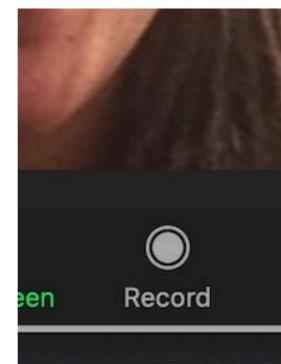
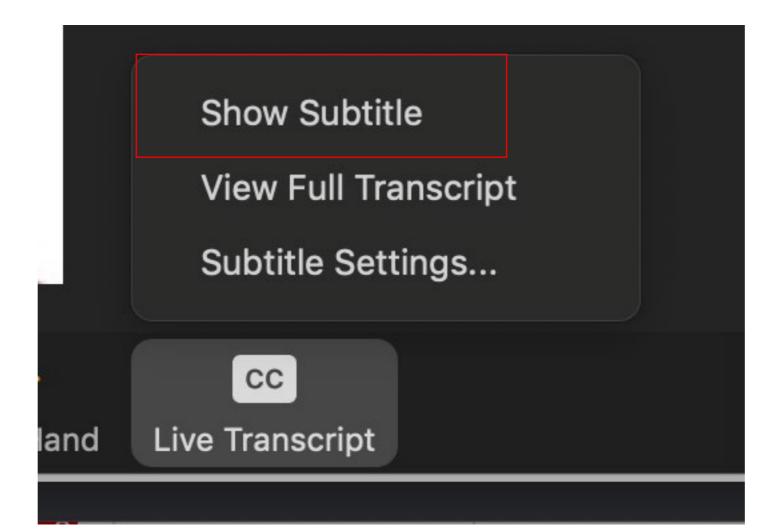
Live Transcript and Subtitles





u Raise Hand	CC Live Transcript	Leave

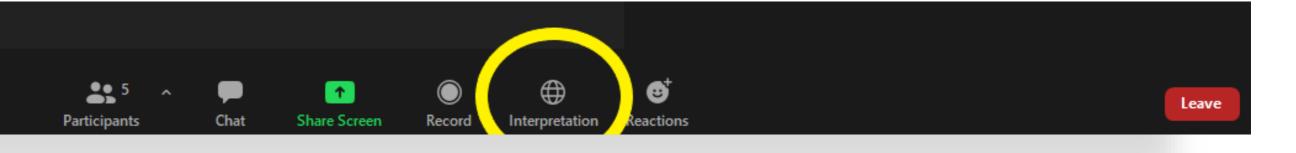


Language interpretation

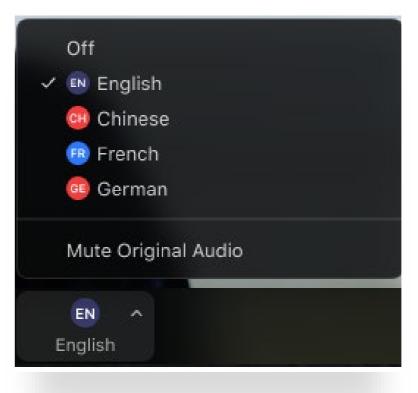




1. Click the interpretation symbol in the meeting controls



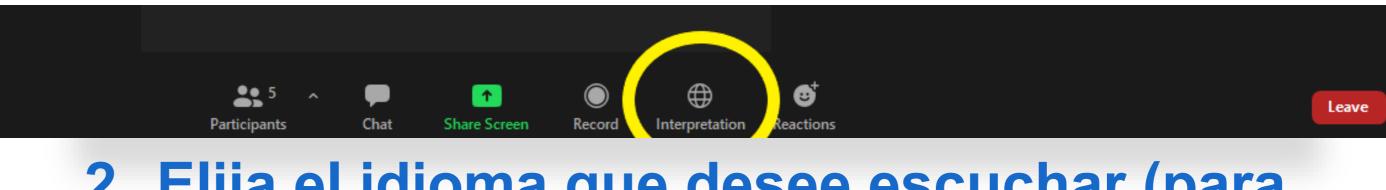
2. Click the language the you would like to hear (we have both Spanish & Mandarin interpretation available for this meeting).



3. Optional: To hear the interpreted language only click Mute Original Audio



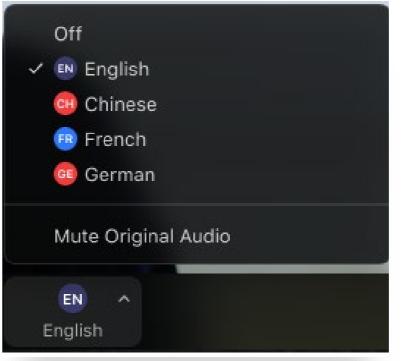
Interpretación Inglés-Español



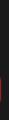


1. En las opciones, seleccione el símbolo de interpretación.

2. Elija el idioma que desee escuchar (para esta reunión, solo se ofrece interpretación al español).



3. Opcional: si solamente quiere escuchar el idioma interpretado, seleccione "Mute Original Audio"













3. 可选: 如想只听口译语言, 点击"原文音 频静音 (Mute Original Audio)"





Early Childhood Policy Council Meeting Wednesday, September 14, 2022 9:00 am – 12:00 pm

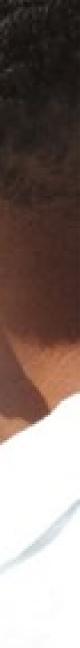


Faces of Foster Care Resource (Foster) Families Opening their Homes & Hearts



All photos are used with Permission of the Adoptive Families





Foster (fos`t r, fos'-), v.t.

- 1. To Promote the growth or development of;
- 2. Further; encourage.
- 3. To bring up or rear, as a foster child.
- 4. To care for or cherish.
- 5. Obs. To feed or nourish. –n.
- 6. A cherisher.
- 7. Nourishment.
- 8. Syn. See Cherish



California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Research and Data Insights Branch

Children in Foster Care

Agency Type: Child Welfare

California

April 2022

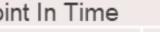
• 54,747 All Children, 0-18 Years 18,800 0-5 Years Old

Age	Apr 1, 2012	Apr 1, 2013	Apr 1, 2014	Apr 1, 2015	Apr 1, 2016
Group	n	n	n	n	n
Under 1	3,299	3,699	3,934	4,053	4,288
1-2	7,264	7,524	8,116	8,297	8,391
3-5	8,771	8,938	9,401	9,468	9,267
6-10	11,405	11,935	13,056	13,483	13,427
11-15	13,294	12,866	12,906	12,697	12,409
16-17	7,763	7,356	7,076	6,861	6,523
18-21	3,241	5,236	7,168	7,834	7,576
Missing	0	0	0	0	0
Total	55,037	57,554	61,657	62,693	61,881
Data Source: C	WS/CMS 2022 Quarter 1 E	Extract.			
Program version	n: 2.00 Database version: 7	754BF6AF			

Please consult the methodology for detailed placement type definitions.

