



May 19, 2021

San Bernardino County Board of Supervisors
385 N. Arrowhead Avenue
San Bernardino, CA 92415

San Bernardino County Board of Supervisors,

The sector serving our children and youth in the Inland Empire has seen the learning loss, isolation, mental health distress, and lack of preventive health care become further exacerbated during the COVID-19 pandemic, particularly for our students of color, socioeconomically disadvantaged students, English Learners, and foster youth. However, as we emerge from these conditions, the children and youth sector is excited for the opportunity to build upon the partnerships established with county leadership in order to **co-design** an investment strategy that addresses the short and long-term viability of our programs and services; especially as it pertains to businesses and the economic recovery of the region. The Inland Empire Children's Cabinet is requesting to be a partner in that process.

The Inland Empire Children's Cabinet is an emerging coalition of experts that represent a great cross-sector of industries pertaining to children and youth. These areas include child care, behavioral and mental health, housing, labor, and immigration. This coalition formed in the midst of the pandemic in order to help address and minimize the negative impact families were facing. As a result, and as parents begin to return to work and children and youth to childcare and school, partners within the children and youth sector have been strategizing and planning in preparation.

Part of the collaborative process included identifying priority areas. In alignment with those priority areas, sector leaders have put together a set of recommendations to highlight potential partnership opportunities with county leadership that include:

- **Child Care:** Providing access to high-quality, stable, and affordable childcare that includes private home businesses and nonprofit settings, as well as expansion to businesses and other sites.
- **Child and Youth Programs:** Providing funding that invests in community programs serving children and youth. This includes fostering recovery with equity as the cornerstone to help students heal from not only the ills of the pandemic but the ills of injustice and structural racism that disrupts their ability to fulfil their potential.
- **Behavioral and Mental Health:** Providing regular mental health screenings and referrals to counselors and providers for children who need additional support.
- **Adverse Childhood Experiences (ACES):** Addressing parenting and provider training/education, ACEs intervention and prevention, case management imbedded in a home visitation model, and screening and assessment systems.
- **Housing Security:** Producing or supporting immediate and permanent housing solutions for children and their families.



The goal of these recommendations is to ensure that families not only survive the moment but come out thriving. Further detailed recommendations, along with supporting data, can be found in Appendix A.

Although, this pandemic brought about its challenges, the formation of this unique coalition is certainly a silver-lining. We each bring our own structures and services, but together, we identify ways to collaborate and support our communities. What links us together is that we are all dedicated to the equitable well-being of our children and youth in the county and region. An infrastructure that we believe needs to be maintained. As you begin to prioritize funding from the American Rescue Plan Act of 2021, we hope that the children and youth sector can count on your continued leadership and support.

If you have any questions, please do not hesitate to contact any of the following Inland Empire Children's Cabinet Representatives:

Signed,
The Inland Empire Children's Cabinet

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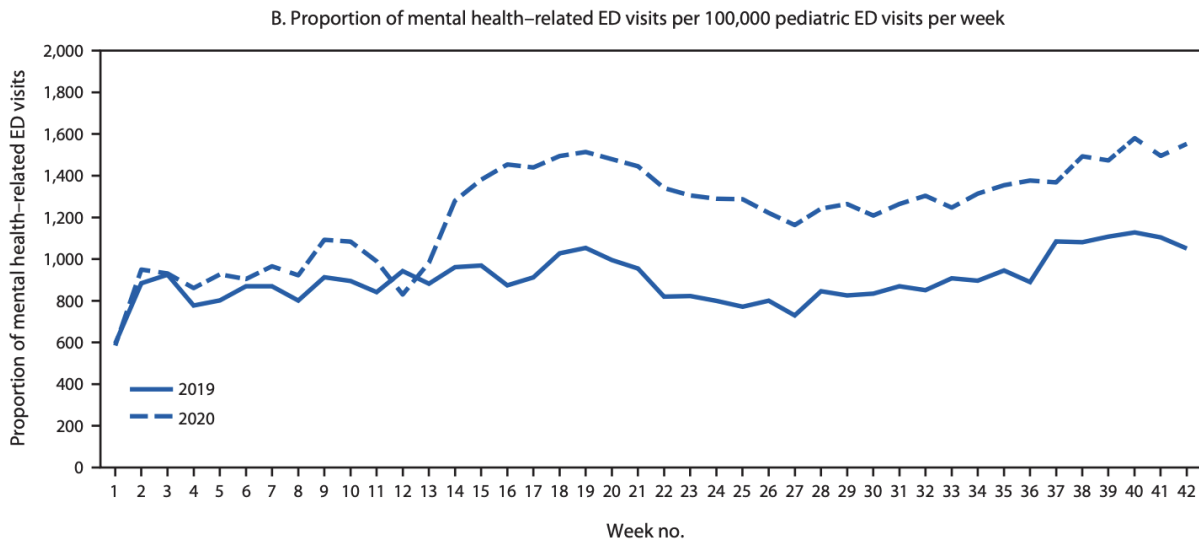
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Appendix A

