexual abuse	76%	5.91	40%
Drugs/alcohol use by youth	74%	5.91	40%
Child abuse	74%	5.91	48%
Domestic violence in family	73%	5.82	39%
Parental criminality/substance abuse	71%	5.79	27%
Gang affiliation	69%	5.74	27%
Poor parental supervision /poor relations with parents	69%	5.72	28%
Chaotic family life	69%	5.75	34%
Suicidal thoughts or attempt(s)	66%	5.67	15%
Educational problems/poor academic achievement/truancy	63%	5.57	23%
Poverty/homelessness	59%	5.46	19%
No meaningful relationship with an adult	56%	5.37	17%
Run away	56%	5.35	8%
Delinquent friends/few positive friendships	54%	5.38	15%
Anger management	52%	5.27	16%
Mental illness	52%	5.25	17%
Lack of affordable housing	47%	5.13	21%
No health insurance/physical health problems or disabilities	43%	5.01	8%
Crime in neighborhood	39%	4.93	8%
Lack of after school programs/child care	36%	4.82	10%
Developmental delay(s)	33%	4.68	5%
Involved in foster/dependency system	31%	4.61	4%
Isolation from community	29%	4.65	5%
Cultural differences/language barriers	26%	4.52	8%
Lack of transportation	26%	4.36	6%
Lack of information about what is illegal	20%	4.07	2%
<b>TOTAL</b>	<b>701 - 715</b>		<b>620</b>

<sup>1</sup>Percent who gave a rating of "6" or "7" on a seven-point Likert scale where "1" was No Negative Impact and "7" was Significant Negative Impact.

<sup>2</sup>Average rating on the same seven-point Likert scale.

## SERVICES NEEDS WHERE THE GREATEST GAPS EXIST

	Percent Who Said it was a Major Gap <sup>1</sup>	Mean Rating <sup>2</sup>	Percent Who Rated as a Top Five Gap
Affordable housing	67%	5.73	51%
Mentoring programs	43%	4.89	19%
Gang intervention services	43%	4.92	25%
Counseling/mental health services	42%	4.85	24%
Services for children of incarcerated parents	42%	4.99	14%
Truancy intervention services	41%	4.89	7%
Substance abuse treatment	41%	4.84	17%
Safe houses/shelters	41%	4.88	13%
Parenting skills (for mothers/fathers)	40%	4.82	17%
Affordable after school programs/child care/pre-school programs/respice care	40%	4.83	24%
Aftercare for adults/youth released from custody	39%	4.83	12%
Transportation	38%	4.68	8%
Support for relatives raising kin	38%	4.77	5%
Recreational activities for youth & families	36%	4.57	10%
Health care/medical services	36%	4.61	16%
Domestic violence services	34%	4.59	22%
School services for children with special needs	34%	4.51	10%
Employment services	33%	4.59	10%
Life skills training	33%	4.59	9%
Cultural awareness/interpreter services/immigration programs/migrant family & children programs	32%	4.50	16%
Renters' right education	29%	4.38	4%
Sober living homes	28%	4.51	5%
Conflict resolution training	28%	4.41	10%
Developmental/behavioral disability services (including parent support)	27%	4.47	8%
Home visitors	25%	4.33	3%
Community-based Family Resource Centers	22%	4.08	10%
College financial aid information/scholarship programs	20%	4.05	5%
Adoptive parent support/foster parent & youth support	19%	4.05	6%
Faith-based services	15%	3.52	4%
<b>TOTAL</b>	<b>654 - 678</b>		<b>560</b>

<sup>1</sup>Percent who gave a rating of "6" or "7" on a seven-point Likert scale where "1" was No Gap and "7" Major Gap.

<sup>2</sup>Average rating on the same seven-point Likert scale.

## RESPONDENT PROFILE

<b>Role (n=673)</b>	
Community-based organization	27%
Parent	24%
Youth	11%
Education	11%
County government	8%
Community collaborative	7%
Law enforcement	6%
Hospital/HMO	3%
Mental health	2%
City government	1%
Consumer of service	<1%
<b>Recoded Role</b>	
Service provider (CBO, private organization, collaborative)	34% (227)
Adult partner	24% (160)
Other (government, public safety, public health, mental health)	20% (132)
Youth partner	12% (78)
Education	11% (76)
<b>Age (n=683)</b>	
Less than 18	8%
18 to 25	9%
26 to 34	24%
35 to 44	26%
45 to 54	19%
55 to 64	12%
65 and older	2%
<b>Region (n=662)<sup>1</sup></b>	
South	38%
Central	27%
East	24%
North Inland	14%
North Central	13%
North Coastal	12%
<b>Recoded Region</b>	
South	33% (216)
Central	20% (131)
East	18% (116)
Multiple Areas	9% (59)
North Inland	8% (54)
North Central	7% (47)
North Coastal	6% (39)

<sup>1</sup>Eight-nine percent (89%) only represented one region.