CALIFORNIA CHILDREN IN FOSTER CARE

Point In Time



Folittin Time					
Apr 1, 2017	Apr 1, 2018	Apr 1, 2019	Apr 1, 2020	Apr 1, 2021	Apr 1, 2022
n	n	n	n	n	n
4,218	4,102	3,960	3,990	3,858	3,602
8,290	8,126	7,943	7,871	7,794	7,378
9,015	8,875	8,774	8,708	8,323	7,869
13,177	12,617	12,288	12,229	11,547	10,842
12,422	12,525	12,771	12,959	12,531	11,779
6,262	6,102	5,997	6,173	5,848	5,717
7,396	7,245	7,503	7,487	9,118	7,287
0	0	0	0	0	0
60,780	59,592	59,236	59,417	59,019	54,474







1. There are generally 54,000 children in foster care in California, more than 1/5 of all foster children in the United States. CA Child Welfare Indicator's Project. UC Berkeley, CDSS Research & Data Insights Branch 4.2022.

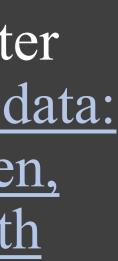
2. Twenty percent of California's foster children are under the age of five. <u>CA Child Welfare Indicator's</u> Project. UC Berkeley, CDSS Research & Data Insights Branch 4.2022

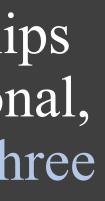
3. The majority spend 2+ years or longer in foster care and experience multiple placements. <u>Kidsdata:</u> Data and Resources about the Health of Children, Lucile Packard Foundation for Children's Health

4. Temporary placements and loss of relationships directly affect a foster child's long-term emotional, cognitive and developmental health. Zero to Three Policy Center. <u>Restructuring the Federal Child</u> Welfare System: Assuring the Safety, Permanence and Well-Being of Infants and Toddlers in the Child Welfare System, January 2007.











California Child Welfare Indicators Project (CCWIP) University of California at Berkeley

California Department of Social Services, Research and Data Insights Branch

Children in Foster Care

Agency Type: Child Welfare

April 1, 2022

California Children in Care by Ethnic Group

		Age Group							
	Under 1	1-2	3-5	6-10	11-15	16-17	18-21	Missing	Total
Ethnic Group	n	n	n	n	n	n	n	n	n
Black	544	1,454	1,599	2,365	2,546	1,255	1,774	0	11,537
White	1,075	1,717	1,523	2,133	2,423	1,247	1,470	0	11,588
Latino	1,738	3,848	4,392	5,892	6,314	2,970	3,652	0	28,806
Asian/P.I.	66	135	132	183	240	132	211	0	1,099
Nat Amer	36	87	93	147	159	66	94	0	682
Missing	143	137	130	122	97	47	86	0	762
Total	3,602	7,378	7,869	10,842	11,779	5,717	7,287	0	54,474

Data Source: CWS/CMS 2022 Quarter 1 Extract. Program version: 2.00 Database version: 754BF6AF Please consult the methodology for detailed placement type definitions. "A more vulnerable group does not exist than children removed from the custody of their parents and placed in foster care." – American Medical Association





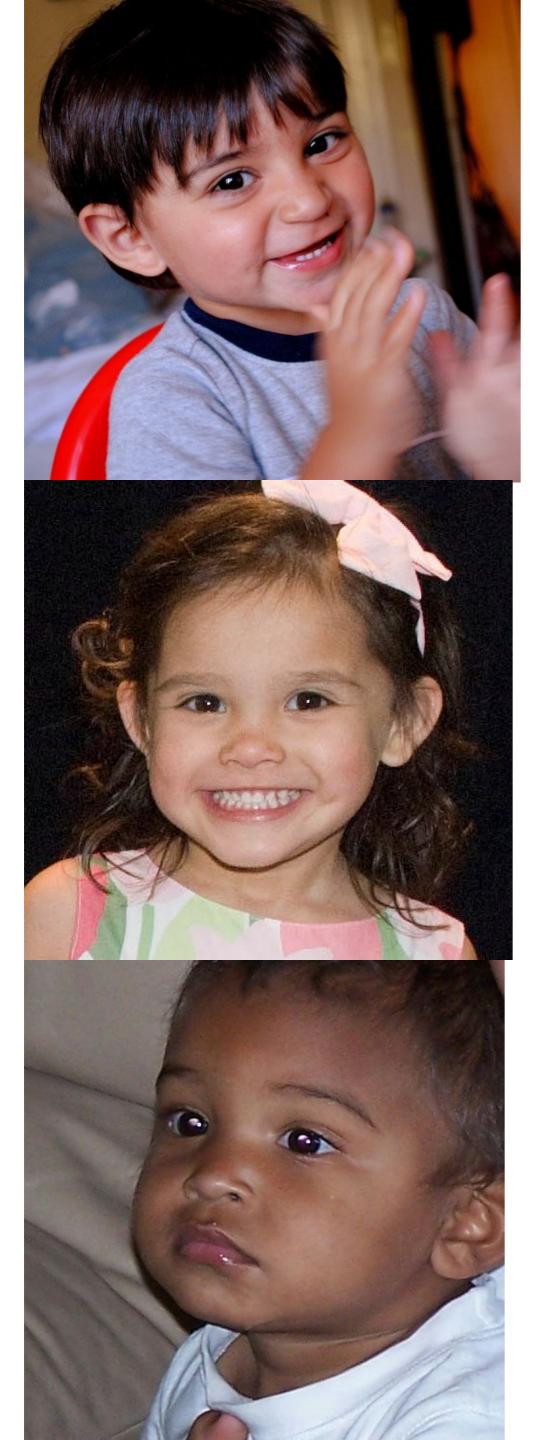
• All children in the child welfare system have been neglected, abused, or abandoned. By definition these children have suffered trauma. They have been traumatized in their homes of origin and they suffer further trauma if they are moved about in foster care, neglected, abused or poorly placed. This experience of trauma increases vulnerability to stress, affects the capacity to problem solve, and results in a resistance to change. If these children are misunderstood behavior as disordered or mentally ill then their care and treatment will be ineffective in meeting their needs and possibly destructive to their development beyond the damage done by the trauma they experience.

[and "Unless caregivers professionals] understand the nature of trauma reenactments, they are likely to label the child as 'rebellious', 'oppositional', 'unmotivated', or 'anti-social'."

Bessel A. van der Kolk, M.D. •

Developmental Trauma Disorder.





EVERY Child in Foster Care has the Inherent Right:

• Article 1:

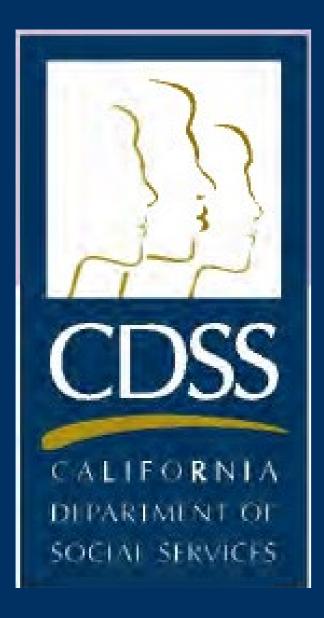
....to be cherished by a family of his own, either his family helped by readily available services and supports to resume his care, or an adoptive family or, by plan, a continuing foster family.

