1. **Call to Order, Introductions and Announcements**

Justice Raye and Secretary Dooley extended a personal welcome to members and others in attendance.

Secretary Dooley welcomed four new Council members: Vanessa Hernandez, a former foster youth who works for the California Youth Connection; Cherie Schroeder, foster parent who works for the Yolo County Foster and Kinship Care Education Program; Cheryl Rave, a foster-adoptive parent who works for Disney/ABC Television Group; and Terry Rooney, Ph.D., representing the County Mental Health Directors Association and director of Colusa County Behavioral Health Services Department.

Justice Raye called for introductions of Council members and members of the public, and then Secretary Dooley set the context for the meeting, by reviewing the agenda

1. **Approval of the September, 2013 Discussion Highlights (Action Item)**

Justice Raye asked for comments or suggested revisions to the September 4, 2013 Child Welfare Council Discussion Highlights, and they were approved as written on a consensus vote.

1. **Approval of the Child Development and Successful Youth Transitions Committee’s Recommendations on Young Children in Foster Care (Action Item)**

Secretary Dooley called on Cheryl Treadwell, California Department of Social Services (CDSS), to introduce the topic.

Cheryl reminded Council members of the presentation on this topic that was made at the previous Council meeting and stated that the Council was now being asked to adopt the recommendations of the Young Children in Foster Care Task Force.

By way of review, Cheryl described how infants and young children under age five are the largest age cohort entering California’s public child welfare system. These very young children are vulnerable and susceptible to abuse, placing them at higher risk of out-of-home placement and long-term effects resulting from trauma, neglect, and poor child-caregiver relationships and attachment. Young children identified by child welfare have higher rates of developmental, social, and emotional delays. The neurological and physical growth and development of children under age five is substantial. Research is both abundant and clear. The effects of maltreatment or the high risk situations that bring children to the attention of child welfare can lead to changes in brain architecture and result in social, emotional, and developmental delays. Fortunately, children in the early stages of development still have a significant opportunity to positively alter the trajectory of their life. Providing services quickly can minimize or eliminate the effects of maltreatment and support a nurturing and responsive child-caregiver relationship — a vital factor to improve well-being, healthy development, and relational competency later in life. Unfortunately, less than 7 percent of the children in care receive services compared to older children involved with child welfare. Child welfare is in a unique position. The ability to have access to high-risk families allows for young children to be identified, assessed, and provided timely services which can significantly improve their lives. By raising the awareness, building support, specializing services, reducing fragmentation or duplication, using a multiagency approach, and then tracking the progress will improve services and lead to system-wide improvements in outcomes young children and their families involved with child welfare.

**A motion to adopt the following recommendations was made and seconded**: In order to better serve children ages zero to five involved with child welfare, the California Child Welfare Council recommends the following based on various research policy papers, federal policies, and national, state, and local initiatives:

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.

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 children in foster care.

3. Integrate multiagency services to eliminate fragmentation and duplication of services for children or families of children ages zero to five.

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 in an effort to reduce the impacts of trauma on young children ages zero to five.

