



# Improving Services for California's Most Vulnerable Parents

County Welfare Directors Association of California Conference  
October 6, 2016 • 11:00 to 12:30 p.m.  
Anaheim, California

# Moderator & Panelists

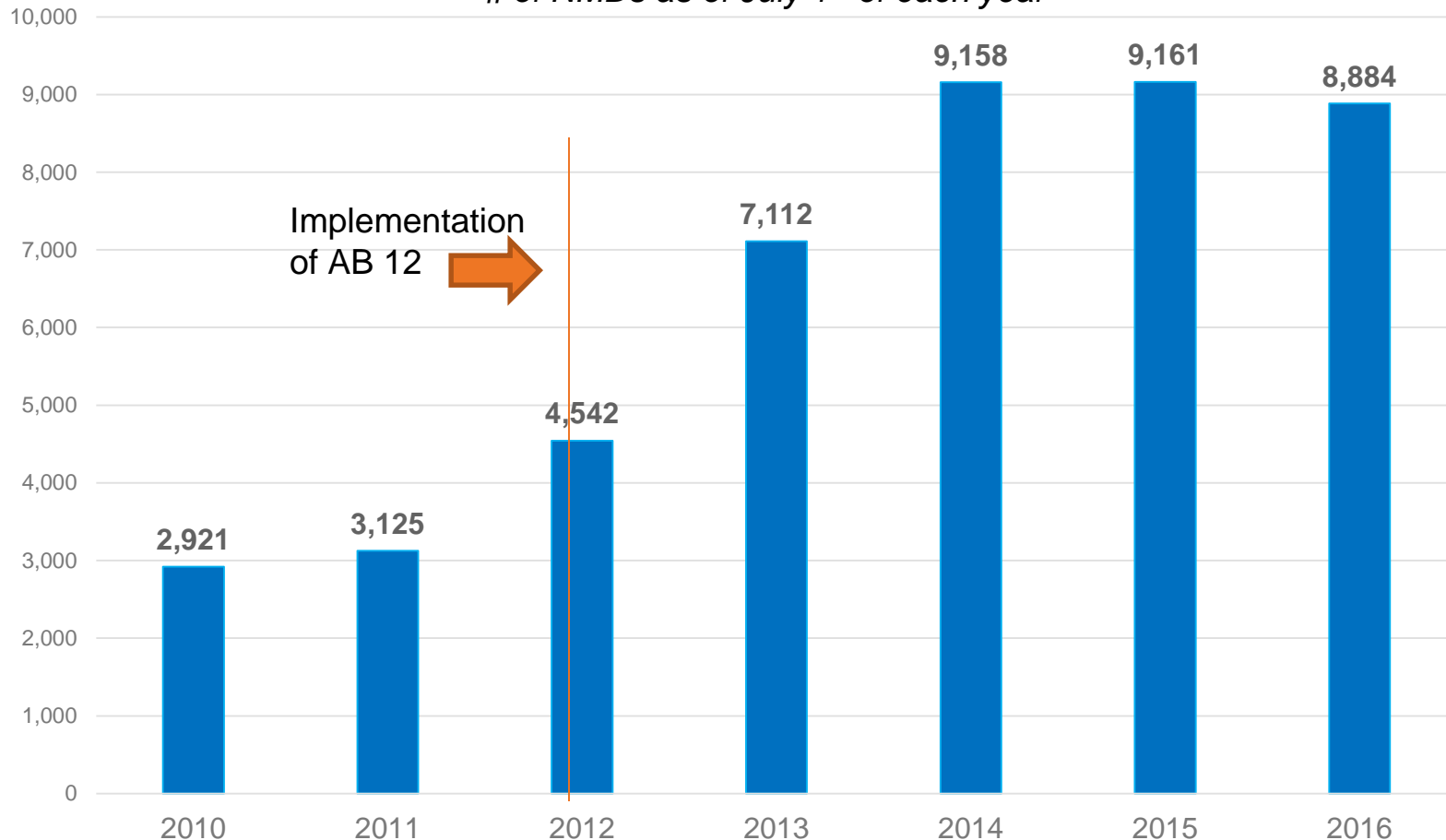
- Cathi Grams, Butte County
- Amy Lemley, John Burton Foundation
- Barbara Facher, Alliance for Children's Rights
- Donna Fernandez, Los Angeles County
- Jaime Muñoz, Orange County
- Rebecca Gudeman, National Center for Youth Law