Woodland Community College Foster & Kinship Care Education Program

9/15/2022

Child Care and Development Division

Quarterly Transition Update Early Childhood Policy Council Meeting September 2022

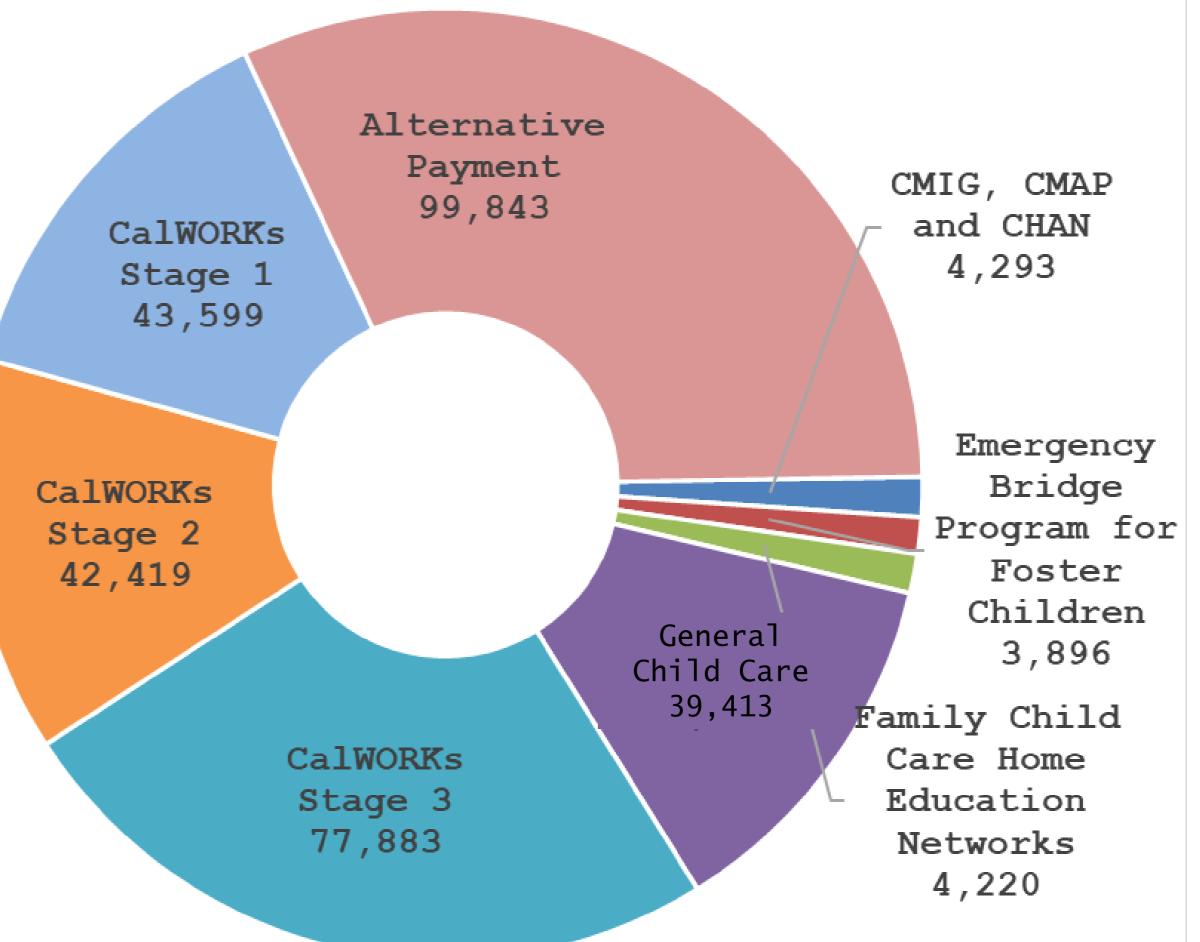




Total CCDD Programmatic Caseload Summary FY2021-22

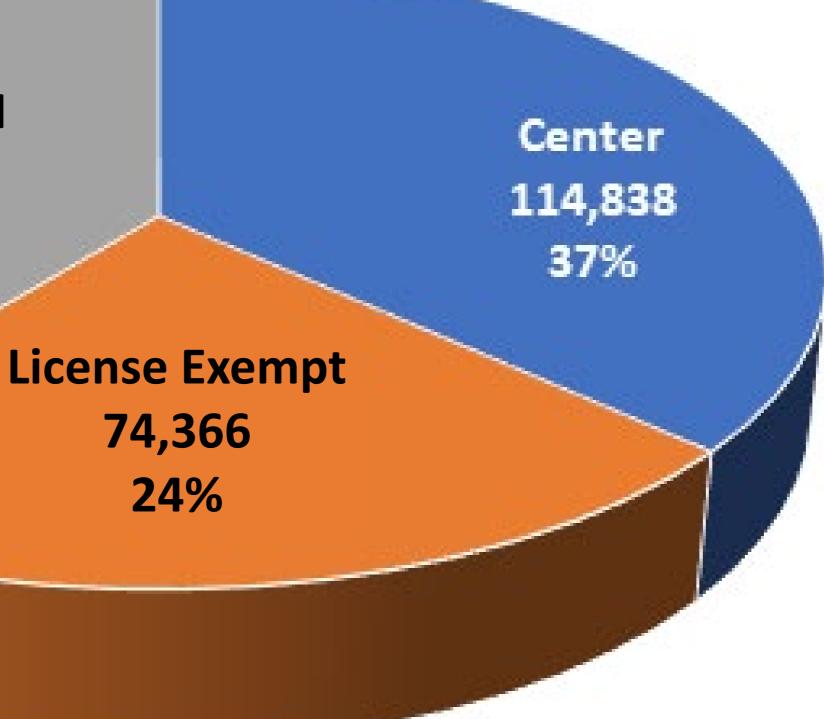
 Total children served by CCDD Programs: 315,566

 Including total number of children served in programs that transferred from CDE: 268,071



