

Building a System of Support for Young Children in Foster Care

California Child Welfare Council
Child Development and Successful Youth Transitions Committee



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Problem Statement

Children ages zero to five who have experienced trauma and/or maltreatment and are involved with the foster care system require specialized care and services to reduce the negative impacts on brain development, in order to increase their chances for successful outcomes throughout their lifespan.



Children ages zero to five who have experienced trauma and/or maltreatment and are involved with the foster care system require specialized care and services to reduce the negative impacts on brain development.

Research indicates that infants and toddlers placed in foster care had longer placements and higher rates of re-entry into foster care, more recurrent maltreatment, and more frequent disruptions of family bonds than children and youth of other ages.

Placement outside of the home increases the risk for mental health problems for young children¹ and prevalence of health problems and developmental delays. When young children are separated from their caregivers, the ability to maintain and rebuild relationships may be compromised. Research indicates that young children who do not form an attachment with at least one trusted adult suffer from rapid deterioration and developmental delays in areas such as cognition and learning, interpersonal relationships, and expressing emotions. Young children with unhealthy attachments are also at much greater risk for delinquent behavior, substance abuse, and depression later in life than children who lack secure attachments.

Stable, nurturing relationships are imperative to a young child's well-being. Relationships with caregivers are the context in which early development occurs. According to the National Research Council and Institute of Medicine, the first relationships that a child forms with adults have the strongest influence on social and emotional development. Infants and toddlers rely on their closest caregivers for security and comfort. Children who are able to develop secure relationships are observed to be more mature and positive in their interactions with adults and peers than children who lack secure attachments. They also show a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life than children who lack secure attachments.²

- 1 Janice L. Cooper, Patti Banghart, and Yumiko Aratani. "Addressing the Mental Health Needs of Young Children in the Child Welfare System: What Every Policy Maker Should Know." National Center for Children in Poverty. September 2010.
- 2 Douglas Goldsmith, David Oppenheim, and Janine Wanlass. "Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care." *Juvenile and Family Court Journal* 55, no. 2 (2004): 1–13.

Brain Development and Impact of Trauma

Research indicates that the brain develops most rapidly between the ages of zero and five. During this critical time, the child’s cognitive, emotional, social and physical skills, as well as their understanding of the world and ability to adapt to their environment, are formed based on their experiences and interaction with their primary caregivers. Infants and toddlers are particularly vulnerable and strongly influenced by the world around them.

During infancy through age five, the brain undergoes exponential growth as synapses are forming. The developmental trajectories of these young children are profoundly influenced by their environment and, more specifically, their caregivers. Young children with caregivers who provide developmentally appropriate, responsive care and attention have a profoundly positive impact on a child’s brain development. This ultimately provides young children with a foundation for healthy cognitive functions, as well as the social, emotional and physical skills that will allow them to develop healthy relationships and enable them to succeed in school and beyond. Adverse experiences, such as prenatal substance exposure, child abuse, neglect, malnutrition, and/or other trauma, including removal from a primary caregiver, creates “toxic stress” – a condition that interferes with developing brain circuits – undermining children’s emotional well-being and interfering with normal development.



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The brain is capable of great cognitive abilities and emotional range under normal development with a caretaker that is responsive and nurturing. Research reports that the earliest interactive experiences allow the young brain to respond by organizing and developing self-regulation of attention, cognition, mood/anxiety, and impulse. However, infants and children, without benefit of a responsive and nurturing relationship, can fail to learn how to self-regulate. The result can be clinical symptoms which include the following:

Failure to regulate	Syndrome/Symptom
Attention	ADHD
Cognition	Learning disabilities
Impulse	Disruptive behavior disorders
Mood/Anxiety	Depression/anxiety disorders
Relationships	Attachment disorders, later relationship difficulties