**Suggested Strategies to implement the recommendations for County Child Welfare agencies include:**

1. Use a validated developmental screening tool to identify developmental, social, and emotional concerns in infants and young children during initial assessments, at each well-child check-up, or when a concern is identified.
2. Complete a county wide assessment using data to identity needs, services, and the gaps in serving infants, toddlers, and their families.
3. In accordance with the Child Abuse Prevention and Treatment Act (CAPTA) and Part C of the Individuals with Disabilities and Education Act (IDEA) determine that policies and procedures are in place to refer children under the age of 3 involved in a substantiated case of child abuse, neglect, or illegal drug exposure to early intervention services under Part C, as well as provide research on the importance of the early years, trauma, and importance of the role the caregiver.
4. Create a community or network of practice that meets regularly to review referrals, identify service gaps, share records, reduce replication of service and make shared decisions.
5. Use specialized child welfare staff trained in early childhood development and resource availability who can confidently assess, review, and guide practice for children in care and those remaining at home.
6. Link the importance of early identification and intervention in policy and practice to key child welfare practice models and foundations (e.g., safety and permanency, stability, strength-based casework, quality visitation, appreciative inquiry, well-being, family finding, etc.).
7. Include early childhood topics and social-emotional development considerations into the protocols for teaming strategies (Team Decision Making, Family Group Decision Making, Child and Family Teams) for every child under age five.
8. Reduce the number of placements a child under age five experiences.
9. Place children under age five in the care of adults who understand and support the need for frequent and targeted visitation in the most natural setting.
10. Use parenting evaluations tools, as well as health and mental health assessments to focus efforts and guide the services to parents and caregivers.
11. Differentiate child-parent visitation protocols to ensure greater frequency, quality, and purpose for children under five in an effort to promote relationships and parenting skills.
12. Increase the frequency of case reviews children under five in consideration of the rapid and significant growth and development occurring.
13. Establish resources for birth families such as support groups, parent/peer partnerships to provide ongoing support during placement and post reunification to prevent re-entry. Provide training or resources to parents on various topics such as child development, safety, reducing trauma for their children, accessing part C services, etc.
14. Train child welfare staff alongside staff from Part C agencies. Suggested areas to include: early childhood development, the effects of trauma and inadequate caregiving, working with parents who experienced trauma, domestic violence, using a developmental screening tool to assess and support child welfare practice, prenatal alcohol exposure, accessing Part C services, interventions suitable for children under five, etc.
15. Provide training for ILP and TILP programs on the importance of responsive parenting.

**Suggested Strategies to implement the recommendations for Courts include:**

1. Use specialty courts with attorneys who specifically represent infants and young children and are educated about the unique challenges and opportunities available for children under five and their families, as well as the myriad co-occurring issues.
2. Reduce court delays for children under five.
3. Create information-sharing processes and releases allowing for information sharing on screening, service eligibility, and outcomes in collaboration with child welfare and community agencies.
4. Secure training on child development, the impact of trauma, the importance of caregivers, the importance of parenting skills, and the impact of health/mental health, interventions and processes.

**Suggested Strategies to implement the recommendations for Partner Agencies and Resource Families include:**

1. Enhance the priority points to expand the capacity for child welfare to make referrals, including the investigation stage, for Part C programs and providers.
2. Create a single point for entry into Early Head Start and Head Start programs for child welfare referrals.
3. Reduce the wait time for referrals from child welfare to be assessed.
4. Provide feedback on the results of referrals, eligibility, and services provided.
5. Train prevention providers on the 2011 federal reporting requirements contained in the Family Services and Innovation Act for states to provide information on the services and supports to address the developmental needs of young children.
6. Train resource families, foster parents, and relative caretakers on the needs of young children and their families on how to secure resources, promote positive development, and the importance of visitation in natural settings.
7. Adopt the Strengthening Families Framework used in community child abuse prevention to increase family strengths, enhance child development, and reduce the likelihood of child abuse and/ or neglect for children ages three to five. 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.

**Discussion:** Discussion on the recommendations and suggested strategies included advocacy for judges to create Family Wellness Courts within the Juvenile Court; for CDSS to develop a protocol of best practices for serving drug-addicted babies; for the Council to join with California First 5 to support implementation of “universal screening;” for involvement of CASAs in ensuring healthy development of young foster children. Secretary Dooley said she would follow up with George Halverson, Chair of the California First 5 Commission, to request that the Council’s work in this area be linked to the work of First 5 California.