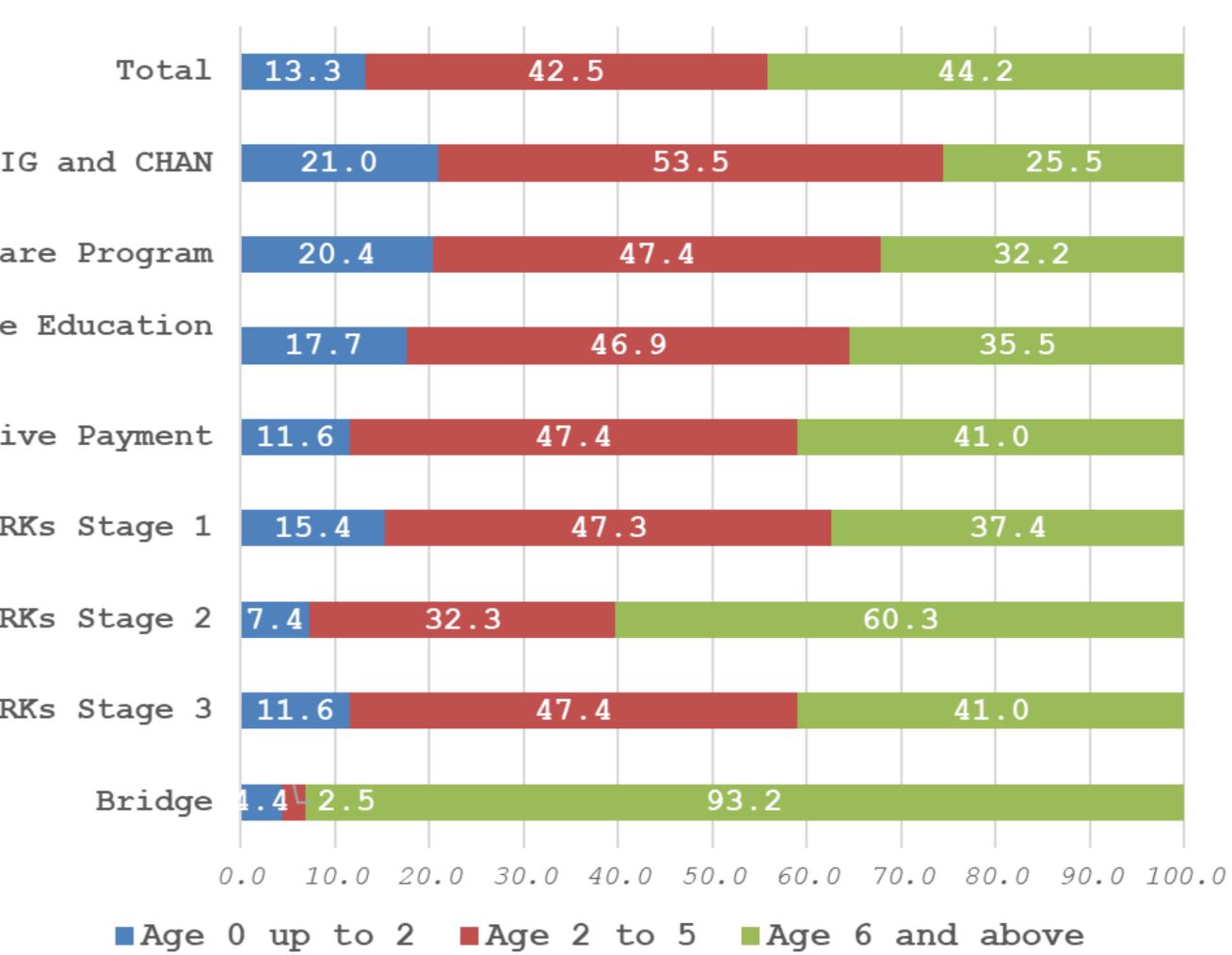
Child Caseload by Child Care Setting Summary FY 2021-22

Licensed FCCH 122,335 39%



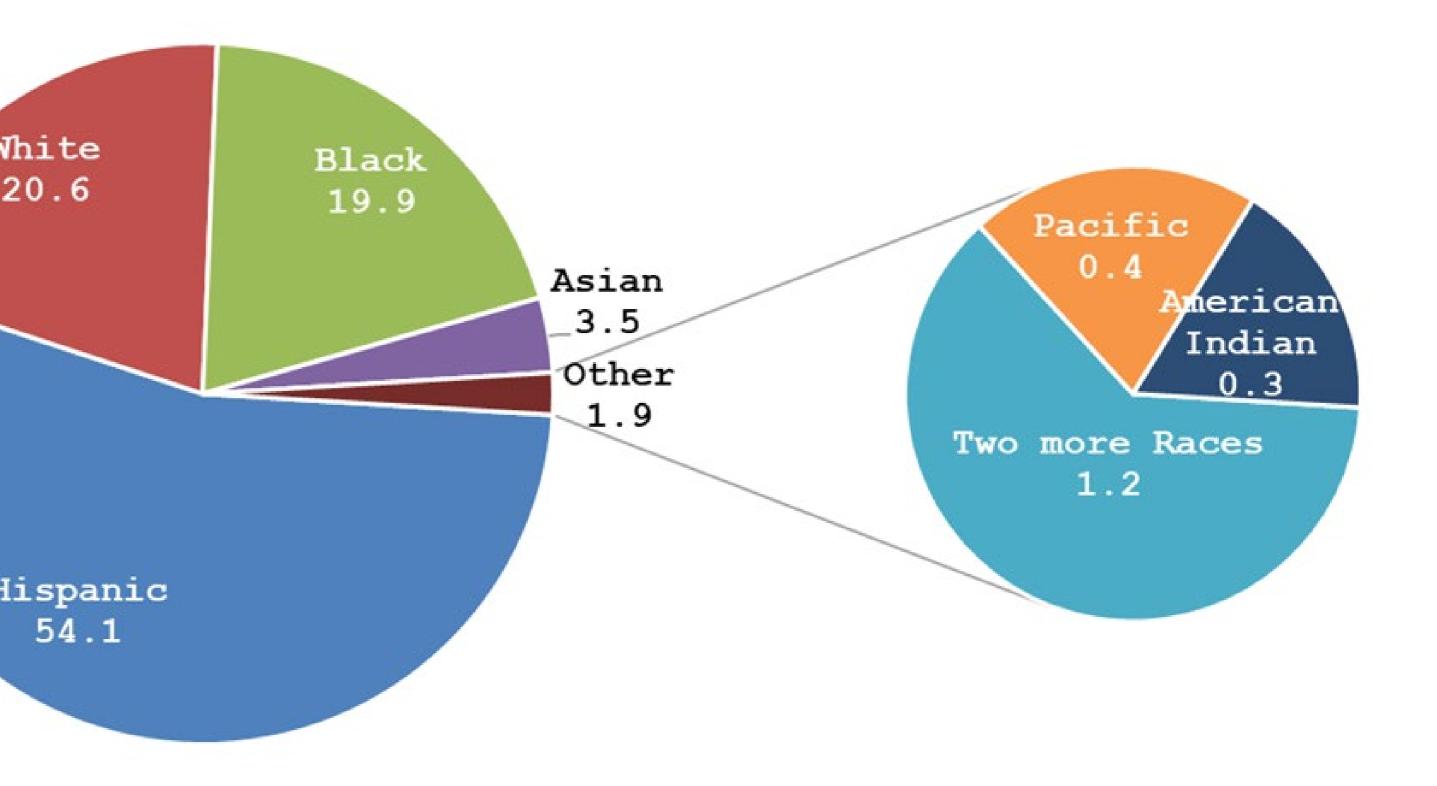
Child Age by Program Type 2021-22

Age:	0 up to 2	2 to 5	6 and above
Total	13.3	42.5	44.2
CMAP, CMIG and CHAN	21.0	53.5	25.5
General	20.4	47.4	32.2
Child Care Program			
Family	17.7	46.9	35.5
Child Care Home			
Education			
Network		47 4	
Alternative Payment	11.6	47.4	41.0
CalWORKS	15.4	47.3	37.4
Stage 2			
	7.4	32.3	60.3
Stage 2			
CalWORKS Stage 3	11.6	47.4	41.0
Bridge	4.4	2.5	93.2



Children Served by Race/Ethnicity FY 2021-22 (%)