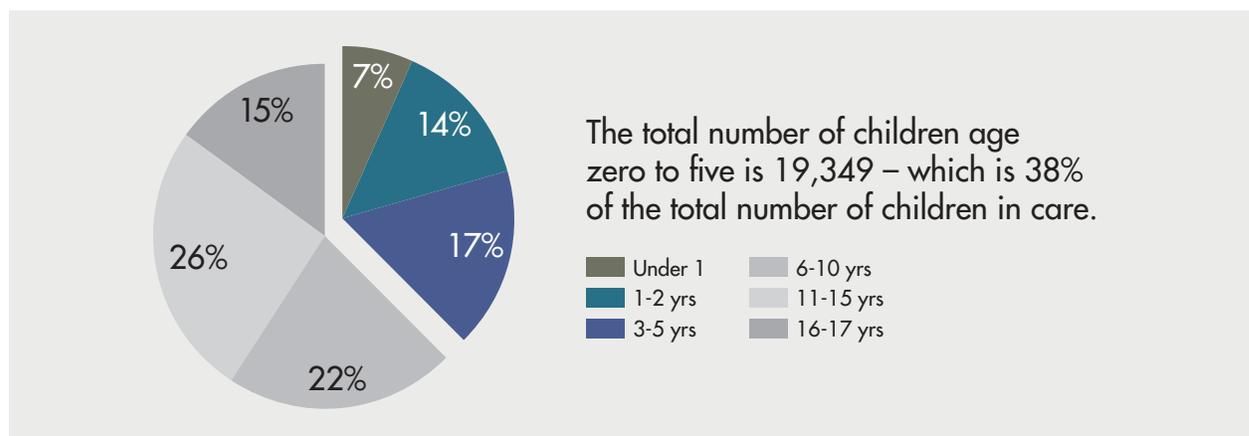
Children experiencing early trauma may have fussiness, irritability, disturbed sleep, reduced appetite, poor concentration, and may be hyper-vigilant, hyperactive, or may disassociate. Unfortunately, these symptoms are often misunderstood by the parent or caregiver and not immediately thought to be occurring as reactions to prior child trauma. As a result, the conditions are often left untreated, or worse, may be treated with medications while the underlying trauma – the root of the problem – is left unaddressed. Many of the poor educational outcomes among foster children that manifest themselves in grade school and high school have their origins much earlier in life, long before formal education begins.³

Although young children are more vulnerable to harm, early plasticity of the brain means recovery is possible and provides an important opportunity to ameliorate the negative impact of trauma. Foremost, infants and young children need a stable, nurturing, and secure relationship with at least one caregiver. The quality of the child-caregiver relationship forms the basis for the child’s sense of self, feelings of worthiness, and trust in others, and lays the foundation for cognitive, social and emotional development. A high quality, well-informed caregiver with appropriate supports can help the young child overcome prior stress and trauma and set brain development back on the right path.

Demographics of California’s Young Children in Foster Care

Because of their vulnerability and dependency on a caregiver, infants and toddlers are the largest single group of children entering foster care. As of July 1, 2012, 19,349 foster children in the California child welfare system were ages zero to five – 38% of the total population of children in foster care in California.