# Agenda

- What we know about parenting dependents
- Strategies to improve outcomes
  - Expectant and parenting youth conferences
  - Home visitation
  - Infant supplement
  - Reducing first and repeat pregnancies
- Questions, answers and conversation

# We've always had parents in foster care ...just not this many!

*# of NMDs as of July 1<sup>st</sup> of each year*



# Who are parenting foster youth?

- **Long foster care stays:** Over half of the females and two-thirds of the males had been in care for 7 years or more.
- **Disproportionately African American:** A full 86 percent of pregnant and parenting foster youth were African American
- **Disproportionately disabled:** One-quarter of females and 30 percent of males were identified as having some sort of disability.
- **More likely to be placed with a relative:** The most common first placement for a parenting youth was with a relative.
- **Runaway history:** One-fifth of females and one-quarter of males had run away from placement.
- **Age:** Mean age was 17.8 years old; one-quarter were 15 or 16 when they first gave birth.

# Despite their youth, they experience difficult pregnancies

**Despite the perception that pregnant teens are “healthy,” adolescents experience higher-risk pregnancies than adults.**

- Double the rate of low-birth rate babies and higher risk of pregnancy-induced hypertension

**This is due in part because teens are less likely to get prenatal care than older pregnant individuals.**

- 24.5% of teens received late or no prenatal care as compared to 7.8% of adults aged 20 to 24 and 5.6% aged 25 to 29.
- Key reasons why include the lack of perceived importance of early care, difficulty with insurance, unawareness of public resources, and a delay in the diagnosis of pregnancy.

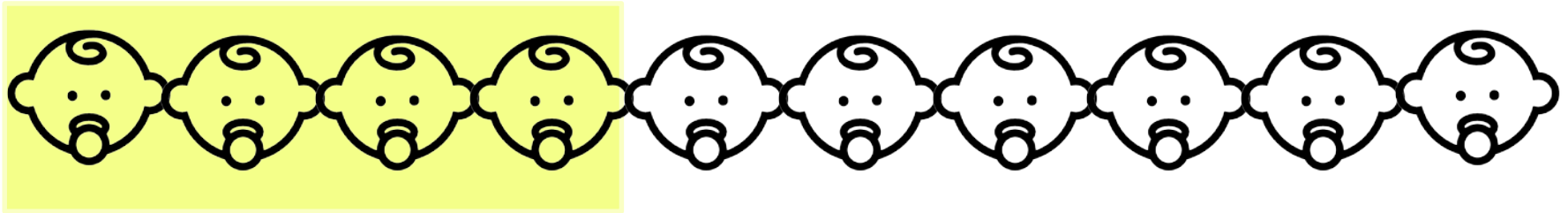
**Pregnant foster youth are even less likely to get prenatal care than the average teen.**

- In California, 13% of 19-year-olds who became pregnant and gave birth received no prenatal care.
- Another 6% did not receive prenatal care until the seventh month of their pregnancy.

**This lack of prenatal care increases the likelihood of low-birth weight children.**

- Of teens that did not receive any prenatal care, 21.5% were born low-birth weight.
- Providing prenatal care at month seven decreased the rate of low birth weight considerably: 7.9% of children were born low birth weight.