**Approval:** Secretary Dooley called for the motion to be adopted by consent which was obtained.

1. **Report on Proceedings from the *Keeping Kids in School and Out -of-Court* Summit**

Justice Raye called on Council member Stacy Boulware Eurie, who also serves on the California Blue Ribbon Commission on Foster Care, to report on the recent Keeping Kids in School and Out of Court Summit, held in Anaheim, California on December 3-4, 2013. Judge Boulware Eurie informed the Council that the Summit was co-convened by Chief Justice Tani Cantil-Sakauye and Superintendent of Public Instruction Tom Torlakson. Presiding juvenile court judges from 32 of the state’s 58 counties accepted an invitation from the Chief Justice to put together multidisciplinary teams of 8 to 10 members that included the courts, child welfare, probation, mental health, education, and others in each community involved in the issues of truancy, chronic absenteeism, and how school discipline policies can have the effect of pushing students out of school and, too often, into the juvenile justice system. On December 3, 400 team members and other participants attended a day of workshops on promising and proven interventions to turn the “school to prison pipeline” around and engage students in the school experience. Participants also attended workshops on the effects of trauma on the developing brain, adolescent brain development and how it affects behavior, and other issues. The following day was a full day summit on the federal and statewide perspectives on the issues and featured speakers including the Chief Justice, the Superintendent of Public Instruction, the California Attorney General, and other top tier leaders and thinkers on the issues. Teams worked over the lunch hour to draft preliminary blueprints for change in their own counties. Feedback from participants has been overwhelmingly positive and county teams returned home eager to get to work. The summit was co-sponsored by the Child Welfare Council, the Blue Ribbon Commission on Children in Foster Care, Attorney General Kamala Harris, Secretary of Health and Human Services Diana Dooley, as well as Chief Justice Cantil-Sakauye and Superintendent Torlakson.

1. **California Partners in Permanency Project (CAPP) (Informational Presentation by the Permanency Committee)**

Secretary Dooley called on Permanency Committee Co-Chairs Carroll Schroeder and Bob Friend to introduce the topic. Carroll and Bob reported that members of their Committee have been participating in recent initiatives under the auspices of the California Department of Social Services (CDSS) that show promising strategies for improving permanency for youth placed in group care. They introduced Karen Gunderson, CDSS Branch Chief, who had been asked to inform Council members about one of these efforts, the California Partners in Permanency Project, known as CAPP, a five-year federally funded project to reduce long-term foster care. Karen provided the following overview of the project.

Federal Intent for establishing the grant is to build the evidence base for innovative permanency interventions and to improve permanency outcomes and enhance well-being for particular groups of children and youth experiencing the most serious barriers to permanency. The project is part of President Obama’s *Permanency Innovations Initiative*. There are sixgrantees nationwide, including two in California:

1. CAPP – award made to CDSS along with Fresno, Humboldt, Los Angeles and Santa Clara Counties, with focus on permanency for African American and American Indian youth in foster care; and
2. RISE – award made to Los Angeles Gay and Lesbian Center, with focus on permanency for LGBTGQ youth in foster care.

**The Need for CAPP**

•California has 55,000 children in foster care

•African American children in foster care at more than 4 times their rate in the child population

•American Indian children in foster care at nearly 3 times their rate in the child population

•Foster care outcomes are worse for African American and American Indian youth because they remain in foster care longer and they are less likely to be reunified with their families

**What’s the project doing?**

Developing and testing a ***Practice Model*** for child welfare agencies and their partners to use in working with children, youth and families to improve outcomes and address disparities. The Practice Model includes:

* **Theoretical framework**
* **Values and principles**
* **Essential front-line practices**
* **Organizational and system capacity**

The project also includes research based implementation strategies and a rigorous federal evaluation

**CAPP Theoretical Framework**

•Broad Social, Racial and Historical factors have impacted the lives of African American and American Indian families.

•The history of racism and discrimination in our communities has impacted our institutions and contributed to disparities in outcomes.

•Partnerships with supportive communities and tribes are essential to understand and meet the needs of their children and families.