Behavioral and Mental Health

Problems:

Many children have been pushed out of their homes, have lost social and academic progress, and have seen basic needs become scarcer. Additionally, children of families of mixed documented status did not qualify for COVID-19 relief funds. Because of this oversight, children with parents of mixed undocumented status are more likely to experience mental health distress as basic needs and access to other essential services remain out of reach. According to a study conducted by the Centers for Disease Control (CDC), “the proportion of mental health–related [Emergency Department] visits increased sharply beginning in mid-March 2020 (week 12) and continued into October (week 42) with increases of 24% among children aged 5–11 years and 31% among adolescents aged 12–17 years, compared with the same period in 2019.”¹



Source: Centers for Disease Control and Prevention. *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020* ([LINK](#))

Solutions:

We believe that funding in this area must provide support for mental and behavioral health and address systemic gaps in leaning loss and trauma mitigation, prevention, and education. These investments must include:

¹ Centers for Disease Control and Prevention. *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*. <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6945a3-H.pdf>



- locating and re-engaging students who stopped attending school or were chronically absent or disengaged;
- regular mental health screenings and referrals to counselors and providers for students who need extra support;
- establishing partnerships with mental health organizations to provide extra assistance for students who need it;
- home and community-based mental health services;
- family trauma counseling; and
- parent education and training.

Child Care

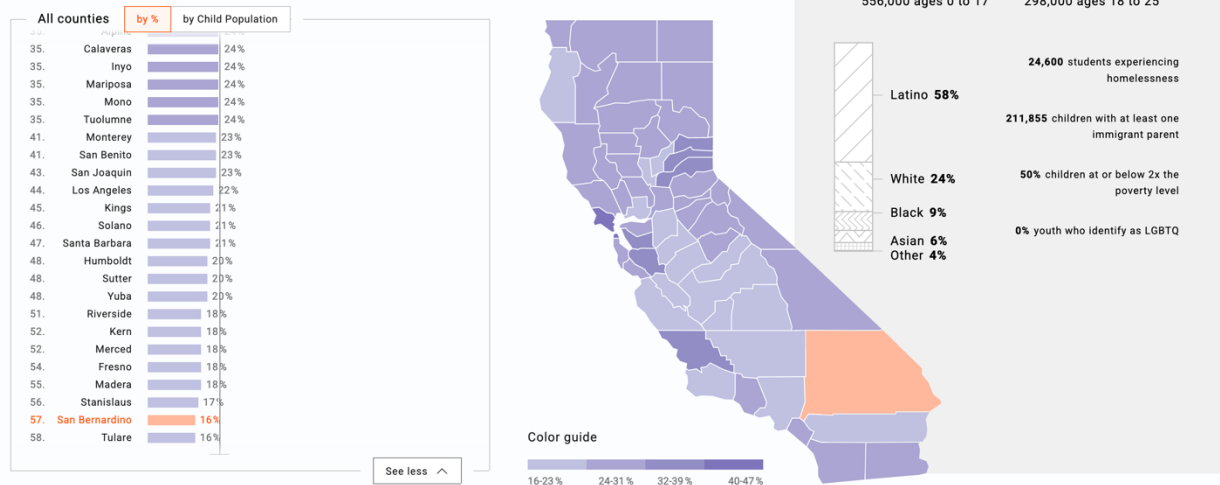
Problems:

COVID-19 has changed the way families work and operate. With more families working from home and students learning in online environments, many parents have resorted to juggling both working from home and trying to care for their children. For many families, however, this has meant dropping out of the workforce entirely as the cost of childcare remains out of reach. This is especially true for women as 4.2 million fewer women have participated in the workforce following the pandemic to stay home and care for their children. This has undone decades worth of gender workforce progress and equity.² This statistic is more alarming for women of color. Accessibility to licensed childcare spaces for working families in San Bernardino County was only 16% in 2019.³ Providing childcare to working families is essential to allow families to work and provide basic needs for children and allow women to pursue career and academic goals.

² McKinsey and Company. *Seven charts that show COVID-19's impact on women's employment*. March 08, 2021. <<https://www.mckinsey.com/featured-insights/diversity-and-inclusion/seven-charts-that-show-covid-19s-impact-on-womens-employment#>>

³ Children Now. Scorecard: Childcare Availability for Working Families. 2019. <<https://scorecard.childrennow.org/?ind=childCareSpace&cty=sanBernardino&yr=3>>

16% of children working families for whom a licensed child care space was available in San Bernardino county in 2019. [Sources and Notes](#)



Children Now Scorecard, 2019 ([Link](#))

Solutions:

Provide access to childcare for low-income communities of color that is high-quality, stable, and affordable. This is especially true for families with infants and toddlers who are most greatly impacted by a lack of childcare accessibility. We recommend that funding addresses the following:

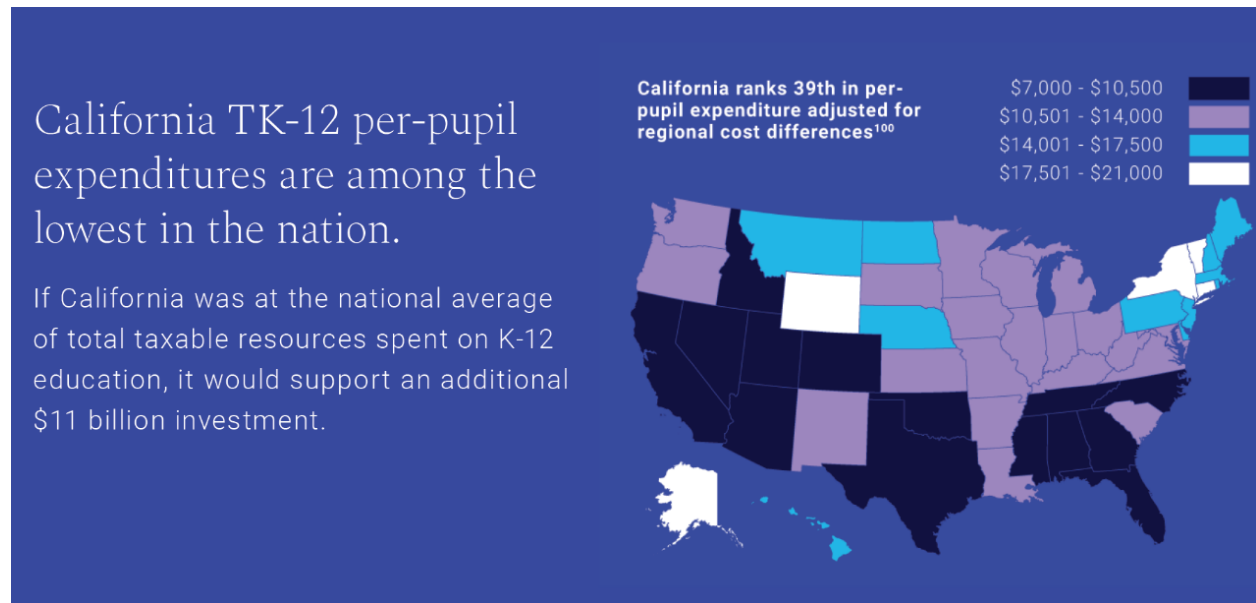
- Expansion and creation of childcare facilities in high need regions;
- Create a workforce development program specifically for growing, advancing, and maintaining a quality system of childcare;
- Provide funding that establishes systems to better help families navigate the intricacies of childcare;
- Provide subsidies to facilities that responsibly expand services;
- Eliminate family fees for low-income families and provide financial assistance directly to families or through small business subsidies to provide at home childcare.