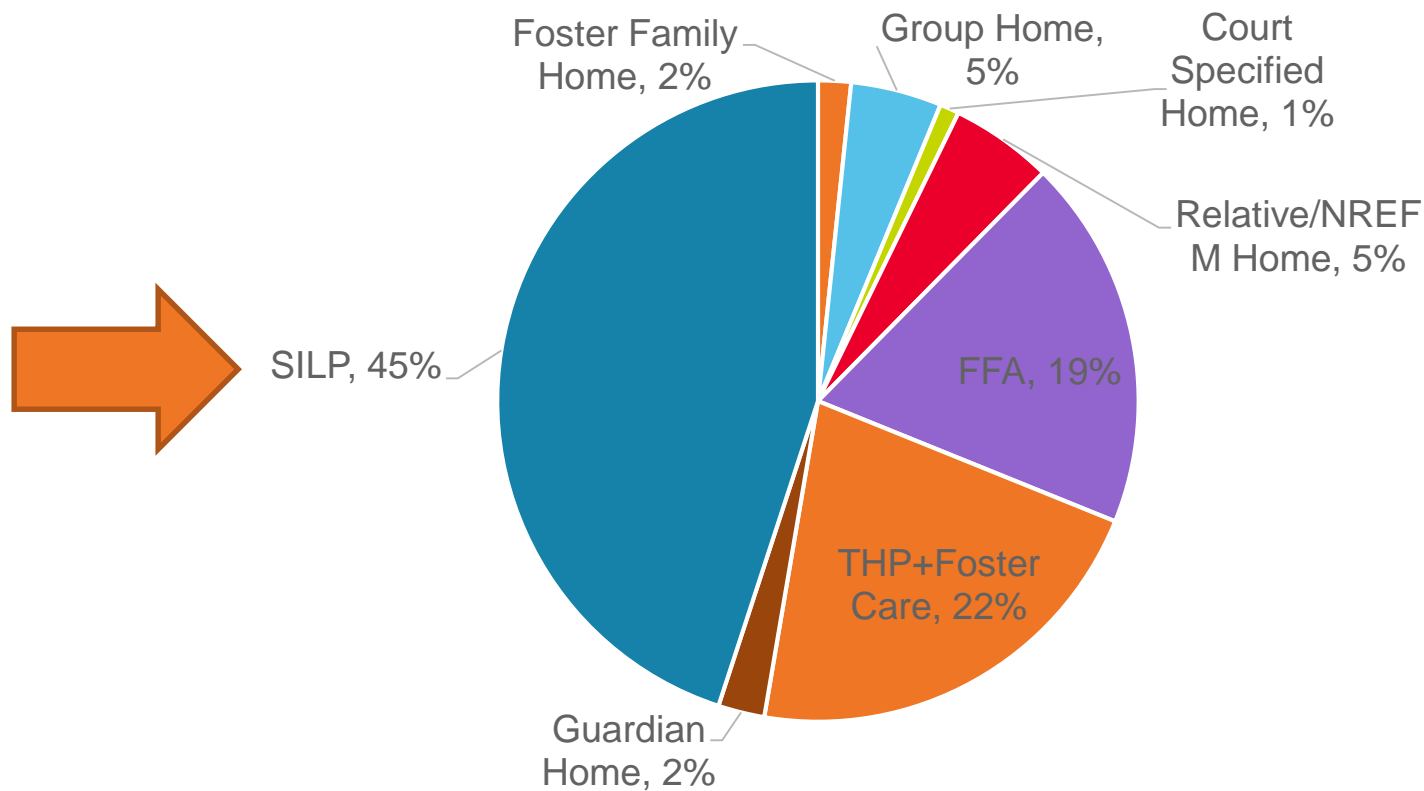
They are likely to have a repeat pregnancy while in foster care.



Among girls in foster care in California who had a first birth before age 18, 38.7% had a repeat teen birth.