**Child and Family Practice Model Values & Principles**

|  |  |
| --- | --- |
| •Power of Family •Healing •Community & Collaboration •Honesty, Transparency & Trust  | •Safety •Fairness & Equity •Empowerment •Accountability and Results  |

**Child and Family Practice Model Front Line Practice Approach**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Four Front Line Practices*** •Exploration &  Engagement •Power of Family •Circle of Support •Healing Trauma  | ***Eight Core Elements*** •Inquiry •Engagement •Self-advocacy •Advocacy  | •Well-Being Partnerships •Recovery, Safety & Well – Being •Teaming •Shared Commitment &  Accountability  | ***23 Practice Behaviors****(not detailed for this presentation)* |

**System Review and Analysis Commitment to Local Improvement** System Reviews (Institutional Analyses):

• Conducted in **partnership** with local communities and Tribes

•Develop **relationships first** and forge **common agreements** about how to be together

• **Identify system barriers** to improved outcomes for children and families

• Result in **local action plans** to address the system barriers identified

Key findings have informed the development of the CAPP Child and Family Practice Model. To learn more, visit [www.reducefostercarenow.org](http://www.reducefostercarenow.org) or contact Karen Gunderson, CAPP Project Director, at the California Department of Social Services, (916) 651.7395 or karen.gunderson@dss.ca.gov.

Following Karen’s presentation, Secretary Dooley led a discussion on the project to better understand why African American and American Indian children are overrepresented in the foster care system and the proposed strategies to improve our ability to secure permanent families and well-being for them. Strategies to deal with both institutional and personal racism must be included as part of the plan to increase permanency, including asking the families what they think would be effective rather than telling them. Fidelity to the front line practice model, as measured by the African American and tribal communities is essential. It was noted that a plan to expand from four to 58 counties needs to be developed to ensure improved permanency outcomes statewide. It was also requested that a presentation on the other California Permanency Innovations Initiative – RISE – be provided to the Council at a subsequent meeting.

1. **California’s Most Vulnerable Parents: A Population-Based Examination of Youth Involved with Child Protective Services (Informational Presentation by the Data Integration and Information Sharing Committee)**

Justice Raye called on Dr. Barbara Needell, Co-Chair of the Data Integration and Information Sharing Committee to introduce the topic. Barbara commented that the study being presented on this date is the latest of several data linkage efforts to create information in the interests of understanding and guiding policy and practice in Child Welfare. Barbara then introduced Dr. Emily Putnam-Hornstein, who conducted the study under the auspices of the Children’s Data Network at the University of Southern California and the

California Child Welfare Indicators Project at the University of California, Berkeley. Also participating in the study were Bryn King, MSW; Judy Cederbaum, Ph.D.; Barbara Needell, Ph.D.; and student partners Jaclyn Cleveland, Andrea Lane, and Kasey Gilbert.

Dr. Putnam-Hornstein acknowledged support for the study from the Conrad N. Hilton Foundation; Stuart Foundation; California Child Welfare Indicators Project; and the California Department of Social Services, as well as from the new Children’s Data Network – a data collaborative funded by First 5 Los Angeles. Below is a summary of her presentation.

**CALIFORNIA’S MOST VULNERABLE PARENTS: *WHEN MALTREATEDCHILDREN HAVE CHILDREN***

**Background**

* Nationwide, teen pregnancy rates have declined by more than 40% during the last two decades, rising briefly in 2006/2007 before dropping to a historical low in 2011.
* Yet, significant risk differences persist across groups, with variations by state, race, socioeconomic status, and other characteristics.
* Research suggests that female youth involved with the child protection system have heightened teen birth rates.

**Objectives for the Study**

Limited epidemiological data available from which we can ascertain teen parenting rates/dynamics among youth involved with child protective services in California. These data are needed so that we can:

* Document the public health burden of teen births for this population.
* Monitor trends and evaluate the efficacy of pregnancy prevention efforts for this population
* Determine the nature of services that are needed for young mothers and children.
* Develop programs that are responsive to what may be unique parenting needs for youth who have been maltreated or are in foster care.