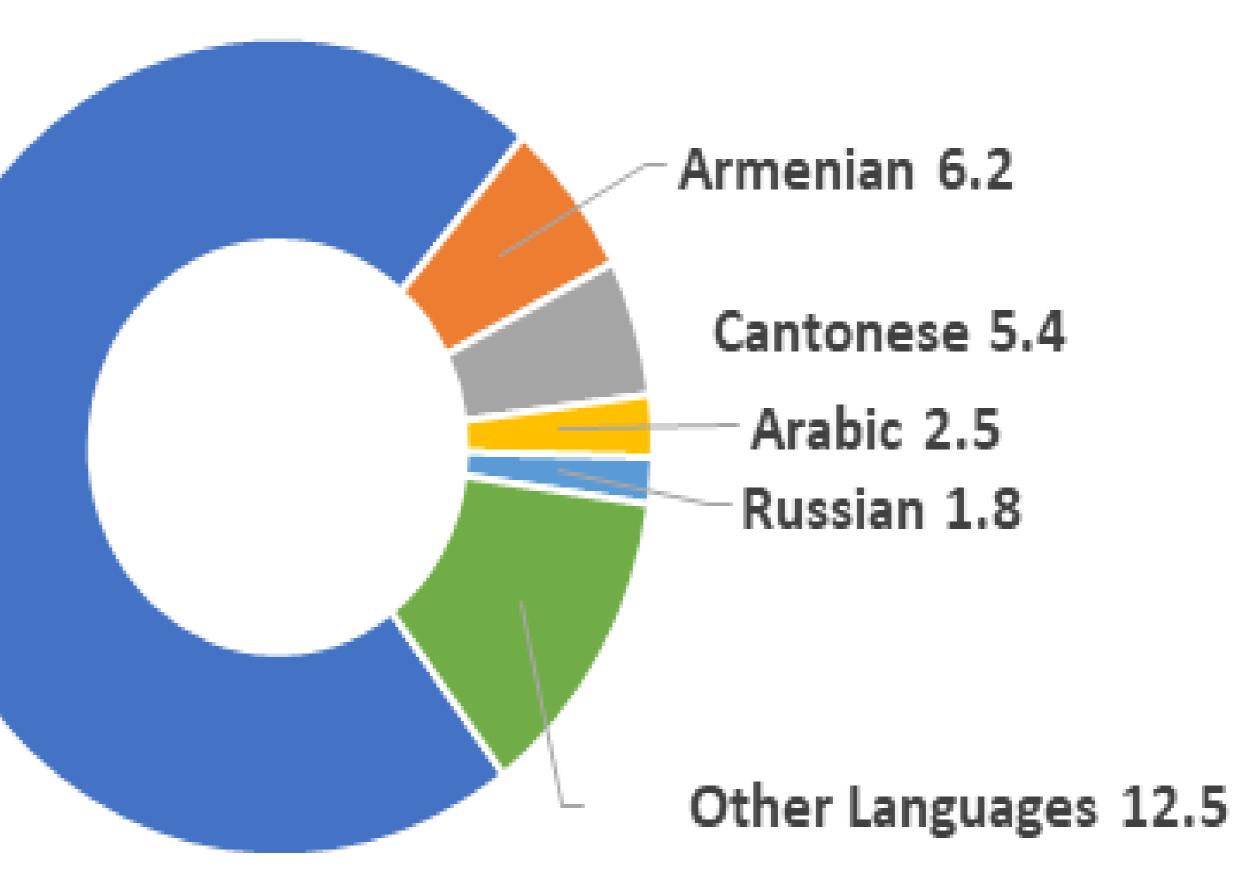
Race/Ethnicity	Children	Percent	
Hispanic	137,288	54.1%	
White	52,285	20.6%	
Black	50,528	19.9%	
Asian	8,774	3.5%	
Two more			
Races	3,048	1.2%	
Pacific	1,010	0.4%	
American Indian	839	0.3%	
Missing Race	47		
Total	253,819	100%	



Dual Language Learner Caseload Summary FY 2021-22

(16% of total children served)

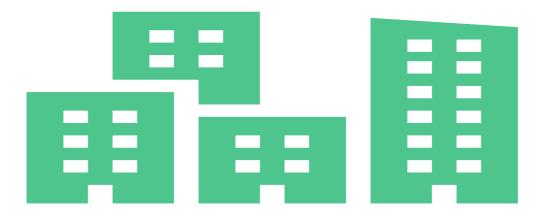
Spanish 71.6



Operational Implementation



Direct Deposit



Child Care and Development Infrastructure Grant Project



MCCP.org website launch

Child and Adult Care Food Program Update

 Coordination with the Department of Aging and Public Health

Pilot Project to rewrite procurement forms and policies in plain language

 Launch of the Bright Track Online **Training and Tracking Platform**



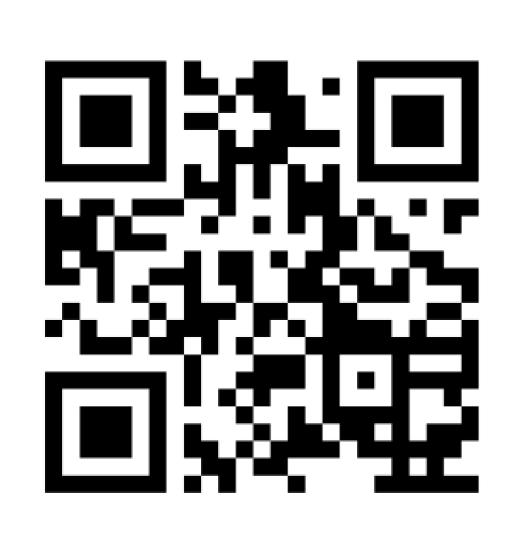


Join Us for our next Quarterly Call

October 3, 2022 2:30pm-4:00pm

https://us02web.zoom.u <u>s/webinar/register/WN</u> b82V6diPRrWaxDrG92 FJ7Q





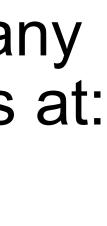
Thank You!

Visit: Child Care & Development Division: https://cdss.ca.gov/infor esources/child-careand-development

Please email us with any comments or questions at:

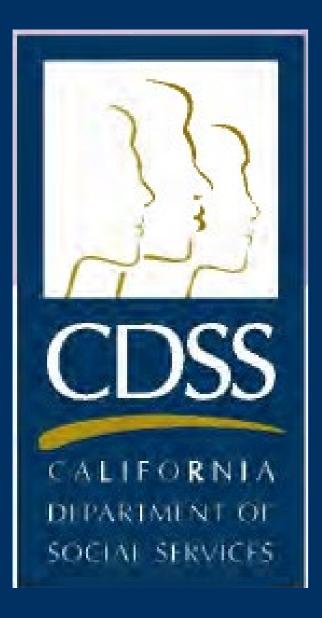
ccddstakeholders@dss.ca. <u>gov</u>





Child Care and Development Division

Quarterly Transition Update Early Childhood Policy Committee Meeting September 2022





Rate & Quality Reform

The State and Child Care Providers United – California (CCPU) established a Joint Labor Management Committee to:

- Develop recommendations for a single rate structure
- Address quality standards for equity and accessibility, while supporting positive learning and developmental outcomes for children

Must provide recommendations to the Department of Finance (DOF) no later than November 15, 2022.