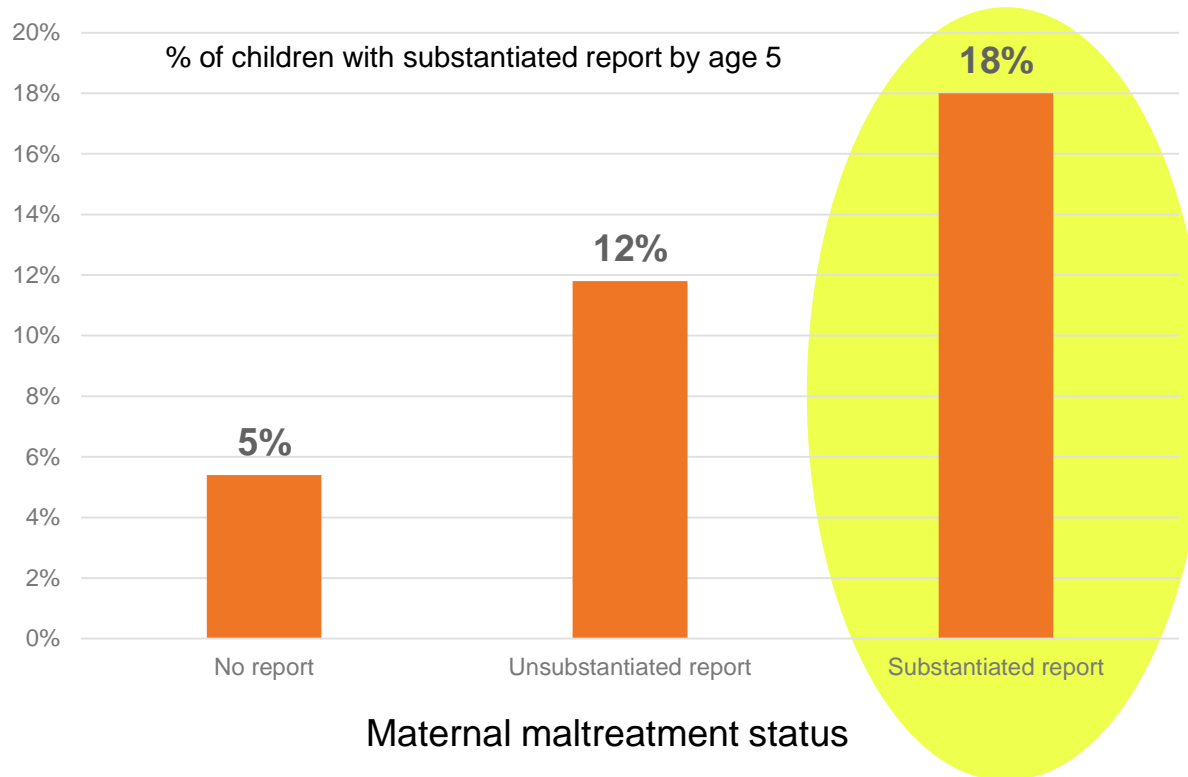
# Most live in a setting with limited support.

Total individuals receiving infant supplement: 1,025





# Their children are vulnerable to maltreatment



In California, children born to adolescent mothers who were substantiated victims of abuse or neglect had a rate of reported maltreatment that was more than 3.6 times greater than the general population.<sup>7</sup>

The logo for the Alliance for Children's Rights, featuring a stylized orange and white graphic of a child's head and shoulders.

**ALLIANCE**  
*for* **CHILDREN'S**  
**RIGHTS**

# Expectant and Parenting Youth (EPY) Conferences

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# What is the Intervention?

## Expectant and Parenting Youth (EPY) Conferences

- Utilizes a Two-Generational Approach
- Proactively identifies and addresses the needs of any EPY under the supervision of the Department of Children and Family Services (inclusive of teen fathers)
- The conferences are VOLUNTARY
- The conferences are led by a facilitator and include the Children's Social Worker and a Resource Specialist



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# Core Components of EPY Conferences

## Participants may include:

### DCFS and Community Supports

- Educational consultant
- Independent Living Program (ILP) Coordinator
- Public Health Nurse (PHN)
- Wraparound
- Department of Public Social Services
- Linkages
- Department of Mental Health Therapist

### Family Support Systems

- Youth Father
- Youth Mother
- Family members
- Non-related extended family members
- Caregiver/Legal Guardian
- Significant friend (maternal and paternal)

# Core Components of EPY Conferences

- Prenatal Care/Reproductive Health
- Housing and Placement instability
- Funding
- Education
- Subsidized Child Care to enable youth to remain in school
- Parenting Classes
- Early Intervention for babies
- Counseling
- Legal Issues: Family Law, tickets, immigration etc
- Public Benefits
- Transition Issues and Services

# What Can EPY Conferences Achieve?

- Positive Birth Experience
- Successful Parenting
- Resolution of Barriers to Achieving Independence

# What Are The Challenges and Lessons Learned?

- Resources (both human capital and services)
- Including individuals identified by EPY
- Follow-up: The devil is in the details






**IMPROVING SERVICES  
FOR CALIFORNIA'S MOST VULNERABLE PARENTS**

**STRATEGY 2: HOME VISITATION**

Los Angeles County  
Department of Children and Family Services (DCFS)  
October 6, 2016



# I. Use of Home Visitation as a Strategy

- Home Visitation is aligned with the Vision and Goals of DCFS.