Child and Youth Education

Problems:

Most children receive their care and access to special programming and support from public schools. Services can include meals, after school care and activities, peer-to-peer socialization, and an education. With a pivot to at-home-learning, countless students lost many of these essential services and resources. This has resulted in a learning loss and has complicated social, emotional and to behavioral health challenges. Without adequate investment to address this gap in learning is going to further widen the disparities, particularly for our children of color.

According to the California Department of Education, 75.6% of children enrolled in San Bernardino County schools are socioeconomically disadvantaged. 15.5% of these students are English learners and 4.3% are foster youth.⁴ As previously stated, these youth face greater barriers to accessing resources essential to their academic and social growth. Additionally, California has one of the lowest per-capita expenditures in the nation.⁵ These compounding barriers have resulted in a dramatic loss in public school enrollment, according to newly published California Department of Education statistics.⁶



Source: Children Now, 2020 Children's Report Card ([LINK](#))

Solutions:

Our cabinet believes that the way to address this issue is to provide funding that invests in community programs serving children and youth. Programs and services should include:

- A review of each student's academic and attendance record during the pandemic to see what specific help they need to catch up;
- An "individual learning plan" with goals and progress benchmarks for every student;
- providing mental health support in the classroom by providing counseling at all ages related to grief and trauma onset by COVID-19;
- training teachers on how bias and privilege affect the classroom;
- Tutoring for every student who needs it;

⁴ California Department of Education. California Schools Dashboard: San Bernardino County Office of Education Summary. 2020. <<https://www.caschooldashboard.org/reports/36103630000000/2020>>

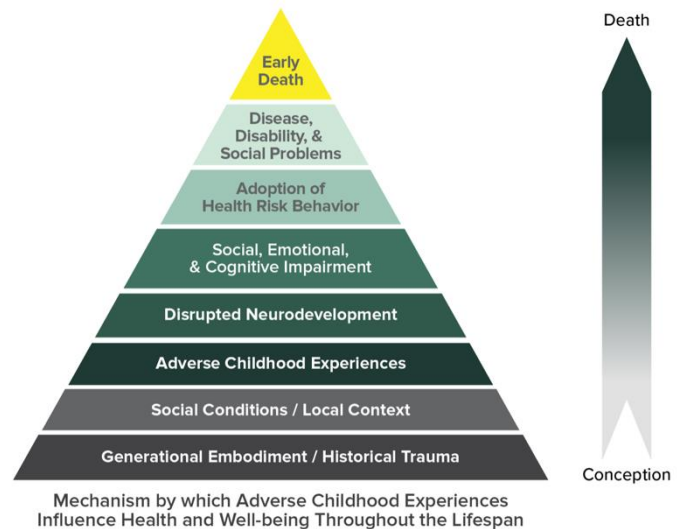
⁵ Children Now. 2020 Children's Report Card. 2020. <<https://www.childrennow.org/portfolio-posts/20-report-card/>>

⁶ Gecker, Jocelyn. Desert Sun. *California public schools see 'sharp decline' in enrollment*. April 22, 2021. <https://www.desertsun.com/story/news/nation/california/2021/04/22/california-public-schools-see-sharp-decline-enrollment/7339884002/?utm_campaign=snd-autopilot>

- Partnerships with community groups such as the Boys and Girls Club to provide fun activities over the summer and after school so that students can relax, reconnect with their friends, and regain their social and communications skills; and
- Modern technology, books, art supplies, play equipment and other supplies to improve learning opportunities.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). Experiences can include violence, abuse, or neglect; witnessing violence in the home or community; and having a family member attempt or die by suicide. We are aware that the stress exacerbated by COVID-19 have put families in a situation that will influence an increase of children experiencing trauma.