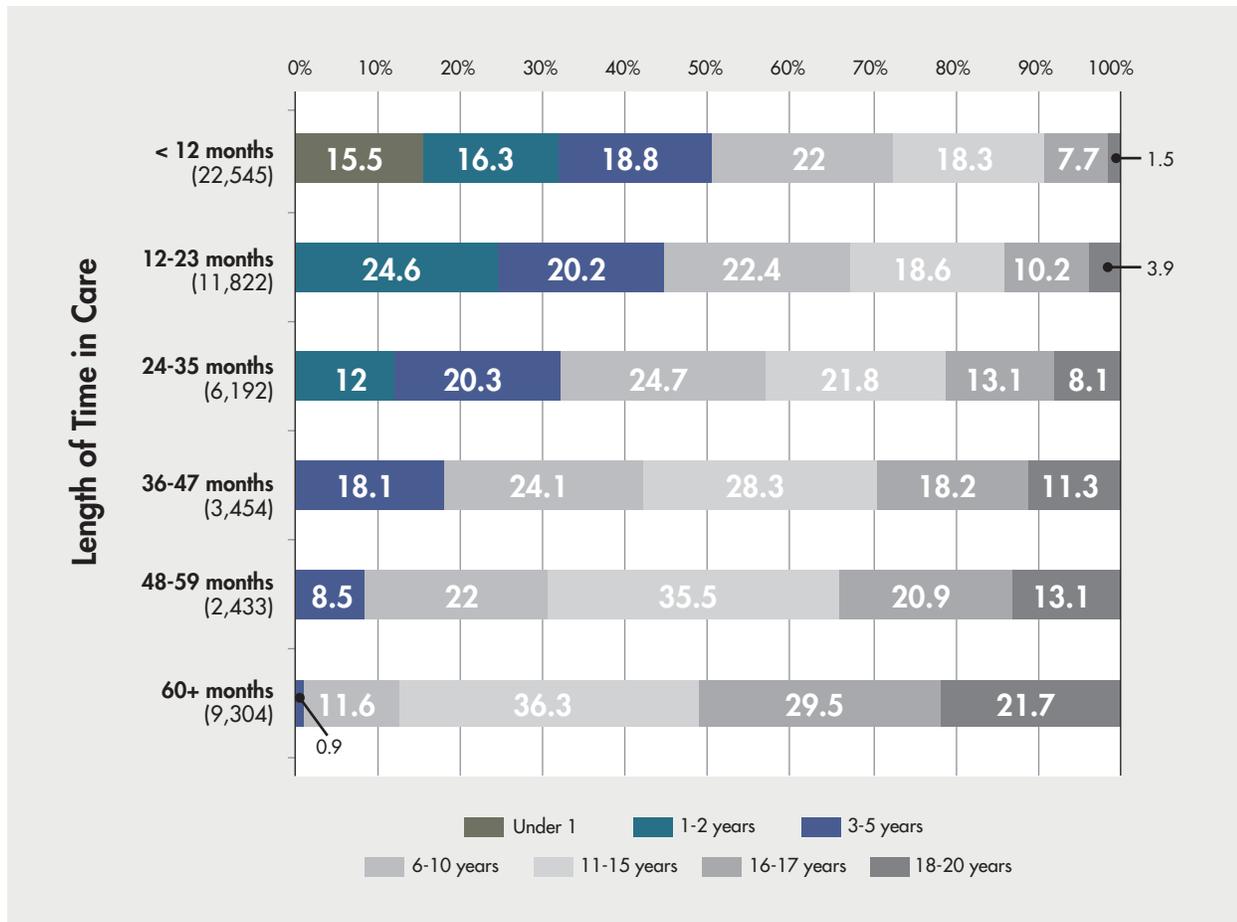
Children in Care (July 1, 2012)⁴



³ Early Care and Education Collaborative

⁴ Graph data: Needell, B, et al. (2012). Child Welfare Services Reports for California. Retrieved 08/15/2013, from University of California, Berkeley, Center for Social Services Research website: http://cssr.berkeley.edu/ucb_childwelfare

Point in Time Caseload by Age Group and Time in Care (October 1, 2012)⁵

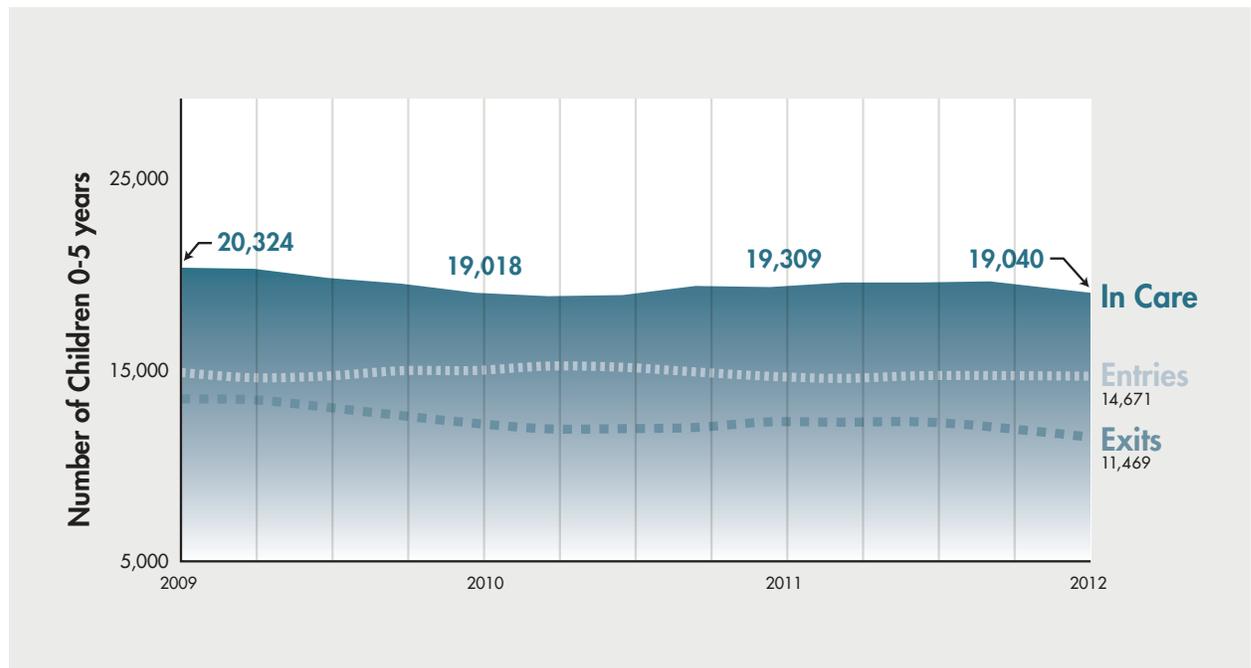


Nearly 45 percent (5,229) of children who have been in care for 12-23 months are ages zero to five. This age group also accounts for 32.3 percent of the children in care for 24-35 months, 18.2 percent of those in care for 36-47 months, and 8.5 percent of those in care for 48-59 months. From October 2011 to September 2012, of children ages zero to five who have been in care for at least eight days but less than 12 months, 13 percent have had more than two placements. Of those who have been in care at least 12 months but less than 24 months, 28 percent have had more than two placements.