- *VISION*

- Children thrive in safe and supportive families

- *GOALS*

- Improved Child Safety
- Decreased Timelines to Permanence
- Reduced Reliance on Out-of-Home Care
- Self-Sufficiency
- Increased Child and Family Well-Being
- Enhanced Organizational Excellence

# WHY HOME VISITATION

- Review of recent research
- Benefits of Home Visitation
  - *Improved pregnancy outcomes for both mother and baby*
  - *Decreased rates of child abuse and neglect*
  - *Increased breastfeeding rates*
  - *Improved parenting skills and home environment*
  - *Stronger parent-child bonding*
  - *Reduced childhood accidents and hazards in the home, and less emergency room visits*
  - *Improved maternal life course*
  - *Better detection and management of post-partum depression*

## II. DCFS Implementation of Strategy and Components

- Formally addressed in DCFS policy
- Quarterly DCFS Pregnant Youth Questionnaire
- PPT Conferences
- Outreach efforts in DCFS regional offices
- Special Projects Page on CWS/CMS to track referrals;
- Mass e-mail communications to CSWs and SCSWs
- DCFS Pregnant and Parenting Teen website

# III. Key Home Visitation Programs Utilized

- Nurse Family Partnership
- Welcome Baby
- Early Head Start
- Healthy Families America
- Shields for Families' Healthy Start Program
- Parents as Teachers

## IV. Successes Achieved

- More pregnant youth are being linked to the NFP program
- Visitation programs have become a regular component of case management

# V. Challenges and Lessons Learned

## 1. Program Limitations

### *Challenges*

- Limitations of the NFP Program enrollment criteria
- Welcome Baby Program is not available County-wide
- DCFS staff members less knowledgeable about other home visitation programs

### *Lessons Learned*

- Continue to strengthen efforts so youth proactively share pregnancy information
- Remain knowledgeable of available home visitation programs

# V. Challenges and Lessons Learned

## 2. Participation of Youth

### *Challenges*

- Home visitation is voluntary;
- Lack of follow through;
- Fear of close involvement with professionals,
- Not possible to refer all DCFS pregnant and parenting youth.

### *Lessons Learned*

- Continuous outreach to DCFS staff needed for education;
- Need for ongoing involvement of PHNs in joint visits.



**IMPROVING SERVICES  
FOR CALIFORNIA'S MOST VULNERABLE PARENTS**

**Strategy 3: Infant Supplement & Parenting Support Plan**

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# Infant Supplement & Parenting Support Plan as a Path to Multi-Generational Socio-Economic Security

## Increase Cash or Near-Cash Safety Net

- Infant Supplement (\$900/m) + Parenting Support Plan Supplement (\$200/m) + Basic Foster Care Rate (\$883/m) = \$1,983/m or \$23,796/y or 50% > Federal Poverty Level of \$1,328/m or \$15,940/y

## Increase Mobility from Poverty

- parenting skills, early childhood development, education, employment & training, health & mental health, housing, social capital

## Increase Financial Responsibility

- asset formation & access to capital, optimize benefits of infant supplement & parenting support plan supplement with future outlook leveraging present time-limited cash or near-cash supports

Increase Multi-Generational Socio-Economic Security

# Infant Supplement versus Parenting Support Plan

## Infant Supplement

- Minor & Non-Minor Dependents caring for a child
- To cover cost of care & supervision of a child (WIC 11465)

## Parenting Support Plan

- Non-Minor Dependents in a Supervised Independent Living Placement (SILP)
- To preserve & strengthen the family unit (WIC 16501.26)

## Parenting Support Plan

- To provide adequate support and services to preserve and strengthen the family unit; to assist the NMD parent in maintaining a safe, stable, and permanent home for the child, and to support the NMD parent's educational and employment goals.

