FACT Meeting Minutes

July 12, 2021
9:30 a.m. – 11:30 a.m.
40 Douglas Drive, Martinez, CA
Zoom Meeting

Call to Order – 9:34 am

Committee Member Attendance:

<table>
<thead>
<tr>
<th>Richard Bell</th>
<th>Carol Carrillo</th>
<th>Joe DeLuca</th>
<th>Mary Flott</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Johnson</td>
<td>Dave Leimsieder</td>
<td>Karin Kauzer</td>
<td>Ani Pereira Sekhon</td>
</tr>
<tr>
<td>Micaela Mota</td>
<td>Katie Callahan</td>
<td>Pa’tanisha Davis</td>
<td>Jennifer Early</td>
</tr>
<tr>
<td></td>
<td>absent</td>
<td>absent</td>
<td>absent</td>
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<td></td>
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<td>Jenny Tsang</td>
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Staff: Laura Malone, Jan Nelson

1. **Review and Accept the Minutes (June 7, 2021)**
   Mary Flott motioned to accept the minutes – Lisa Johnson seconded, It passed unanimously; Yea: 9, Nay: 0; Abstained: Karin Kauzer

2. **FACT Membership Update, Organization and Action Items**

   - Welcome to Jenny Tsang – approved by BoS at June 8, 2021 meeting.
   - Pa’tanisha’s transfer to the District 3 Seat is targeted for July 27 BoS, which makes her current At-Large Seat vacant for Audra’s appointment.
   - Audra’s appointment recommendation is then targeted for August FHS meeting and if approved, it would move forward to a September BoS meeting. Approvals will result in Audra’s appointment supporting October as her first official meeting.
   - 3 pending applications – Annie Lu, Deborah Small, and Rhiannon Shires. All have been notified, thanking them for their applications, inviting them to the FACT meetings and that we currently do not have any Seat vacancies.
   - Membership reappointment renewal update
     - Mary District Seat targeted for Sept. 7 BoS meeting
     - Richard District Seat targeted for an August BoS meeting
     - Ani District Seat call received from Spvr Glover’s office, targeted for end of August BoS meeting.
     - Carol At Large Seat targeted for August FHS meeting along with Audra’s appointment request.
     - Dave District Seat - awaiting to receive notification from Clerk of the Board and once received, will be forwarded to Spvr Mitchoff’s office for handling.
Dr. Mayo At- Large Seat on agenda for today for Committee review and approval. Mary Flott motioned to approve. Karin Kauzer seconded. It passed unanimously; Yea: 9, Nay: 0; Abstained: Dr. Mayo

3. RFP Needs Assessment/RFP
   - Dr. Mayo provided update on the Needs Assessment Sub-Committee – The Sub-Committee has 2 documents to review (Chapin Hall Report and the Measure X Report – both provided copies to the Committee), and next step is to get together with sub-committee – expects 30-45 days for delivering recommendations. Joe inquired if the data we have is a sufficient population of data or are there other pieces to include. Carol said that there will be one more smaller piece of data, but that yes, this data we have will be sufficient. Deadline – October is when we need to have a final vote on the RFP in order to publish prior to the holidays. September meeting is where we need to have a draft of the RFP where everyone reviews and provides feedback on the draft given the needs assessment recommendations. Discussion on if an ad hoc meeting in August is needed? Ultimately, the Committee determined a meeting in August was not needed. The Sub-Committee will provide a report out via email in August. Joe asked if there were any questions regarding substance – Dr. Mayo replied no discussion needed at this time.

4. TAX Insert Flyer
   - Reviewed updated draft tax flyers provided by EHSD Communications. Discussion around format, images and desired language. Suggestions provided to consolidate language on internal pages and add another image. Committee also suggested to update photos that represent our diverse population. Unable to finalize flyer modifications at meeting and final is needed prior to next FACT meeting to meet Print/Mail deadlines for Tax Mailings.

   - Discussion included – Jenny T mentioned on line report is very compelling and to consider incorporating verbiage from it. Approximate cost is $8,800 and that’s enough flyers for 2 years run. Micaela brought up post partum depression and would like to possibly see an infant image in the brochure. Carol agreed – good point. Ani agreed with including images diversifying age. Dave agreed with toddler image. Laura M. suggested we had room to rearrange the text and include a third image. Joe commented that he is satisfied going with incremental improvement to the brochure. Doing some changes for this year and additional improvements in the future.