5 Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C., and Lawson, J. (2013). Child Welfare Services Reports for California. Retrieved 8/13/2013, from University of California, Berkeley, Center for Social Services Research website. http://cssr.berkeley.edu/ucb_childwelfare

In 2012, 14,671 children ages zero to five entered the California child welfare system, and 11,469 exited.

Children 0-5 years old who enter/exit the California child welfare system⁶



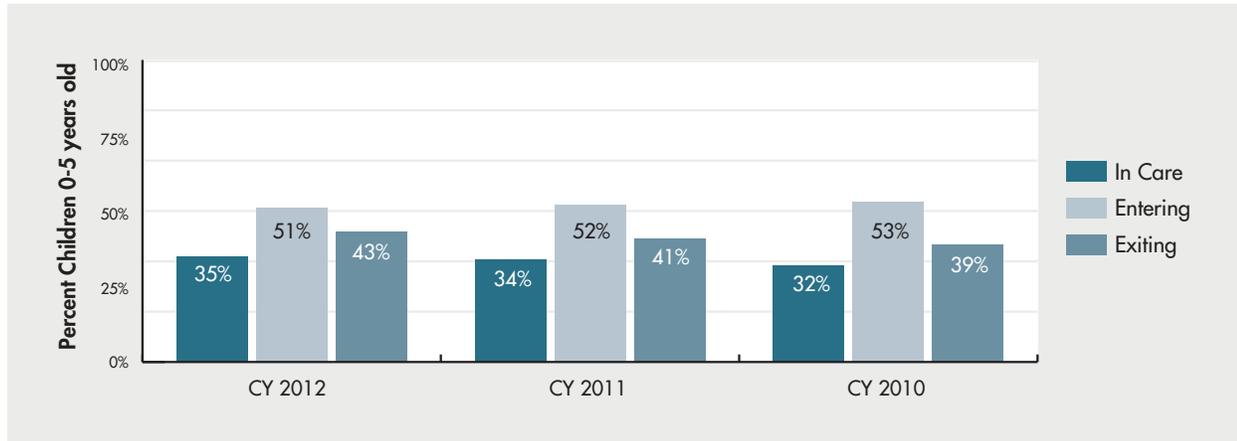
A recent analysis by a group of national organizations led by ZERO TO THREE and by the American Humane Association examined the experiences of infants (i.e., children under one year of age) placed in foster in 14 states. The analysis found that infants who enter care at less than three months old are in foster care 50 percent longer than older children and are much more likely to be adopted than reunified. Reunification requires that the child’s birth parents are able to meet the child's needs at a basic level of care. Very young infants placed in foster care are much less likely to leave care and reunite with their parents than are older infants: 28 percent are reunified with their parents, whereas 43 percent are adopted. Infants entering care after three months old are more likely to be reunified (42 percent).⁷ For those infants who do achieve reunification, almost one-third will re-enter the child welfare system.⁸

⁶ Ibid.

⁷ American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children’s Defense Fund, and led by ZERO TO THREE and other national organizations. “A Call to Action on Behalf of Maltreated Infants and Toddlers.” 2011.

⁸ Fred Wolczyn, Lijun Chen, Linda Collins, et al., ZERO TO THREE, “The Foster Care Baby Boom Revisited: What Do the Numbers Tell Us?”, 31, no. 3 (2011): 4–10.

Proportion of children ages zero to five compared to total CW population who enter, exit, or remain in care in California⁹



The National Child Abuse and Neglect Data System reports that, overall, a high percentage of children in foster care have prenatal exposure to illicit substances, behavioral disorders, developmental delays, or other indicators of needs for mental health services. Young children in the child welfare system are less likely than any other age group to be properly diagnosed or to have access to needed services. The prevalence of behavioral health problems in children zero to five ranges from 32-42 percent, yet less than 7 percent of those children receive services compared to older youth. Seventy-five percent of children with behavioral health problems who entered foster care between the ages of 12-36 months do so without a formal diagnosis. The foremost barriers to care for children ages zero to five in foster care are the lack of a systematic screening approach for identifying children with mental health and developmental needs, the lack of necessary services, the lack of training and supports to meet their mental health and developmental needs, and the lack of a statewide collaborative approach to meet the service needs of young children and their families.¹⁰

As indicated, young children are the most likely to be involved in the child welfare system because they have the highest rate of victimization of maltreatment compared to other age groups due to their vulnerability and dependency. Nationwide, 45 percent of infant placement into foster care occurs within 30 days of birth.¹¹ California’s numbers are fairly consistent with the nationwide data; however, the state has somewhat improved when it comes to permanency of young children (i.e., the number of reunifications are increasing).