## Parenting Support Plan

- The PSP is written for the express purpose of identifying additional support and assisting the NMD parent in a SILP in providing the best care plan for their child.

## Parenting Support Plan

- This plan should specifically outline the ways in which the adult mentor will assist the NMD parent with regard to the child in addition to identifying supportive services to be offered to the NMD parent.

## Parenting Support Plan

- When creating a PSP, it may be helpful to refer to ACL #06-04 which sets forth comparable guidelines regarding the elements to be addressed by a Shared Responsibility Plan between a minor parent and foster care provider.

## Parenting Support Plan

- WIC section 16501.26 lists additional areas that may be addressed by the PSP such as transportation and child care.

## Parenting Support Plan

- Does not grant the mentor any legal authority on behalf of the NMD or the NMD's child.

# Parenting Support Plan Elements

The plan shall be updated, as needed, to account for the changing needs of infants and toddlers, and in accordance with the nonminor dependent parent's changing school, employment, or other outside responsibilities

Responsibility for Feeding the Child

Responsibility for Dressing and Bathing

Responsibility for Scheduling Medical Appointments

Responsibility for Purchasing Needed Items including food, toys, books, clothing & furniture

Responsibility for Child Care & School

Responsibility for Visitation of Child

Responsibility for Discipline of Child

Miscellaneous Responsibilities or additional supports in accessing information, resources and opportunities to help the NMD parent achieve their educational and/or employment goals

# Parenting Support Plan Steps

Intent	Desired Attributes	Possible Candidates	Ineligible Candidates	Mentor Responsibilities	Mentor Approval Process	PSP Approval Summary
<ul style="list-style-type: none"> <li>To address the unique challenges of young parents residing in a SILP by providing adequate support and services to preserve and strengthen the family unit</li> </ul>	<ul style="list-style-type: none"> <li>Possess knowledge of effective child rearing</li> <li>Possess knowledge of positive family wellbeing resources</li> <li>Possess mentoring skills</li> <li>Committed to providing a long-term supportive adult connection</li> <li>Age 21y+</li> <li>Voluntary role - no compensation</li> <li>Third-party responsible adult capable of identifying additional support and assisting the NMD parent in providing the best care plan for his or her child</li> <li>Reside within a reasonable proximity to NMD parent in order to maintain an interpersonal relationship and provide the best supportive services to the family unit</li> </ul>	<ul style="list-style-type: none"> <li>NMD's Family: immediate, extended &amp; non-related extended</li> <li>Advocate: Youth Advocate, etc. (as allowed by sponsoring organization)</li> <li>Mentor: Youth Mentor, Faith Based Organization, etc. (as allowed by sponsoring organization)</li> <li>NMD's Former Caregiver</li> <li>NMD's Long-term Friend</li> <li>Early Childhood In-Home Visitation Provider (e.g., FNP, MOMS, etc.) as allowed by sponsoring organization</li> </ul>	<ul style="list-style-type: none"> <li>Presents an immediate risk concern to NMD and/or NMD's child/ren as revealed by criminal records &amp; CACI clearances or otherwise</li> <li>NMD's current &amp; recent intimate partners</li> <li>The other parent/s of the NMD's child/ren</li> <li>NMD's current critical service providers: parent education, counseling, CFS employee (e.g., caseworker, group counselor, SWII, etc.)</li> <li>NMD's parents</li> </ul>	<ul style="list-style-type: none"> <li>Contact NMD no less than weekly – twice a month in person &amp; twice by telephone*</li> <li>Collaborate with ASW to provide periodic updates on parenting support plan progress</li> <li>Actively support the NMD in the advancement of the approved parenting support plan</li> <li>Meet with parenting NMD and ASW together a minimum of once every six months to review and as necessary update the parenting support plan</li> <li>*Can be adjusted to less or more based on the individual need and circumstances of the parenting NMD</li> </ul>	<ul style="list-style-type: none"> <li>ASW to apply the listed considerations on a case by case basis exercising clinical judgment &amp; diligence</li> <li>ASW's SSSS to review for approval</li> </ul>	<ul style="list-style-type: none"> <li>NMD in a SILP requests from ASW to be considered for the PSP benefit</li> <li>NMD in consultation with ASW identifies an <u>eligible Mentor</u> (refer to the aforementioned guidelines)</li> <li>ASW submits request for Live Scan &amp; CACI clearances</li> <li>Identified Mentor completes the Live Scan</li> <li>Upon receipt of Live Scan &amp; CACI clearances, ASW weighs all factors to determine if approval of Mentor is indicated</li> <li>If Mentor is approved, ASW notifies NMD, submits a request for a Pregnant &amp; Parenting Planning Conference to Mail.ILP@ssa.ocgov.com, &amp; informs NMD that an ILP SSW will be contacting him/her to discuss having a PPPC to develop the PSP with the NMD, Mentor &amp; others NMD would like to include</li> <li>ILP SSW contacts NMD to coordinate the PPPC</li> <li>PPPC is conducted &amp; PSP drafted</li> <li>NMD presents the PSP to ASW for approval</li> <li>If PSP is approved by ASW &amp; SSSS, then ASW submits PIC with original copy of PSP</li> <li>PSP approval is redetermined every 6 months or when circumstances change (e.g., placement, mentor, sub-arrest notification, etc.)</li> </ul>