**Key Finding: Demographics and Child Welfare history**

* 35,098 teens (born in CA) gave birth in 2009 in California, with the following demographics:
* 12-15 years (5.3%); 16-17 years (28.6%); 18-19 years (66.1%)
* Latina (70.2%); Black (11.0%); White (15.7%)
* Prenatal Care initiated after 1st Trimester (32.6%)
* The child welfare history of these teens is:
* History of alleged maltreatment – 44.9% conservative estimate
* History of substantiated victimization – 20.8% conservative estimate
* History of foster care – 9.7% conservative estimate

**Key Finding: Foster Care vs. General Population**

On a relative basis, birth rates among youth in foster care are higher than in the general population (~60%). Yet, on an absolute basis, only a small percentage of girls in foster care give birth in any given year (≤ 3.5%).

Highest birth rates (not necessarily causal…) occur for teens:

* In care less than 12 months
* With extreme placement instability (9+)
* In non-relative foster care (although initially higher in congregate care)
* With 60+ months in care

**Key Finding: Timing of Conception**

Among girls who were in foster care and gave birth – less than 50% were in a placement when they became pregnant.

**Key Finding: Cumulative Birthrates**

The cumulative teen birthrate among girls in foster care at age 17 is high, with high rates of repeat births. Adolescent mothers and intergenerational child protective services involvement suggests the need for enhanced supports to break intergenerational child abuse and neglect.

**Implications of Study: Start to an Important Conversation**

Documenting the prevalence of past abuse and neglect among adolescents who give birth and understanding its role in pregnancy decisions is critical to the development of informed prevention programs. Recognizing that a history of maltreatment characterizes many adolescent mothers may be relevant to the development of interventions that enhance parenting capacity and protect against abuse and neglect in the next generation. Monitoring the incidence of first and repeat births among girls currently and formerly involved with CPS is critical to evaluating the efficacy of pregnancy prevention efforts and determining the nature of services that are needed for young mothers and children.

**Other Considerations: Policies and Programs**

Data from the present study indicate that more than 1in 4 young women in the foster care system at age 17 is parenting during her teens (this will be 1 in 3 before age 21). The extension of foster care to youth over the age of 18 means that the nature of the state’s parenting obligations will expand and will increasingly include the next generation of children. Maternal maltreatment may not only have consequences for the victim but also may contribute to next-generation health outcomes and maltreatment risk

1. **Federal Child Welfare Financing Reform (Informational Presentation of Documents prepared by the Prevention and Early Intervention [PEI] Committee)**

 Secretary Dooley called on Kathy Icenhower to introduce the topic. Kathy reported that the PEI Committee continues to study the issues related to federal reform of child welfare financing and presented four proposed “fact sheets” that describe the problem, reasons why resolution is urgent and suggested goals for reform. Crafting a proposal that protects children, provides flexibility, ensures accountability, and funds these programs at a level considered adequate has proven challenging. However, stakeholders continue to move the discussion forward because of their belief that reform of federal child welfare financing can demonstrate the following:

**•** Commitment to the safety of children is required and critical in how comprehensive reform is structured.

**•** Every state deserves the opportunity to make more strategic investments in children and families. Federal support should be available to States in a manner that allows the opportunity to make more strategic investments in children and families and recognizes the uniqueness of jurisdictions, allowing for individuality among the States.

**•** Foster care should be used when it is truly needed to ensure safety, but not as the only response and/or intervention for families. Federal support should be available to meet the needs of a child and their family in a family-based setting, while ensuring the safety of the child and recognizing the importance of permanency for the child and the family.

**•** The federal government can encourage such investments and reforms by fiscal support (or incentives) to support policy and evidence based and evidence informed practices that are better aligned to ensure safety and improve child well-being.

**•** Federal support should be linked to meeting a child and their family’s needs, and not to the income of the family from which the child was removed.

**•** There must be clear outcomes for child safety, permanency, and well-being to ensure jurisdictions are accountable.

In the United States, the majority of federal child welfare funding is utilized to pay for children placed in foster care, with very limited funds available to support services that could keep children safely at home with their families. Nationally, stakeholders have been working to change that system by enacting federal child welfare finance reform so that the goals of maintaining safety, well-being and permanency for children can be better realized across the country. While there is still a need for consensus in certain areas, there are three things that everyone agrees federal finance reform should do:

1. Broaden eligibility and availability to include more families without restrictions.

2. Increase flexibility to ensure services meet community and family needs.

3. Provide incentives to keep children at home safely.

The PEI Committee will ask the Council to approve the proposed fact sheets at the March 12, 2014 meeting.

