Live Transcript and Subtitles
1. Click the interpretation symbol in the meeting controls

2. Click the language 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
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”
1. 点击会议控件中的口译 (Interpretation) 符号。

2. 点击想听的语言（此次会议仅提供西班牙文口译服务）。

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 Children in Foster Care

**April 2022**

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

## California

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Apr 1, 2012</th>
<th>Apr 1, 2013</th>
<th>Apr 1, 2014</th>
<th>Apr 1, 2015</th>
<th>Apr 1, 2016</th>
<th>Apr 1, 2017</th>
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<th>Apr 1, 2019</th>
<th>Apr 1, 2020</th>
<th>Apr 1, 2021</th>
<th>Apr 1, 2022</th>
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<tr>
<td>1-2</td>
<td>7,264</td>
<td>7,524</td>
<td>8,116</td>
<td>8,297</td>
<td>8,391</td>
<td>8,290</td>
<td>8,126</td>
<td>7,943</td>
<td>7,871</td>
<td>7,794</td>
<td>7,378</td>
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<tr>
<td>3-5</td>
<td>8,771</td>
<td>8,938</td>
<td>9,401</td>
<td>9,408</td>
<td>9,267</td>
<td>9,015</td>
<td>8,875</td>
<td>8,774</td>
<td>8,708</td>
<td>8,323</td>
<td>7,809</td>
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<tr>
<td>6-10</td>
<td>11,405</td>
<td>11,935</td>
<td>13,056</td>
<td>13,483</td>
<td>13,427</td>
<td>13,177</td>
<td>12,617</td>
<td>12,288</td>
<td>12,229</td>
<td>11,547</td>
<td>10,842</td>
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<td>11-15</td>
<td>13,204</td>
<td>12,860</td>
<td>12,906</td>
<td>12,697</td>
<td>12,409</td>
<td>12,422</td>
<td>12,525</td>
<td>12,771</td>
<td>12,059</td>
<td>12,531</td>
<td>11,779</td>
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<tr>
<td>16-17</td>
<td>7,763</td>
<td>7,356</td>
<td>7,076</td>
<td>6,881</td>
<td>6,523</td>
<td>6,262</td>
<td>6,102</td>
<td>5,997</td>
<td>6,173</td>
<td>5,848</td>
<td>5,717</td>
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<tr>
<td>18-21</td>
<td>3,241</td>
<td>5,236</td>
<td>7,168</td>
<td>7,834</td>
<td>7,570</td>
<td>7,396</td>
<td>7,245</td>
<td>7,503</td>
<td>7,487</td>
<td>9,118</td>
<td>7,287</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>55,037</td>
<td>57,554</td>
<td>61,657</td>
<td>62,693</td>
<td>61,881</td>
<td>60,780</td>
<td>59,592</td>
<td>59,236</td>
<td>59,417</td>
<td>59,019</td>
<td>54,474</td>
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</tbody>
</table>

Data Source: CWS/CMS 2022 Quarter 1 Extract.
Program version: 2.00 Database version: 754BF6AF
Please consult the methodology for detailed placement type definitions.
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. CA Child Welfare Indicator’s 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. Kidsdata: Data and Resources about the Health of Children, Lucile Packard Foundation for Children’s Health

“A more vulnerable group does not exist than children removed from the custody of their parents and placed in foster care.” – American Medical Association

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

Data Source: CWS/CMS 2022 Quarter 1 Extract.
Program version: 2.00 Database version: 754BF6AF
Please consult the methodology for detailed placement type definitions.
• 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 as behavior 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.

• “Unless caregivers [and professionals] understand the nature of trauma reenactments, they are likely to label the child as ‘oppositional’, ‘rebellious’, ‘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.
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%)
- License Exempt: 74,366 (24%)
- Center: 114,838 (37%)
## Child Age by Program Type 2021-22

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

### Graphs

- **Total**
  - Age 0 up to 2: 13.3%
  - Age 2 to 5: 42.5%
  - Age 6 and above: 44.2%

- **CMAP, CMIG and CHAN**
  - Age 0 up to 2: 21.0%
  - Age 2 to 5: 53.5%
  - Age 6 and above: 25.5%

- **General Child Care Program**
  - Age 0 up to 2: 20.4%
  - Age 2 to 5: 47.4%
  - Age 6 and above: 32.2%

- **Family Child Care Home Education Network**
  - Age 0 up to 2: 17.7%
  - Age 2 to 5: 46.9%
  - Age 6 and above: 35.5%

- **Alternative Payment**
  - Age 0 up to 2: 11.6%
  - Age 2 to 5: 47.4%
  - Age 6 and above: 41.0%

