

<b>Date:</b> January 29, 2020		OB3, Conference Rm 2 3701 Branch Center Rd Sacramento CA 95827		Verronda Moore – Co-Chair (P4), CPS		Carol Ramirez, Co-chair (P4) – Lilliput	
<b>Attendees</b>							
	Melissa Lloyd - CPS		Dianne McFarland - CPS-Court Services (CS)	X	Paul Vossen / Korlany Roche – DBHS		
	Verronda Moore – CPS - Permanency (PS)		Leslie Olson - CPS- Program Support	X	Carol Ramirez – Lilliput		
	Jade Tea – CPS - Emergency Response/Informal Supervision	X	Lindsay Zettel - County Counsel	X	Sal DeLeon - SCOE		
	Susan McKee – CPS-ER/IS		Laurie Clothier – Birth & Beyond (River Oak)		Robin Kwizer – Cultural Broker's Program		
X	Edward Fernando – CPS - Program Administration (PA)	X	Renee Velazquez - Birth & Beyond (La Familia)		Trish Kennedy – SCOE		
	Carrie Britton – CPS - PA	X	Mayda Arce - Birth & Beyond (La Familia)		Anna Cresap – VOA - BFH		
	Charlene Duffy – CPS - PS		Gina Roberson - W.E.A.V.E.		Leslie Matthews - Alternative Family Services		
	Sarah Duncan – CPS - PS		Vinder Lallian - My Sister's House	X	Jennifer Shebesta – Stanford Youth Solutions / Sierra Forever Families		
X	Niku Mohanty-Campbell - CPS-PS	X	Jolane Blaylock - A Community for Peace				
	Christina Boakye-Donkor- CPS PS	X	Alexander Garlinger- A Community for Peace	X	Donna Brown - A Community for Peace		
<b>Discussion/ Action Items</b>							
<b>Agenda Item/Discussion</b>					<b>Minutes:</b>		
Welcome and Introductions (Verronda)				Verronda welcomed participants and explained she would be unable to stay for the meeting. Introductions were facilitated.			
Review and approve October 28, 2019 meeting minutes (Carol)				Previous meeting minutes were approved with name corrections. An update was provided on “The Source” – they are now serving all children ages 0-21 and their contract was executed today.			
Updates (Charlene) <ul style="list-style-type: none"> <li>• How to Access Other SIP Work Groups' Minutes</li> <li>• Prevention and Permanency CFT Meeting Data</li> </ul>				How to access other SIP Workgroups was provided: Go to <a href="https://dcfas.saccounty.net/CPS/Pages">https://dcfas.saccounty.net/CPS/Pages</a> and type the name of the measure bolded below to access the minutes <ul style="list-style-type: none"> <li>• <b>P3 – Permanency in 12 Months for Children in Care 24 Months or More</b> (Strategy: Intensive Family Finding/Engagement)</li> <li>• <b>P5 – Placement Stability</b> (Increase Support for Resource Families)</li> <li>• <b>S1- Maltreatment in Foster Care</b> (Convene and utilize a workgroup to better understand the demographics, and address the factors contributing to trends of maltreatment in foster care.)</li> <li>• <b>S2 – Recurrence of Maltreatment</b> (Implement Child and Family Team Meetings [aimed at Prevention, Reunification, and Aftercare])</li> </ul> Prevention and Permanency CFT Meeting Data for 2019 was provided: <ul style="list-style-type: none"> <li>• 649 Prevention CFT meetings held in 2019 (on behalf of 1196 children/youth <ul style="list-style-type: none"> <li>○ Note: Prevention CFT meetings are not mandatory</li> </ul> </li> </ul>			

Updates [cont.](#)

- 800 Permanency CFT Meetings held in 2019
  - 684 of the Permanency CFT Meetings were held for case planning
    - 384 of the Permanency CFT Meetings were held prior to Disposition
- Prevention Self Satisfaction Surveys for 2019 were positive with an average participant rating of 4.7 out of 5.
- Permanency Self Satisfaction Surveys for 2019 were positive with an average participant rating of 4.56 out of 5.
- CANS update: Five CPS Mental Health Clinicians (assigned to children ages 0-5 not linked to mental health services) to complete CANS began with a caseload of 5 each and are now at 15 each.
  - Plan is to hire another 4-5 CPS Mental Health Clinicians house Clinicians at each CPS region.