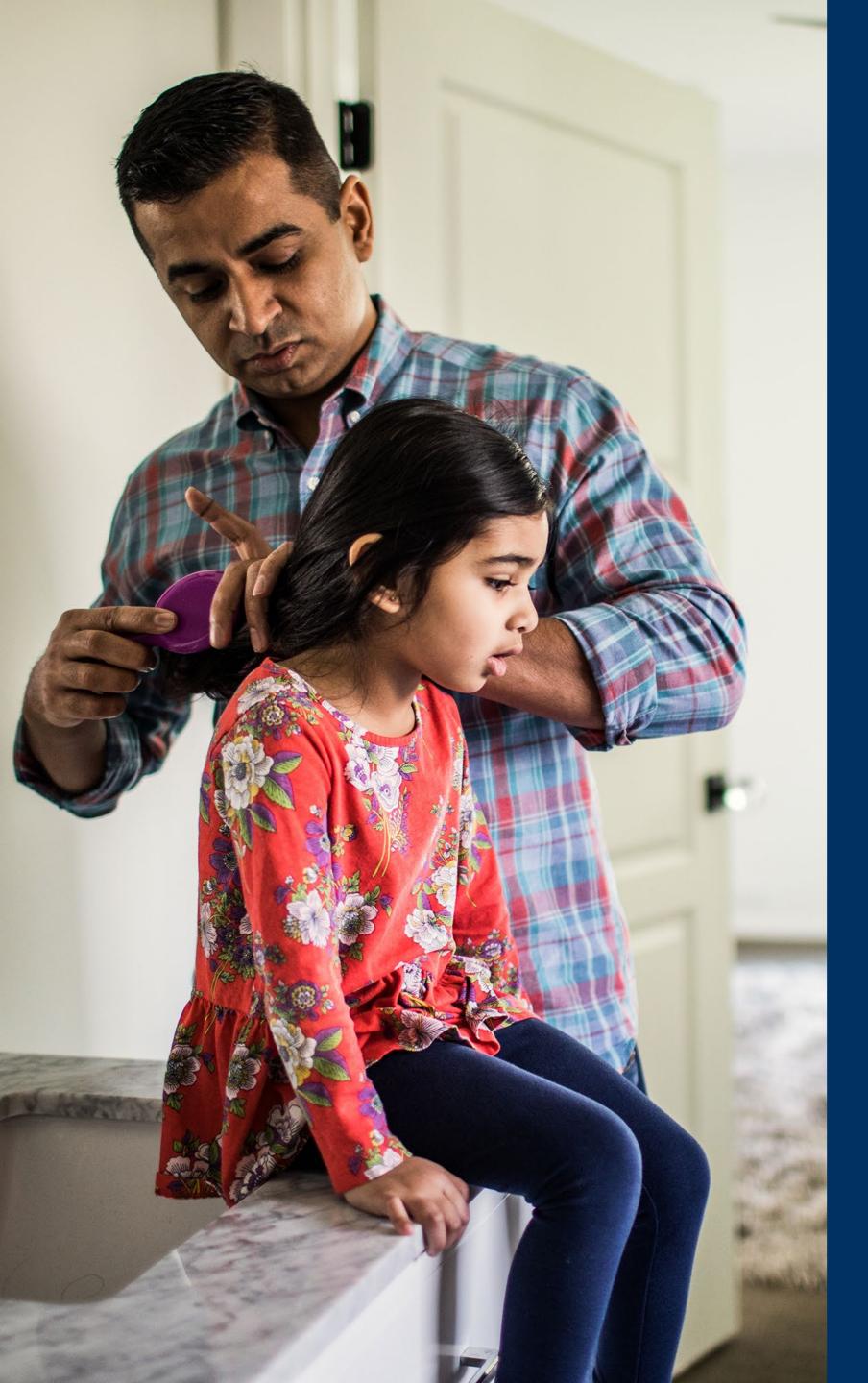
Rate & Quality Stakeholder Workgroup Report

- 1. Ensure equity is
 - foundational to all change
- 2. Utilize an alternative methodology
- 3. Create a single rate structure that specifies base rates
- 4. Continuously evaluate

A Report by the Rate and Quality Workgroup

August 15, 2022





The State and CCPU will continue meeting through the JLMC to finalize recommendations for the Department of Finance by **November 15, 2022.**

Next Steps



Thank You!

Visit: Child Care & Development Divis ion:

https://cdss.ca.gov/info resources/child-<u>care-and-</u> <u>development</u>

Please email us with any comments or questions at:

<u>ccddstakeholders@dss.ca.</u> <u>gov</u>



Early Childhood Policy Council (ECPC)

Date: September 14, 2022

CALIFORNIA DEPARTMENT OF EDUCATION Tony Thurmond, State Superintendent of Public Instruction



California Department of Education (CDE) Opportunities for All Branch (OFAB) Early Education Division (EED)







Capitalizing on an Opportunity – **Ensuring Inclusive UPK**

- In 2019, California had one million three and four-year old children, with only 23 percent enrolled in TK or CSPP
- Based on last year's eligibility criteria:
 - 81 percent of three-year-old children are NOT enrolled in any subsidized early learning and care program
- Initial CDE estimates show over 70,000 more children eligible for CSPP in 2022-23 due to eligibility changes.
- The COVID-19 pandemic has highlighted the disparities in access especially for students with disabilities.
- However, early learning has the potential to impart significant benefits to all children and their families, particularly in inclusive settings.







2022–23 Budget: Inclusion

- Children with an IEP or an Individualized Family Service Plan will be categorically eligible for CSPP
- New phased-in requirement for CSPP to reserve enrollment for a certain percent of children
 - 2022–23: 5 percent of children with exceptional needs
 - 2023–24: 7.5 percent of children with exceptional needs
 - 2024–25: 10 percent of children with exceptional needs
- disabilities into the state's preschool assessment tools
- \$2 million to incorporate early identification for learning \$250 million to support the Inclusive Early Education Expansion Program (IEEEP)





2022–23 Budget: IEEEP Funding



 \$200 million grant funding for local educational agencies (LEAs):

- adaptive and universal design facility renovations
- adaptive equipment
- professional development

• \$50 million to address state-level systems building







State-level Systems Building to Support Inclusion

- Practice-based coaching, and job-embedded professional learning to support grantees around:
 - Inclusive teaching practices
 - Social-emotional well-being of children
 - in early education and to promote comprehensive fiscal and programmatic strategic planning at the local level
- Culturally and linguistically responses resources
- Regional Support for early education inclusion

• Strategies to leverage all available funding for inclusive environments







What specific trainings and resources do you believe the CDE should focus their efforts on to support IEEEP grantees and any other early education programs to implement high-quality inclusive programs for children with disabilities?