1. **Status Reports from Committees and Task Forces**
* **Prevention/Early Intervention Committee**

Status included under the *Federal Child Welfare Finance Reform* item above.

* **Permanency Committee**

Status included under the *California Partners in Permanency Project* item above.

* **Child Development and Successful Youth Transitions (CDSYT) Committee**
The Committee has work groups to study the following issues:
	+ Housing options for Transition Age Youth;
	+ Psychotropic drug use among foster youth, with a plan to give our feedback to the committee formed by the Department of Health Care Services and Department of Social Services that is addressing this issue;
	+ Quality of group home care, with a plan to give our feedback to the Department of Social Services Continuum of Care initiative; and
	+ Education-related mental health services.

The Committee is also tracking the progress of implementing the Partial Credits recommendations approved by the Council at the September 2013 meeting and will be following up on implementation of the strategies for Young Children in Foster Care approved at today’s meeting.

* **Data Linkages and Information Sharing Committee**

The Committee continues to track progress of national, state and local initiatives. At today’s meeting:

* Shel Culp, Chief Deputy Director of the Office of Systems Integration will provide an update on the California Systems Interoperability and Integration Project;
* Terry Kook, Council member and Director of Child Welfare for the Stuart Foundation, will present on the “Invisible Achievement Gap” with data on outcomes of public school students in foster care from the Center for Teaching and Learning at WestEd; and
* Emily Putnam-Hornstein, Children’s Data Network at the USC School of Social Work and California Child Welfare Indicators Project at UC Berkeley, will present additional details on the California’s Most Vulnerable Parents: When Maltreated Children Have Children study
* **Prioritization Task Force**

Prioritization Task Force members are busily preparing for the Convening on Priority Access to Services and Supports, to be hosted by Secretary Dooley and Justice Raye on the afternoon of January 30, 2014. The format will be a hands-on working session for inter-agency teams, including state and county partners who share responsibility to improve outcomes for of families with a child in foster care (Substance Use Disorders, Mental Health, Corrections/Probation, Housing and Workforce Development). The Convening will lay a foundation for developing a systems and practice action plan for statewide implementation of prioritized services and supports for the approximately 24,000 children child welfare families receiving reunification services at any given time.

* **Out-of-County Mental Health Task Force**

Status report not provided due to shift in agenda time.

* **Blue Ribbon Commission/Child Welfare Council Joint Membership**

Status included under the *Keeping Kids in School and Out-of-Court Summit* item above.

* **Ending Commercial Sexual Exploitation of Children Action Team**

The CSEC Action Team members have been selected through an application process, and four subcommittees have been established to address the following subject areas:

* ***Prevalence and Assessment***. In order to understand the scope and nature of the problem in California and provide appropriate services, screen all children across systems for exploitation and risk factors and assess their CSEC-related needs on an ongoing basis.
* ***Prevention and Training***. Establish programs to prevent commercial sexual exploitation of children, and train child-serving professionals to understand the CSEC problem, how to identify CSEC and at-risk children, and how to provide or refer to appropriate services.
* ***Specialized Services***. Develop and provide specialized services that will enable CSEC children to be safe, overcome trauma and thrive.
* ***Multi-System and Data Coordination***. Establish and support a systematic approach to multi-systems coordination, including strategies to improve service delivery to CSEC and at-risk children and enable the collection and sharing of data.

The Subcommittees have all met once via conference call, and the full Action Team meets this afternoon to confirm the purpose of the Action Team and each Subcommittee and to develop templates for subcommittee charters and meeting notes. The Action Team will also review policy efforts at federal and state levels and begin a discussion on external communication strategy and coalition building.

1. **Public Comment and Adjournment to Committee Meetings**There being no further comments, Justice Raye and Secretary Dooley thanked everyone for their participation and officially adjourned the meeting.