# Moving Forward

## Worries

- Recipient may not have the necessary financial responsibility skills to optimize the intended protective & supportive benefits of the supplements.
- Recipient, social worker and/or court may perceive the supplements as strictly “her/his money” and discount the intended purpose – which could lead to grievances if recipient, ASW, caregiver and/or court do not agree with how to support the use of the supplements.

## Considerations

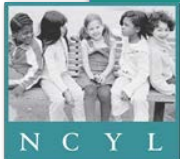
- Adapt use of the PSP/SRP for use with parenting minor & non-minor dependents not in SILP or Whole Foster Family Home placements.
- Remain mindful and strategic of the time-limited aspect of the supplements for effective transitions.
- Align interventions to increase Cash/Near-Cash Safety Net, Financial Responsibility & Mobility from Poverty ... Multi-generational Socio-Economic Security.

**IMPROVING SERVICES  
FOR CALIFORNIA'S MOST VULNERABLE PARENTS**

**Strategy 4: Preventing First and Repeat Pregnancies**

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# Forthcoming state guidance and regulations on unintended pregnancy prevention



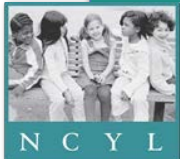


# First round of materials and timeline

Sept: ACL: California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents

Oct.: ACL: Reproductive and Sexual Health Rights of Foster Youth

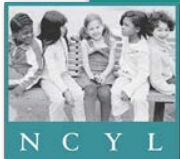
Nov. 1-  
Jan. 1: New implementing regulations



# California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents

## OVERVIEW:

- Lists effective strategies, including required strategies
- Describes role of case management workers and foster caregivers
- Outlines required and recommended duties and responsibilities
- Describes training requirements
- Resources



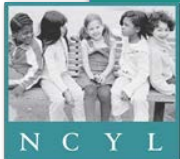
# California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents

## Examples of required strategies:

- Shall use reasonable and prudent parent standard to create normalcy and support the healthy sexual development of youth.

## Examples of recommended strategies:

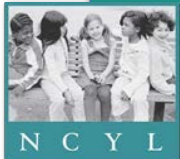
- Should develop policies and procedures
- Should ensure that preteen youth receive age-appropriate information about healthy relationships, healthy sexual development, positive gender identity, body image and safety.



# California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents

## Examples of required duties for case workers:

- Shall provide youth of all ages with access to age-appropriate, medically accurate information
- Shall inform youth of their confidentiality rights
- Shall ask youth if they are facing barriers to care



# Second round of materials and timeline

Nov.  
1:

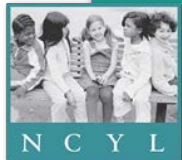
Best practice guidance for workers and foster caregivers

Nov.  
1:

Educational materials for youth

Training materials for workers and foster caregivers

Dec.  
1:



# Questions, Answers & Conversation

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