- **CalWORKs Stage 1**
  - Age 0 up to 2: 15.4%
  - Age 2 to 5: 47.3%
  - Age 6 and above: 37.4%

- **CalWORKs Stage 2**
  - Age 0 up to 2: 7.4%
  - Age 2 to 5: 32.3%
  - Age 6 and above: 60.3%

- **CalWORKs Stage 3**
  - Age 0 up to 2: 11.6%
  - Age 2 to 5: 47.4%
  - Age 6 and above: 41.0%

- **Bridge**
  - Age 0 up to 2: 1.4%
  - Age 2 to 5: 2.5%
  - Age 6 and above: 93.2%
### Children Served by Race/Ethnicity FY 2021-22 (%)

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

![Pie chart showing distribution of children served by race/ethnicity](chart.png)
Dual Language Learner Caseload Summary FY 2021-22

(16% of total children served)
Operational Implementation

Direct Deposit

Child Care and Development Infrastructure Grant Project

MCCP.org website launch
Child and Adult Care Food Program Update

- Pilot Project to rewrite procurement forms and policies in plain language
- Coordination with the Department of Aging and Public Health
- 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.us/webinar/register/WN_b82V6diPRrWaxDrG92FJ7Q
Thank You!

Visit: Child Care & Development Division:
https://cdss.ca.gov/information/child-care-and-development

Please email us with any comments or questions at:
ccddstakeholders@dss.ca.gov
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
Next Steps

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

Visit: Child Care & Development Division:
https://cdss.ca.gov/info/resources/child-care-and-development

Please email us with any comments or questions at:
ccddstakeholders@dss.ca.gov
TRANSFORMING CALIFORNIA SCHOOLS

- Universal Meals
- Universal Prekindergarten
- Expanded Learning Programs
- Community Schools
- Mental Health Programs
- Professional Learning
- Antibiased Education
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
- $2 million to incorporate early identification for learning disabilities into the state's preschool assessment tools
- $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
  - Strategies to leverage all available funding for inclusive environments 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
Input Request

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?
Questions

Photo Credit: Paso Robles Unified School District
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

**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.

**Eight Action Areas** with detailed **key initiatives** that are designed to:
- Solidify coverage for children
- Promote whole-child and family-based care
- Strengthen leadership and accountability structures
- Implement evidence-based, data-driven initiatives

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

**Access** *Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families*
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
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
- Streamline access to pediatric vaccinations
- New health plan accountability for quality outcomes
- Family-centered approach
- Child and adolescent behavioral health investments
- Next steps on the foster care model of care
REASONS FOR CONCERN (examples)

Risk Factors
- Prematurity or low birth weight
- Vision or hearing difficulties

Seeing
- Has reddened, watery eyes or crusty eyelids
- Rubs eyes frequently

Hearing
- Has frequent earaches
- Has had many ear, nose, or throat infections

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

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

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

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?”

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 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
**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.
- Examples: Physical therapy, Occupational therapy, Speech/language therapy, Behavior Intervention, Vision and Hearing services, Nutritional consultation and feeding therapy, Specialized instruction, Parent support and training.
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
• Whole Child, “All of the Above” Approach
• Multi-year, fundamental overhaul to invest in and build needed system infrastructure
• CYBHI at the Core

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

• $4.1B on a community schools’ strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities and UPK
• $5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
• $1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families.
• State budget investments in school-based behavioral health workforce, such as school counselors
What is the CYBHI?

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.

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.

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 they need it most.
## Overview of CYBHI14 Workstreams

<table>
<thead>
<tr>
<th>Workforce Training and Capacity</th>
<th>Behavioral Health Ecosystem Infrastructure</th>
<th>Coverage Architecture</th>
<th>Public Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalHOPE Student Services (DHCS)</td>
<td>Student Behavioral Health Incentive Program (DHCS)</td>
<td>Behavioral Health Continuum Infrastructure Program (DHCS)</td>
<td></td>
</tr>
<tr>
<td>Broad Behavioral Health Workforce Capacity (HCAI)</td>
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<td></td>
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<tr>
<td>Trauma-informed Training for Educators (OSG)</td>
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<tr>
<td>Behavioral Health Virtual Services Platform (DHCS)</td>
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<tr>
<td>Healthcare Provider Training and e-Consult (DHCS)</td>
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</tr>
<tr>
<td>Scaling Evidence-Based and Community-Defined Practices (DHCS)</td>
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</tr>
</tbody>
</table>
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](mailto:cybhi@chhs.ca.gov) to join listserv

Source: California Health and Human Services Agency