9 Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C., and Lawson, J. (2013). Child Welfare Services Reports for California, Retrieved 8/13/2013, from University of California, Berkeley, Center for Social Services Research website. http://cssr.berkeley.edu/ucb_childwelfare

10 Aratani, Y., Banghart, P., and Cooper, J. “Addressing the Mental Health Needs of Young Children in the Child Welfare System: What Every Policymaker Should Know.” National Center for Children in Poverty. September 2010.

11 Almeida, M. C., Ph.D. Infants and Toddlers in the Child Welfare System Court Team Project for Maltreated Infant and Toddlers National Infant & Early Childhood Mental Health Systems Summit, Milwaukee, 10/13/2007.

Recommendation

The Child Development and Successful Youth Transitions Committee recommends the California Child Welfare Council (Council) raise the level of awareness regarding the needs of children ages zero to five in foster care and should recommend that all state and local agencies develop specialized support and services for this vulnerable population.



Young children in the child welfare system are less likely than any other age group to be properly diagnosed or to have access to needed services.

One of the core responsibilities of the Council is to ensure that foster care services are coordinated to eliminate fragmentation of services provided to children or families that would benefit from multiagency services. The data and research support the need for immediate response and specialized services and supports for this young, vulnerable population. A system of care for young children in foster care should address traumatic stress to ensure optimal outcomes for young children. As part of that system, benchmarks/indicators at the state and local levels should be identified to track the system's success.

The child welfare system must begin to address traumatic stress and its early impact on health and socio-emotional well-being.

Addressing the Needs of Children Ages Zero to Five

To implement this recommendation to raise awareness, listed below are the four top opportunities for the Council’s consideration which are based on various research policy papers, federal policies, and national, state, and local initiatives. Below each opportunity is an example of a successful current practice or strategy. There are many successful strategies throughout the state that address the needs of this population, such as Wraparound for Infants (“Baby Wrap” in Contra Costa County) or residential substance abuse treatment programs for women that allow infants to remain with their mothers. Other strategies and practices are also highlighted and described:

- 1. Incorporate existing scientific research into state and local policies and practices in order to promote positive development and prevent future maltreatment for children ages zero to five.**
 - The Strengthening Families Framework has been shown to significantly increase family strengths, enhance child development, and reduce the likelihood of child abuse and/or neglect for children ages 3 to 5. Existing services for children and families can be linked and supported to build five protective factors, including resiliency, connections, knowledge, concrete supports, and competence in order to enhance optimal child development. Twenty-four California counties have adopted the framework in their prevention communities.
- 2. Enhance curricula and other training resources for social workers, court staff, caregivers, and other community partners to recognize and respond to the impact of traumatic stress and re-traumatization of young foster children.**
 - The California Statewide Screening Collaborative and the California First 5 Association promote developmental screening by primary care pediatricians and encourage the use of a standardized screening assessment when conducting a Child Health and Disability Program examination for children zero to five years of age.
 - Fresno County offers support groups, mentorship, and online training on specific issues for foster parents. They also send a seasoned former foster parent to foster homes to discuss legal and safety issues, and to act as a liaison between foster parents



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and the county Child Focus Team, a multi-disciplinary team that screens all children under the age of six at entry into the dependency court system in the areas of health, development, education, mental health, and placement and visitation.

- 3. Integrate multi-agency services to eliminate fragmentation and duplication of services for children or families of children ages zero to five.**
 - The Family Wellness Court in Santa Clara County demonstrates a multi-agency approach. It is a regional partnership to expand and enhance services for pregnant women and parents with children ages zero to three who are at risk of losing custody of their children because of their abuse of methamphetamines or other drugs in conjunction with child abuse and/or neglect. It includes front-end assessment services, specialized treatment services for parents of children ages zero to three, developmental screening and intervention services for young children, young child mental health expertise on the court team, Mentor Parents to serve as system navigators, and a community resource coordinator to support the courts in their oversight of the cases.
 - Fresno and Contra Costa counties are examples of highly coordinated and collaborative counties that include the courts, Child Welfare Services, Head Start, Regional Centers, and school districts early in the child welfare process to provide comprehensive assistance for at-risk families and ensure that children ages zero to five receive adequate services.