Discussion:

- Community partners confirmed they are being invited to CFT meetings
- SCOE, Sal DeLeon discussed the importance of having Uplift staff invite the correct district liaison as invites are going to him and he is needing to look up the district and forward the invite. This takes time and often CFT meetings are scheduled with little notice. DCC, Lindsay Zettel, will connect Sarah and Sal to resolve the issue.
- Lilliput, Carol Ramirez, inquired whether their agency could be notified if a CANS was completed to avoid duplication of work efforts. Charlene will check in with Sarah.
- DCC - Lindsay reported she observed a CFT meeting and felt the family's voices were not captured nor was the CFT diving into a behaviorally based plan. However, what was positive was that at the end of the meeting the parents did see how they could use their neighbor as a support.
- DCC - Lindsay reported the Court is promoting issues be handled outside of court (e.g., in CFT meetings), which is positive. The Court should be able to discern whether an action plan is viable. The more robust a case plan is, the more likely the Court will adopt the recommendations. Additionally, if the Department is not recommending return home, it will be important for the worries to be clearly articulated, as well as behavioral changes needed to accomplish reunification so the Court can understand. *It would be good to look at if "return home" CFT meetings look different than other CFT meetings – are they creating a robust after care plan? Are we ensuring the family has a good support system, is linked to*

<p>Updates <a href="#">cont.</a></p>	<p>community services that fit their needs, and leave with a tailored, behaviorally based plan in place?</p> <ul style="list-style-type: none"> <li>• Lilliput - Carol added that progression of visitation from supervised to unsupervised really folds in to how we set up parents for successful reunification.</li> <li>• Charlene agreed it is important for CPS to be able to clearly articulate to the family, the Court, and service providers the behavioral changes we need to see over time and regularly give feedback as to what we are seeing and the progress being made.</li> </ul>
<p>Companion Measure P1 – Permanency in 12 Months Analysis (<a href="#">Edward</a>)</p>	<ul style="list-style-type: none"> <li>• Edward reviewed the companion measure, P1 – Permanency in 12 Months with the workgroup <ul style="list-style-type: none"> <li>○ P1 is doing very well; however, P4 (reentry) is doing poorly, so we are not really getting credit for P1</li> <li>○ Preliminary data as of January 20, 2020, shows the following: <ul style="list-style-type: none"> <li>□ 926 children entered during time period of January 2018 – December 2018.</li> <li>□ Of the 926 children, 431 have exited to reunification or guardianship</li> <li>□ Of the 431 who have exited, <i>69 have already reentered so far</i>, which makes our performance 16% currently (already above the state standard). To meet we would have had to only have 36 children or less reenter.</li> </ul> </li> <li>○ We have until December 31, 2020 for children to reenter; therefore, if we continue at this rate, theoretically, 92 more children could reenter, which would bring our performance all the way up to 36% <ul style="list-style-type: none"> <li>□ Suggested we study the 69 children who have already reentered</li> </ul> </li> </ul> </li> </ul>
<p>Recap P4 Current Performance (<a href="#">Charlene</a>)</p>	<p>Quick recap was provided regarding Outcome Measure P4, Reentry to Foster Care:</p> <ul style="list-style-type: none"> <li>• Marked decline this quarter (Q3 2019, October 1, 2016 - September 30, 2017). The National Standard 8.3%, and we are at 23.8%. <ul style="list-style-type: none"> <li>○ Youth ages 16-17 had the most re-entries (48%,) followed by 1 to 5 years (24%), less than 1 year (23%), and 11 to 15 (22%). Children ages 6 to 10 had the least reentries (20%).</li> <li>○ Latino children (28%) and White children (28%) had the most reentries, followed by Black children (20%).</li> <li>○ Out of 467 children who entered and exited, 110 reentered.</li> </ul> </li> </ul>