Adverse Childhood Experiences (Caregiver Retrospective), by Number

Imperial, Inyo, Mono, Riverside, and San Bernardino Counties	Percent
0 ACEs	36.4%
1 ACEs	18.1%
2 ACEs	14.5%
3 ACEs	5.2%
4 or More ACEs	25.8%

Source: KidsData, as of November 2020 ([Link to Data](#))



Inland counties in Southern California saw the largest number of children experiencing ACEs at nearly 64%; with 25.8% experiencing 4 or more ACEs.⁷

Solution:

There are already established federal guidelines that influence the work of many organizations in the region in relation to ACEs. The IE Children’s Cabinet can create a centralized effort around a comprehensive community wide approach to prevent ACEs and mitigate their effects in the lives of children in addition to identifying their presence and educating professionals and families about their effects. Additionally, we can use funding to:

- Provide funding that addresses parenting and provider training and education;
- Develop ACEs intervention and prevention through screening and assessment systems;
- Promote case management imbedded in a home visitation model.

Housing Security

Problems:

Even before the pandemic, the California housing crisis was felt strongly across the state. Many households were said to be facing a High Housing Cost Burden (HHCB). This is defined by the federal government as households “that spend at least 30% of household income on rent or mortgage payments, taxes, insurance, utilities, and other related housing costs”. According to the American Community Survey, households in the Inland Empire were shown to have an HHCB. Nearly 43% of households in the Inland Empire fell into this category. Because of high housing costs, the data also shows that 28.4% of children in San Bernardino County live in crowded households.⁸ It is known that crowded households are more likely to transmit COVID-19 or be impacted by the socioeconomic burdens that follow.

Additionally, it was known before the pandemic that the housing crisis left many children at risk of or already unhoused. In 2018, 54.8% of public-school children from kindergarten to Grade 5 in San Bernardino County were defined by the state as homeless.

Homeless Public-School Students, by Grade Level

San Bernardino County	Percent
Pre-K - Grade 5	54.8%
Grades 6 - 8	20.9%
Grades 9 - 12	24.2%

Source: KidsData, 2018 ([LINK](#))

⁷ KidsData. *Adverse Childhood Experiences (Caregiver Retrospective), by Number*. 2018.

<<https://www.kidsdata.org/topic/2324/covid19-caregiver-aces/table#fmt=2834&loc=2,2221,2222,2224,2223,2226,364,2225&tf=140&ch=1256,1454,1455,1457,1259>>

⁸ KidsData. *Children Living in Crowded Households (Regions of 10,000 Residents or More)*. 2018.

<<https://www.kidsdata.org/topic/723/crowded-housing-10k/table#fmt=1025&loc=366,367&tf=132&sortType=asc>>



Solutions:

Provide and/or create safe, affordable, permanent housing. Many of the more recent efforts to address homelessness in our region with the available emergency funding has focused on protecting those most at risk of contracting COVID-19 through emergency shelter in various forms and transitional housing. While these efforts are to be applauded for the compassion and protection they provide, a long-term issue involving the availability of permanent housing (both subsidized and non-subsidized; and both with supportive services and without) remains and is not addressed through emergency shelter or transitional housing models. Alternatively, we should implement models that leverage available emergency funding to catalyze long-term solutions that addresses the housing shortage as well as the need for short-term shelter.

Options include:

- The development and use of ADU's, "tiny home" models, and or alternative construction models that can be used for short term shelter but also seamlessly converted to permanent housing. Integrated or scattered site models are preferable.
- Investments into funds that catalyze housing trusts, land trusts, and/or neighborhood investment trusts.
- The adoption of the 1-2-4 model (or something like it) that suggests that for every 1 shelter bed created, 2 permanent housing units should be built, and 4 homeless situations should be prevented and that prevention sustained.
- A coordinated campaign to eliminate homelessness for families with children in the same way in which Riverside County reached functional zero for homelessness among veterans.
- Investments into funds that make it possible for developers to reduce cost and time burdens and build at the level of scale required to address the housing crisis more quickly.
- The inclusion and funding of best-practices in ending poverty into support structures for previously homeless families with children.