- 4. Encourage cross-system collaboration between local and state departments and formalized agreements between child welfare agencies and public service programs/ community partners in order to cultivate an inter-agency system that provides appropriate, timely, and quality services that can reduce the impacts of trauma on young children ages zero to five.**
 - Los Angeles County implemented a Coordinated Services Action Team (CSAT) to ensure consistent, effective and timely screening of all children and to link them to services by conducting a systematic review. The CSAT uses a referral tracking system to centralize data for management decisions and guidance.
 - San Francisco County has formed committees or teams that address the needs of young children and are supported by the courts. These teams automatically refer foster children ages zero to five and their caregivers to First 5, Triple P (Positive Parenting Program), and other services, including mental health.

Other Examples of Successful Strategies or Practices

Listed below are other successful strategies or practices that have recently been used in various counties across California.

1. Family Finding and Engagement (identified by the Permanency subcommittee) would require social services agencies to capture names and contact information of extended family member resources at an early stage. This enhances the child welfare agency's ability to use those resources in support of the biological parents and the child, as well as serving as a resource for possible placement of the child, and minimizing the need for placement changes in the case of an infant or toddler.
2. San Francisco County utilizes the Keys to Interactive Parenting Scale as an observational guide to increase the quality of visitation between parents and children ages 2-71 months. Consistent quality visitation leads to higher reunification rates and lower recidivism rates. Maintaining or healing the attachment with the biological parent/s is critical for children ages zero to five.
3. Other support programs for parents and caretakers include Wraparound, Children's System of Care grants, and Linkages.
4. The Chadwick Center for Children and Families in San Diego County, which is a part of the National Child Traumatic Stress Network, provides a continuum of services with an integrated, multidisciplinary approach to healing intervention and family support. The Chadwick Center leads and participates in several initiatives funded by state and federal grants to assist professionals in many fields by providing tools that inform about evidence-based practices, trauma in children, and child maltreatment reporting, prevention, and treatment such as:
 - The California Evidence-Based Clearinghouse for Child Welfare;
 - The Child Abuse Mandated Reporter Training Project;
 - Assessment-Based Treatment for Traumatized Children;
 - A Trauma Assessment Pathway;
 - The Safe Kids California Project, which will implement Safe Care – an evidence-based intervention designed to address the child abuse and/or neglect of young children ages zero to five years; and
 - The Chadwick Trauma-Informed Systems Project.

5. Identify barriers to increase the utilization of California’s Early Start Program by foster children ages zero to three who meet the eligibility requirements.
6. Los Angeles, San Bernardino, San Diego, and Humboldt Counties promote the use of a validated screening tool and a process that appropriately and adequately matches children with families and placements that meet their educational, physical, emotional, social, and mental health needs in order to reduce placement changes and improve the likelihood of permanency or reunification.



Many of the poor educational outcomes among foster children that manifest themselves in grade school and high school have their origins much earlier in life, long before formal education begins.

7. In San Francisco County, the ZERO TO THREE San Francisco's Safe Babies Court Team is focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children. This includes increasing knowledge among all those who work with maltreated children about the needs of infants and toddlers. ZERO TO THREE is a national nonprofit organization that informs, trains, and supports professionals and parents in their efforts to improve the lives of infants and toddlers. At the local level, the ZERO TO THREE Safe Babies Court Teams are led by judges who collaborate with child development specialists to create teams of child welfare and health professionals, child advocates, and community leaders. Together they provide services to abused and neglected infants and toddlers.

8. The Foster and Kinship Care Education (FKCE) program was established in 1984 and is administered by the California Community Colleges Chancellor’s Office. The FKCE Program provides a statewide structure and funding for 62 local community colleges to provide necessary education and training for potential and existing foster parents, kinship providers, and other resource families in order to assist them in meeting the increasingly more complicated needs of the foster children and youth in their care. The state and local counties rely on the college FKCE Program to provide important, quality training and education to resource families in each county. The FKCE programs are college/county/state partnerships.

- FKCE is the only statewide provider of mandated education and training for the state’s foster parents and kinship caregivers, serving over 35,000 annually for nearly 30 years (since 1985).

- FKCE provides a unique benefit to the state by ensuring that quality training and support is available for foster, kinship and foster-to-adopt parents – those who are caring for the state’s most vulnerable and at-risk children and youth.
- FKCE provides a cost-effective program to the state, counties, and local communities, saving millions of dollars annually by allowing children and youth in foster care to be placed with well-trained quality foster and kinship caregivers rather than in more restrictive, higher cost facilities.

9. The Quality Parenting Initiative (QPI) began in 2009 as a collaborative effort with the California Department of Social Services, the County Welfare Directors Association, and the Youth Law Center with support from the Stuart, Walter S. Johnson, and David B. Gold Foundations. The goal is to “re-brand foster care” and develop a statewide approach to recruiting and retaining high-quality caregivers to provide excellent care to children in the California child welfare system. This approach has been implemented in nine California counties over the past year. QPI should be expanded statewide.