<p>Recap P4 Current Performance <a href="#">cont.</a></p>	<ul style="list-style-type: none"> <li>○ There were no significant gender differences. Of males comprised 24% and females comprised 23%; however, in numbers there were 27 more males who entered than females.</li> <li>○ None of the reentries by time in care (0 to 30 days – 30%, 1 to 6 months – 19%, or 6 months to 1 year – 21%) met the national standard (8.3% or lower). <ul style="list-style-type: none"> <li>□ Short stays of 0-30 days (30%) had the highest percentage of reentries</li> </ul> </li> <li>○ None of the reentries by Program assignment met the national standard (8.3% or lower): Permanency – 16%; Emergency Response (ER) only – 29%; ER and Informal Supervision (IS) – 31%; and IS only – 35%. <ul style="list-style-type: none"> <li>□ A greater percent of reentries occurred in our non-court programs: <ul style="list-style-type: none"> <li>▪ IS (35%) – 32 children out of 92</li> <li>▪ ER and IS (31%) – 69 children out of 221</li> <li>▪ ER (29%) – 37 children out of 129</li> </ul> </li> </ul> </li> </ul> <p><i>Charlene noted that given Edward’s presentation and Q3 2019 looking into the past during time period of October 1, 2016 - September 30, 2017, it would be good to study instead the 69 children who have already reentered as it would reflect more current times.</i></p>
<p>Next Steps Discussion (<a href="#">All</a>)</p>	<ul style="list-style-type: none"> <li>● Robust discussion on issues that may contribute to reentry: <ul style="list-style-type: none"> <li>○ ACFP – Donna discussed how a victim is often forced to be re-victimized by being forced/court ordered to associate with or be around the abuser. For example, there was a victim parent ordered to bring the children to the abusive parent at the police station parking lot. Upon arrival, the abusive parent assaulted the victim parent again. Placing victims in situations that put them and their children at risk can unfairly create a situation where reentry occurs due to another domestic violence incident and the victim being blamed for not being protective. <ul style="list-style-type: none"> <li>□ Important to look at specific resources for that particular family, to include but not limited to: <ul style="list-style-type: none"> <li>▪ Specific resources available such as relocating the family out of state, etc...</li> <li>▪ More holistic approach – how can we protect the victim parent who already has custody?</li> <li>▪ Looking again at behaviorally after care plans</li> </ul> </li> </ul> </li> </ul> </li> </ul>

Next Steps Discussion [cont.](#)

- Niku discussed how some of these issues are being addressed in teaming
- Donna agreed this is occurring sometimes; however, we need to strengthen and ensure new employees are aware of these issues
- It was discussed there is a missing “bolt” between the case plan and community resources – a lack of communication
  - Would be good to have a MOU between CPS and domestic violence (DV) providers to tighten communication so the DV provider is aware of CPS involvement
    - Often the parent does not reveal they have an open CPS referral/case even when prompted
      - This can cause parents to begin DV services too late in their case plan, which does not allow them enough time to make changes
  - Would be good to clarify what is evidence based in regards to making behavioral changes for DV within the 12 month timeframe generally allotted to parents
    - Need to develop good behaviorally based case plans and after care plans for DV
      - A Community for Peace: DIVAS+ is an after care plan program; however, unknown if CPS is involved. Also parents usually finish their 13 weeks and do not attend the aftercare classes
  - As most reentries occur when CPS is still involved, an aftercare plan is key. It is understood that aftercare plans are needed for AOD but not for DV
    - Questioned how we are delivering DV materials and messages to families, especially because of the lack of trust from families to view CPS and DV service providers as allies.
  - A lot happens during the period of return home and termination of dependency.
    - A lot of cases are in “floating land” where a child is returned home and the parent stops participating in their case plan activities
    - Butte County, two months prior to terminating dependency, has a program that works with the family for three months to assist them with having supports and services in place after CPS involvement ends
  - Would be beneficial, when referring parents to DV services, to have the parent bring a form that has the social worker’s