   - To meet the deadlines for Print/Mail, Joe suggested that the Committee can delegate executive decision making authority to Mary to finalize with Laura via vote. Dave Leimsieder motioned, Richard Bell seconded. It passed unanimously; Yea: 10, Nay: 0; Abstained: N/A

5. Committee Member Updates
   - None

6. Updates - Contract Status
   COMPLETE:
   - 20-267 FACT CAPC
   - 20-276 FACT STAND!
   - 20-272-2 FACT CCIF/HOPE
   - 20-262 FACT Ujima
   - 20-273 FACT Cope

   RISK MANAGEMENT:
   - 20-268-2 FACT MT DIABLO CROSSROADS
AWAITING CONTRACTOR SIGNATURE:
20-278 FACT CCARC/VISTABILITY

- Jan reported on OCAP (California Office of Child Abuse Prevention) Reporting schedule, OCAP annual report webinar kick off including providers and Year-End reporting.

7. Discussion/Announcements/Public Comment
   - Laura M. Triennial Report received from Clerk of the Board. Required to be completed by FACT. Submission deadline is December 1. Laura will start filling out the report with known information and submit to committee for review. The report is an eight (8) page question and answer document. Purpose is anticipated to be an assessment for the Board of Supervisors on FACT Committee. Action Item: Will be on FACT agenda for October meeting and if necessary November, for final content approval/vote and submission by December 1, 2021.

Adjourn – 10:30

ACTION ITEM ADDITIONS FROM THIS MEETING

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Responsible Party</th>
<th>Assigned Date/Due Date</th>
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<tbody>
<tr>
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Our Mission

EHSD partners with the community to deliver quality services to ensure access to resources that support, protect, and empower individuals and families to achieve self-sufficiency.
Who We Are

• The Child Welfare agency for our County.
• Mandated by Federal law and guided by the California Welfare & Institutions Code, Sections 300 and 16500.
• Responsible for assessing and responding to child abuse and neglect.
• Three main goals: to achieve safety, permanency, and well-being for all children.
A Snapshot of Contra Costa’s Child Population

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Contra Costa Population</th>
<th>Child Population (17 and under)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>45.52%</td>
<td>34.95%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>9.00%</td>
<td>8.96%</td>
</tr>
<tr>
<td>Asian American</td>
<td>15.27%</td>
<td>14.41%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.29%</td>
<td>0.26%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.45%</td>
<td>0.46%</td>
</tr>
<tr>
<td>Hispanic/Latino (May be any race)</td>
<td>25.49%</td>
<td>34.25%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3.98%</td>
<td>6.70%</td>
</tr>
</tbody>
</table>

Contra Costa Children 17 and Under, by Age Group

- Age 14-17: 61,523 (24.79%)
- Age 0-2: 35,449 (14.28%)
- Age 3-5: 37,812 (15.24%)
- Age 6-10: 69,256 (27.91%)
- Age 11-13: 44,122 (17.78%)

California Dept. of Finance, Population Estimates and Projections (May 2020); U.S. Census Bureau, Population and Housing Unit Estimates (Jul. 2020).
Monthly Referrals by District and Types of Abuse

<table>
<thead>
<tr>
<th>Referrals by District, March 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
</tr>
<tr>
<td>113</td>
</tr>
</tbody>
</table>

After Hours Screening: 171

Percent of Children with Allegation Type (Multiple Allegations per Referral)

- Others at Risk: 22.5%
- Sexual Abuse: 6.6%
- Neglect: 63.1%
- Emotional Abuse: 30.4%
- Physical Abuse: 19.0%
Calls to Hotline – Monthly Averages

Monthly Totals Screening Calls and Referrals
Comparing 2021, 2020 and 2019

- 2021 Screening Calls
- 2020 Screening Calls
- 2019 Screening Calls
- 2021 Referrals
- 2020 Referrals
- 2019 Referrals
# Allegations and Children In Care by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Allegations 2020 Per 1,000</th>
<th>In Care July 1,2020 Per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>87.7</td>
<td>13.1</td>
</tr>
<tr>
<td>White</td>
<td>22.9</td>
<td>2.1</td>
</tr>
<tr>
<td>Latino</td>
<td>33.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Asian/P.I.</td>
<td>14.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Nat Amer</td>
<td>47.1</td>
<td>M</td>
</tr>
</tbody>
</table>

Who is the Reporting Party?