- QPI was developed to ensure that every child removed from the home because of abandonment, abuse, or neglect is cared for by a foster family who provides skilled, nurturing parenting while helping the child to maintain contact with his or her family. The foster family works closely with the child welfare agency, caseworkers, courts, attorneys, and others to protect the child’s best interests.
- One of the key ways the QPI supports these foster families is by providing in-depth training to help them manage the challenges they face. These may be routine, like appearing in court, or more complex problems like helping a child transition home, coping with behavioral problems, or advocating for special education services. The training also helps families to better understand any information they were given about the child at the time of placement, so they can be proactive in advocating for the child and getting the right assistance.

10. The “Child and Parent Visit Plans: An Online Interactive Guide,” developed by Rose Wentz,¹² provides four steps to a purposeful and progressive visitation plan. It is a child-centered guide that focuses on what the child needs from visits. Each step is broken

¹² Rose Wentz is a member of the board of the National Staff Development and Training Association. She is a national expert on child welfare practice and has worked with UC Davis Extension’s Center for Human Services, and co-authored the Coaching Toolkit for Child Welfare Practice with the Northern California Training Academy at UC Davis Extension.

down into details covering the visit's purpose, frequency and length, location, activities, supervision level, attendees, responsibilities and materials, and documentation.

Crossover with County First 5 Commissions

Several County Child Welfare agencies collaborate with their respective First Five Commissions to support services for foster children ages zero to five. Several examples are highlighted below:

1. Modeled after Santa Cruz County's successful Baby Gateway Program, Santa Clara County launched its own Baby Gateway Project in December 2012 as a partnership among First 5, Santa Clara Family Health Foundation, Medi-Cal managed care health plans, Social Services Agency, local hospitals, and pediatricians. The Project expands health coverage, secures a medical home, reduces emergency department use, and ensures parents are given the appropriate resources to create a safe and healthy environment for their children. Similar to the Baby Gateway Program in Santa Cruz County, Santa Clara County has established three primary goals for its Baby Gateway Project:
 - To increase access to health coverage and a medical home for Medi-Cal eligible newborns
 - To decrease avoidable emergency department use for children under the age of one
 - To support Medi-Cal parents in creating a safe, healthy, and loving home in which to raise their child

The Baby Gateway Project has been successful in its first few months of operation. Families participating in the project have expressed their gratitude for receiving such valuable information so soon after the birth of their child.

2. First 5 Yolo Children and Families Commission and Woodland Community College's Foster and Kinship Care Education program established an efficacious partnership beginning in 2007 with a modest community grant in the amount of \$33,000. The impetus for this project was a lack of local foster families readily available for the placement of local children coming into foster care. This lack of homes resulted in both fiscal cost to the county and, more importantly, an emotional cost to the children, as most were being placed at least 40 miles from their home of origin. The pilot project, focusing on foster care recruitment and retention, proved extremely successful; the number of caregivers licensed the first year alone, 22 new foster

families, was double the grant’s objective. Historically, most counties were experiencing a declining trend in County Licensed Foster Homes, with more and more children placed in higher-cost agency and residential facilities, most located outside the county. In just one year of First 5 funding in partnership with Foster and Kinship Care Education program this trend reversed itself in Yolo County. The project also changed the perspective of County Child Welfare Services, who now desire placement in county-licensed homes rather than more costly agency placement. This in great part is associated with a higher quality of care and preparedness by local licensed foster families.

Outcomes of this project were highlighted by First 5 Yolo as a “Program of the Year” in their 2008 Annual Report. Following the success of the pilot project, the Foster and Kinship Care Education program entered into a seven-year contract with First 5 Yolo in collaboration with several local children’s agencies, including Yolo County, to build upon the original foster care recruitment and retention focus. Current program objectives serve to continue building a strong foundation of prepared foster homes to meet the needs of local abused and neglected children coming into care. This Integrated Family Support Initiative grant funds the following Foster Care Program elements:

- Partial funding of a county recruitment and retention coordinator
 - Retention Supports, such as Essential Placement Gift Cards (\$200 each), given at time of a new placement and again after six months if a child is anticipated to stay in care
 - Caregiver mentoring at the time of placement, court appointment, visitation, and decisions regarding permanency; child care and respite care
 - Therapeutic interventions for young children, including support for specific parent/infant foster care classes such as Baby Signs® and Trust & Safety classes involving infants and parent swimming together
3. The Alameda County First 5 Commission’s goals include keeping children free from abuse and neglect by strengthening families to support their child’s health and development. To this effort, First 5 provided initial funding for three alternative response community-based programs that the county’s Children and Family Services Department is now supporting with its Title IV–E waiver reinvestment funds.