## Community Assessment Comparison Tables

Question 1: Challenges - What are the barriers and challenges families and youth face in your community?

	Anger Management	Chaotic family life	Child Abuse	Cultural/Language	Crime in neighborhood	Delinquent friends	Developmental delays	Domestic Violence	Drugs/Alcohol use	Educational problems	Gang affiliation	Dependency system	Isolation	Lack of affordable childcare/afterschool programs	Lack of affordable housing	Lack of information on laws	Lack of transportation	Mental illness	No relationships with adults	No Health Insurance	Parental Criminality	Poor supervision	Poverty	Run away	Sexual Abuse	Suicidal Thoughts
Survey 2005 – Top Five (721 responses)			X					X	X											X					X	
Community Dialogue Central Region January 27, 2005 (41 Providers)				X										X	X	X				X			X			
Community Dialogue North Coastal Region February 14, 2005 (9 Providers)									X	X			X	X	X		X			X						
Community Dialogue East Region Feb. 17, 2005 (20 Providers)		X	X					X	X	X	X		X	X	X		X	X		X		X	X			
Community Dialogue North Central Region February 28, 2005 (19 Providers)													X	X	X		X			X			X			
Community Dialogue South Region Mar 8, 2005 (Providers)	X	X		X		X		X	X	X	X		X	X	X	X	X	X	X	X			X			
Community Dialogue North Inland Region March 18, 2005 (21 Providers)				X	X			X					X	X	X		X						X			
Focus Group – South Region April 19, 2005 (8 Consumers)												X			X		X	X		X		X	X			
Focus Group – East Region April 21, 2005 (27 Consumers, 5 Spanish speaking)													X			X	X						X			
Focus Group – Central Region April 28, 2005 (4 Consumers, Spanish)				X						X						X	X			X			X			
Focus Group – Pregnant and Parenting Teens May 27, 2005 (12 Consumers)										X		X	X	X	X	X	X		X	X						
Focus Group – North Regions June 14, 2005 (4 Consumers, Spanish Speaking)												X		X	X		X						X			



## Question 2: Strengths - What's working?

	Afterschool Programs	Collaboration/Connections	Co-location of services	Community Based Organizations & Services	Community Leaders	Counseling/Therapy	Court Appointed Special Advocates	Diversity of Community	Faith Community	Family Resource Centers	Foster Families	HeadStart	Health Services/Clinics	Home Visiting	Independent Living Skills	Innovative Programs	Law Enforcement	Mentors	Parent Education	Schools	Sense of Community/Family	Social Workers	Substance Abuse Treatment	Teen Centers	Variety of services offered
Community Dialogue Central Region January 27, 2005 (41 Providers)**																									
Community Dialogue North Coastal Region February 14, 2005 (9 Providers)**																									
Community Dialogue East Region Feb. 17, 2005 (20 Providers)	X	X	X	X				X	X				X	X		X				X	X				X
Community Dialogue North Central Region February 28, 2005 (19 Providers)								X								X									
Community Dialogue South Region Mar 8, 2005 (Providers)		X	X	X	X			X		X		X	X	X		X	X		X	X	X				X
Community Dialogue North Inland Region March 18, 2005 (21 Providers)		X			X				X					X				X							
Focus Group – South Region April 19, 2005 (8 Consumers)						X					X					X			X				X		
Focus Group – East Region April 21, 2005 (27 Consumers, 5 Spanish speaking)				X		X				X				X					X					X	
Focus Group – Central Region April 28, 2005 (4 Consumers, Spanish)	X			X								X	X						X						X
Focus Group – Pregnant and Parenting Teens May 27, 2005 (12 Consumers)				X		X	X		X		X		X		X			X	X				X		X
Focus Group – North Regions June 14, 2005 (4 Consumers, Spanish Speaking)				X		X			X		X			X					X				X		

\*\* At the Community Dialogues on January 27, 2005 and February 14, 2005, participants were not asked to respond to this question, the question was added later, therefore no data exists in that row.