Input Request









Photo Credit: Paso Robles Unified School District

Questions





Thank you



Medi-Cal's Strategy to Support Health & Opportunity for Children & Families



Early Childhood Policy Council September 14, 2022

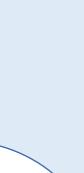


DHCS' Commitment to Improving Children's Care

- **DHCS** has a strong commitment to addressing **>>** entrenched health inequities and the resulting disparities that diminish children's health outcomes and life prospects
- Medi-Cal's Strategy to Support Health and **>> Opportunity for Children and Families** is a living, breathing document and DHCS' first step in organizing and communicating a **cohesive**, coordinated strategy to support children enrolled in Medi-Cal
- Through the strategy, DHCS is seeking to tie together existing and new children's health initiatives proposed in the initiatives noted in the graphic



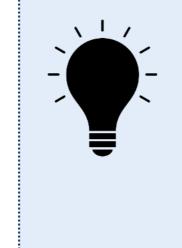




Medi-Cal's Strategy to Support Health and **Opportunity for Children and Families**

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

March 2022





Eight Action Areas with detailed **key initiatives** that are designed to:

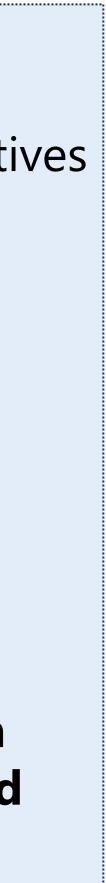
Two infographics, including an **easy to read** <u>one pager</u> with Action Areas and a **detailed table** with a status update and expected implementation timing for each key initiative



Access <u>Medi-Cal's Strategy to Support Health and Opportunity for Children and Families</u>

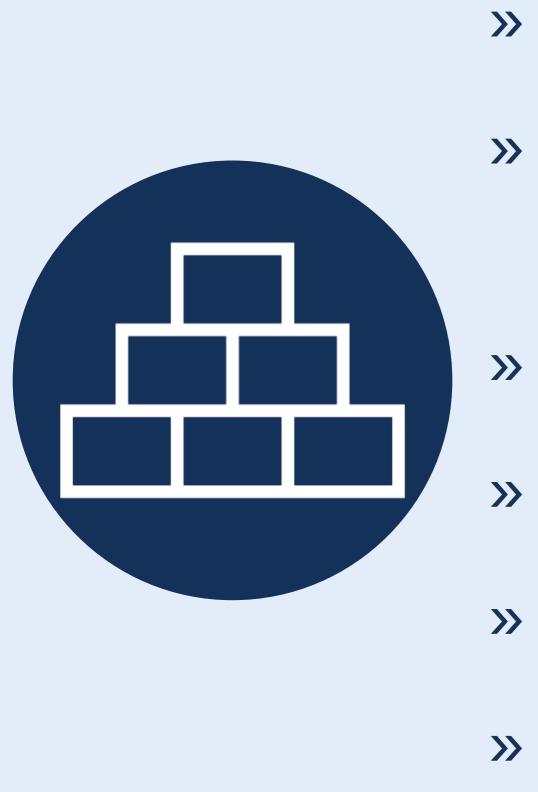
Forward-looking policy agenda for children and families enrolled in Medi-Cal that **unifies the common threads of** existing and newly proposed child and family health initiatives

- » Solidify coverage for children
- » Promote whole-child and family-based care
- » Strengthen leadership and accountability structures
- Implement evidence-based, data-driven initiatives



Guiding Principles

In shaping Medi-Cal's Strategy to Support Health and Opportunity for Children and Families, DHCS was guided by the following principles and considerations:



- » Addressing health disparities and advancing health equity
- » Implementing a whole-child, preventive approach informed by families
- » Providing family and community-based care
 - Promoting integrated care
 - Improving accountability and oversight
- » Looking beyond Medi-Cal



Action Areas

Each action area includes key initiatives – some already underway and others newly proposed – with detailed approaches on how to solidify coverage for children, promote whole-child and family-based care, strengthen accountability structures, and implement data-driven initiatives to support implementation.



New leadership structure and engagement approach



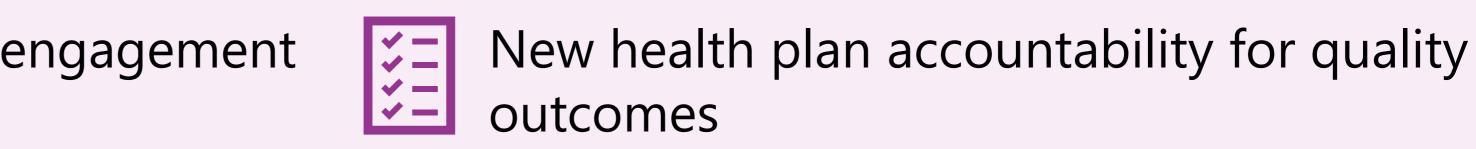
Stronger coverage base for California's children



Stronger pediatric preventive and primary care



Next steps on the foster care model of care Streamline access to pediatric vaccinations