Alameda First 5 is also involved in a developmental screening initiative that includes infants and toddlers who are in foster care. A team comprised of a psychologist, a foster care public health nurse, the child welfare worker, and others as appropriate reviews each infant's and toddler's case as planning for the child's permanent family moves forward. The team works with both the biological and potential adoptive parents.

4. First 5 San Diego County has several programs directed to help young foster children;

Developmental Screening and Enhancement Program

The goal of this program is to provide developmental and social-emotional screenings for all children ages zero through 5 who enter into the foster care system. Foster children with special needs receive follow-up developmental assessments and expanded case management services, whether they are placed with foster families or relative caregivers. The project also supports 25 full-time staff at the Polinsky Children's Center, San Diego County's children's receiving center, and special training for Polinsky Children's Center staff that care for young children. During 2011-12, 1,114 children and 710 families were served. Training was provided to 37 staff (core staff and additional staff received training).



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Child Welfare Service Early Childhood Services Project

This program funded 44 Child Welfare Services social worker staff, who received specialized training and support to meet the needs of foster children in the county, ages zero through 5 years.

KidSTART

This program is a multi-agency project between First 5 San Diego, Child Welfare Services and Behavioral Health Services Children, Youth and Families, to address children with complex needs. The KidSTART Center provides triage, assessments, referrals, and, treatment for children with multiple, complex delays and disorders. The KidSTART Clinic focuses on providing behavioral and social-emotional clinical treatment. The Clinic utilizes First 5 funding to leverage Early Periodic Screening, Diagnosis and Treatment (EPSDT) funds. The Center served 208 children and the KidSTART Clinic served 132 children.¹³

13 Since this program originally served children in Child Welfare Services only and has been expanded to serve the larger community, the number served reflects the approximate number of foster children served by these programs.

5. The Children and Families Commission of Orange County continues to provide support and funding to the Early Childhood System of Care Program locally, whose goal is to support the developmental needs of children in the foster care system, and to assure that they receive early developmental screening and are linked to community services to improve outcomes. The ECSOC efforts in Orange County continue to address these needs through this collaborative effort and important support of the Commission.

Orange County is working with multiple community partners in their ongoing effort to support the needs of the foster children and their families. The Early Childhood System of Care includes many community partners, including the Health Care Agency, Orange County Head Start, Early Childhood Care and Education representatives, community clinics, Public Health Nurses, Family Support Network, Social Service Agency, Foster Youth Services, School Readiness Nurses, Western Youth Services, Children and Families Commission, and Help Me Grow. These partners meet quarterly to discuss the developmental needs of children in the county and to address the gaps and challenges we continue to face.

The quarterly meetings address specifically the needs of the foster youth, and updates are provided that speak to the referrals provided, as well as the outcomes that resulted. Gaps in services and methods to improve the services provided are discussed; and possible changes in the system to provide these services are problem solved to improve these services.

6. Los Angeles County First 5 identified five investment projects that could support young foster children; however, none are specifically directed at foster children. For example, First 5 LA's Parent Child Interaction Therapy (PCIT): efforts target families with two to five year olds. Capacity will be developed within the workforce and service delivery organizations throughout Los Angeles County to provide PCIT services for families with children two to five by providing training opportunities to mental health professionals on the PCIT model. This project utilizes an evidence-based behavioral family intervention model, to reduce risk of abuse in families with young children with serious disruptive behavior disorders. Key activities planned by the Department of Mental Health and University of California, Davis for FY 13-14 include the 20 New Provider agencies (with teams of four clinicians each) trained in PCIT and supporting previously trained PCIT therapists in agencies with an existing PCIT program.

Normalcy is the Goal

As articulated throughout this report, the vast majority of research from both developmental science and neuroscience expresses the vulnerability of children age zero to five, and the urgent need for a system, policy, and practice response to improve outcomes for this age group. The Council can provide the leadership and forums to increase statewide awareness in order

to develop a plan for action. The Council can advance and promote the most effective strategies that address the developmental needs of the vulnerable infants and toddlers who enter foster care. The goal is to encourage state and local policy-makers and, administrators to begin to assess, identify, revise, and, institute policies that address this population, in order to create a system that supports healthy development of infants and toddlers placed in out-of-home care.



The goal is to...
create a system that
supports healthy
development of infants
and toddlers placed in
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Additional Resources

The Center for the Developing Child at Harvard University

<http://developingchild.harvard.edu/>

Child Trauma Academy

<http://childtrauma.org/>

ZERO TO THREE

<http://www.zerotothree.org/>

National Center for Children in Poverty

<http://www.nccp.org/>