<p>Next Steps Discussion <a href="#">cont.</a></p>	<p>name that the DV agency can then sign off on to verify the parent attended</p> <ul style="list-style-type: none"> <li>□ Would be good to have a CPS and DV service provider workgroup</li> <li>○ Importance of families involved with DV to have a robust support system created (Child Family Team - CFT) <ul style="list-style-type: none"> <li>□ Discussed that previous case review revealed a significant indicator – those who reentered had very little to no natural supports <ul style="list-style-type: none"> <li>▪ When the support system is only comprised of service providers paid by CPS, as soon as the services are cut off, families lose their support system</li> <li>▪ We need to make sure that what we are asking of families is realistic</li> <li>▪ Families can be connected to Family Resource Centers in the community – important to ensure linkage occurs</li> <li>▪ Issue if family has Kaiser plan instead of Medi-Cal, which impacts quality and length of services available</li> </ul> </li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• There is a lack of supportive resources for older children <ul style="list-style-type: none"> <li>○ Complicating factor is youth can refuse services</li> </ul> </li> <li>• Group discussed they would like to look at the Aftercare Plan Behaviorally Based Case Plan Policy and Procedure to provide input and include feedback and suggested revisions/additions. Group can provide support to writer</li> <li>• Flag/identify families at high risk of reentering <ul style="list-style-type: none"> <li>○ Work with parents to decide what changes we need to see and then how to support that change – services, etc...</li> <li>○ Ensure staff are informed about reentry</li> </ul> </li> <li>• Question – Does the CFT meeting framework switch when the CFT meeting is for return home? Would be good to ensure robust aftercare planning in place. <i>Will inquire with Sarah</i></li> <li>• Other ideas: Email Blasts with information, and DV Resource Faire</li> </ul>
<p>Action Steps <a href="#">(All)</a></p>	<ul style="list-style-type: none"> <li>• Charlene to send previous meeting minutes in advance</li> <li>• Charlene will have clerical support, LaViennia, order Name Tents</li> <li>• Charlene will have clerical support, LaViennia, contact domestic violence providers on Short Term counseling list to obtain information regarding:</li> </ul>

<p>Action Steps <a href="#">cont.</a></p>	<ul style="list-style-type: none"> <li>✓ Serving specialized populations (e.g., LGBTQ, etc...)</li> <li>✓ Youth programs</li> <li>✓ Aftercare programs for parents and children/youth</li> <li>✓ Safety Network development</li> <li>✓ Other programs</li> </ul> <ul style="list-style-type: none"> <li>• DCC, Lindsay Zettel, will connect Sarah Duncan and Sal to resolve the issue of Uplift staff inviting the correct district liaison to CFT meetings</li> <li>• Charlene will inquire with Sarah: <ul style="list-style-type: none"> <li>○ Is possible at this stage for notification to be sent to Lilliput or other providers when a CANS is scheduled or completed – answer: <i>No, at this early stage there is not a method for notification</i></li> <li>○ Does the CFT meeting framework switch when the CFT meeting is for return home?</li> <li>○ Is there a way to track how many CFT meetings occurred “to plan for return home”? Is it tracked from the referral form?</li> </ul> </li> <li>• Workgroup to inquire/explore the current “return home” CFT meeting structure</li> <li>• Jolane will take the lead on planning a Aftercare Resource Faire <ul style="list-style-type: none"> <li>○ Possible location for Faire is LaFamilia on Franklin Blvd.</li> </ul> </li> <li>• Workgroup would like to have input into the Aftercare policy and procedure and Behaviorally Based Case Plan policy and procedure</li> <li>• Consider a study of the 69 children who have already reentered in preliminary January 20, 2020 data for cohort – January 1, 2018 through December 31, 2018. Include demographics</li> </ul>
<p>Plus/Delta (<a href="#">Carol</a>)</p> <p style="text-align: center;">PLUS +</p> <ul style="list-style-type: none"> <li>• Location</li> <li>• Robust discussion</li> <li>• Mapping on board where intervention could occur to prevent reentries</li> <li>• Good plans moving forward</li> </ul>	<p style="text-align: center;">DELTA -</p> <ul style="list-style-type: none"> <li>• Bring name tents</li> <li>• Missing CPS partners at table (due to training meeting)</li> </ul>
<p>Next meeting date</p>	<p><b>Next Meeting Date:</b> – Wednesday, April 1, 2020 from 9:00 a.m. - 11:00 a.m., 9750 Business Park Drive Ste. 427, Sacramento 95827</p>