Family-centered approach





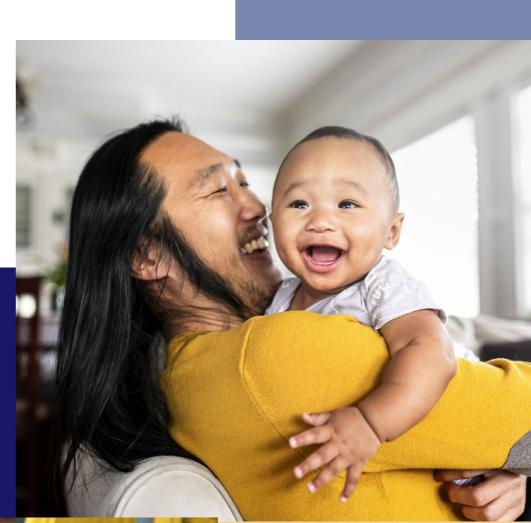




Early Childhood Policy Council

September 14, 2022



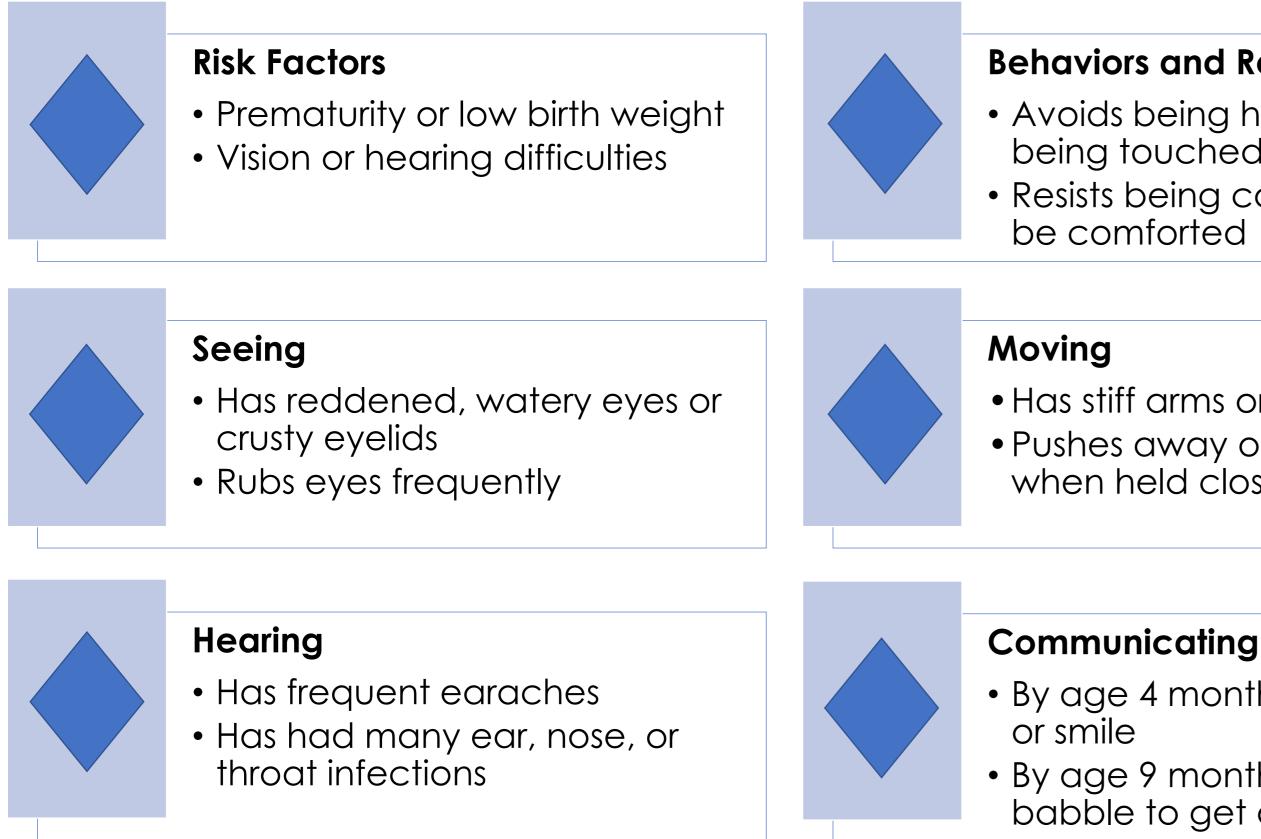






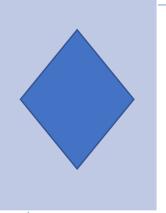


REASONS FOR CONCERN (examples)



Behaviors and Relationships

- Avoids being held, does not like being touched
- Resists being calmed, cannot be comforted



Thinking

- By age 1, has difficulty finding an object after seeing it hidden
- By age 2, does not point to body parts when asked such questions as "Where's your nose?"

• Has stiff arms or legs • Pushes away or arches back when held close or cuddled

- By age 4 months, does not coo
- By age 9 months, does not babble to get attention

These examples are excerpts from **REASONS FOR CONCERN THAT YOUR CHILD MAY NEED ADDITIONAL DEVELOPMENTAL HELP**

A brochure produced by the Department of Developmental Services under a contract with the California Early Intervention Technical Assistance Network at WestEd



REGIONAL CENTERS

Regional Centers are private, non-profit community agencies

Some of the services and supports provided by the regional centers include:

- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Resource development
- Outreach
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil and service rights
- Early intervention services for at risk infants and their families
- Genetic counseling
- Family support
- Planning, placement, and monitoring for 24-hour out-of-home care
- Training and educational opportunities for individuals and families
- Community education about developmental disabilities





EARLY START (Ages 0-2)

Regional Center Service Coordination

• An assigned Service Coordinator helps develop a plan for services, tell you where services are available, and help you get the services • Regional Center authorizes funding of services, when generic resources are unavailable

Individual Family Service Plan (IFSP)

• A written plan for providing early intervention services and is based upon the child's developmental strengths and needs, and also includes the priorities, resources, and concerns of the family

Early Intervention Services

- Designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development
- Most services are free, regardless of age or income
- support and training

• Examples: Physical therapy, Occupational therapy, Speech/language therapy, Behavior Intervention, Vision and Hearing services, Nutritional consultation and feeding therapy, Specialized instruction, Parent





California's Children and Youth Behavioral Health Initiative

Presentation to the Early Childhood Policy Council Melissa Stafford Jones, Director, CYBHI September 14, 2022







Governor's Master Plan for Kids Mental Health

Governor Newsom Announced Master Plan for Kids' Mental Health August 18, 2022

- \$4.7B so every Californian aged 0-25 has increased access to mental health and substance use supports \bullet
- Whole Child, "All of the Above" Approach lacksquare
- Multi-year, fundamental overhaul to invest in and build needed system infrastructure
- CYBHI at the Core \bullet

Other investments and initiatives in California being implemented in coordination and collaboration:

- ulletmore, as well as expanded learning opportunities and UPK
- ullethealth outcomes, including prevention
- ulletfamilies.
- State budget investments in school-based behavioral health workforce, such as school counselors

\$4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and

\$5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child

\$1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and





What is the CYBHI?

The initiative focuses on:

•

- Promoting mental, emotional and behavioral health and well-being.
- Prevention and providing services to support children and youth well-being. •
- Providing services, support and screening to ALL children and youth for emerging and existing needs connected to mental, emotional and behavioral health and substance use
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

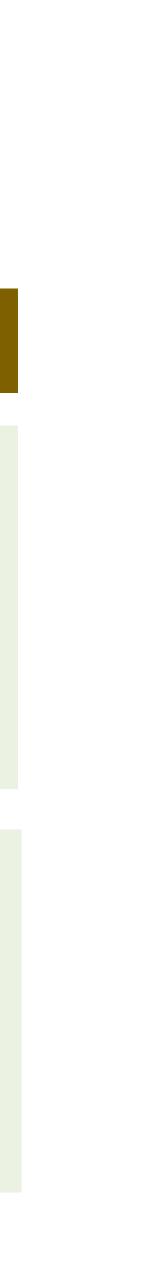
they need it most.

The Children and Youth Behavioral Health Initiative (CYBHI) is a historic, five-year, \$4.4 billion initiative to reimagine and transform the way California supports children, youth and families.

Built on a foundation of equity and accessibility, the CYBHI is designed to meet young people and families where they are to create an ecosystem that can help them when, where and in the way

Overview of CYBHI14 Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage Architecture	Public Awareness
Behavioral Health Counselor and Coach Workforce (HCAI)	CalHOPE Student Services (DHCS)	School-Linked Partnership and Capacity Grants (DHCS)	Behavioral Health Continuum Infrastructure Program (DHCS)	Enhanced Medi- Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Trauma-informed Training for Educators (OSG)	Student Behavioral Health Incentive Program (DHCS)			
Behavioral Health Virtual Services Platform (DHCS)				Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	ACEs and Toxic Stress Awareness Campaign (OSG)
Healthcare Provider Training and e-Consult (DHCS)					
Scaling Evidence-Based and Community-Defined Practices (DHCS)					



CYBHI and Early Childhood

- New Medi-Cal dyadic care services benefit
- Trauma informed training for educators includes early care and learning settings Toxic Stress and ACES Awareness Campaign
- Behavioral Health Literacy and Stigma Change Campaign
- Scaling of EBPs/CDPs considering early childhood and family supports as a possible area of focus
- Virtual Services Platform will have resources for parents of young children
- Parent Support Investments in 2022-23 State Budget
- CalHHS Youth Mental Health Resources Hub includes resources for parents of young children
- New role of Behavioral Health Coaches
- Synergy opportunities with UPK, CalAIM and DHCS Comprehensive Quality Strategy

Additional resources and updates

Quarterly Public Quarterly Webinar on July 15, 2022:

- presentation materials
- video recording

Stakeholder update published in August 2022

Email cybhi@chhs.ca.gov to join listserv

Source: California Health and Human Services Agency