Referral Counts by Reporter Type
Compared 2021, 2020, 2019

- Teacher/Sch Pers
- Counselor/Therapist
- Law Enforcement
- Medical Professional
- Other Professional
- CWS Staff
- Relative/Friend
- Other
- Rep Type Not Identified

Data ranges:
- Mar 28 - Apr 3, 2021
- Mar 29 - Apr 4, 2020
- Mar 31 - Apr 6, 2019
Some children are not removed from their parents when they can safely remain in their homes with added supports and services.

The supports are provided by CFS, Community Based Organizations and the Courts.

<table>
<thead>
<tr>
<th>Point in Time – May 5, 2021</th>
<th>East</th>
<th>Central</th>
<th>West</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary FM</td>
<td>38</td>
<td>24</td>
<td>2</td>
<td>64</td>
</tr>
<tr>
<td>Family Maintenance</td>
<td>77</td>
<td>37</td>
<td>74</td>
<td>188</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>61</td>
<td>76</td>
<td>252</td>
</tr>
</tbody>
</table>
When Children Cannot Remain Safely at Home

Number of Children in Placement and Types of Placement

<table>
<thead>
<tr>
<th>Type of Placement</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congregate Care</td>
<td>54</td>
<td>7.3%</td>
</tr>
<tr>
<td>Family Home Relative/</td>
<td>184</td>
<td>24.8%</td>
</tr>
<tr>
<td>NREFM Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Home Community Care</td>
<td>361</td>
<td>48.6%</td>
</tr>
<tr>
<td>Self Care</td>
<td>144</td>
<td>19.4%</td>
</tr>
<tr>
<td>Total in Care</td>
<td>743</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Placements by Level of Care
May 3, 2021

- Fam Hm, 241, 33%
- Reg Center Hm, 10, 1%
- FFA, 172, 23%
- THP, Sm Fam Hm, 68, 9%
- Guardian, 131, 18%
- SILP, 77, 10%
- STRTP, 44, 6%
Family income is the greatest predictor of maltreatment & child welfare entry. Economic hardships increase risk of child welfare involvement, e.g. utility shutoffs, difficulty paying for housing, inadequate housing, food insecurity and material economic stress.

Children in low socioeconomic status families are...

- 7x more likely to experience neglect
- 5x more likely to experience abuse
- 40x more likely to enter child welfare than middle income families

73% of children in poverty are children of color

- 1 in 3 Black children
- 1 in 3 Native American children
- 1 in 4 Latino children
- 1 in 11 White children

14% of US children are Black, but are 27% of children in poverty

- 53% of Black children are investigated by CPS by age 18
- 23% are in foster care

Emerging Themes and Trends

COVID impacts on children and families: home schooling, job losses and hours reductions, childcare issues for parents

Behavioral Health: more support and services needed for children and parents

Continuum of Care Reform (CCR): placements for children with very high needs are hard to find in County or nearby

Families First Prevention Services Act: New Child Welfare Initiative launches October 2021
Gaps

• Limited funding for **discretionary items** for children in foster care.

• Limited **concrete services for families** needing very basic help to avoid child welfare: housing, livable wages, childcare, substance abuse treatment and mental health supports for children and parents.

• Lack of safe very **high-level respite options** for children who need treatment and can’t stay safely in the home.

• Insufficient **number of foster homes** in County willing to take in medically needy children, sibling groups, developmentally delayed children or children with high-level behavioral health needs.

• Lack of **Regional Center placements and services** for developmentally delayed, non-ambulatory and equipment dependent Regional Center children.
Prevention

- A variety and volume of **easily accessible services** for families and children to avoid entering the Child Welfare system.
- **Behavioral Health** placements and services for parent whose children need extra support.
- Services and supports that **ease parents’ stress**.
- **Mental health and parenting supports** for parents with mild to moderate mental health needs to avoid involvement with Child Welfare.
- Nationally, when **concrete supports** are offered, there are fewer subsequent neglect reports and **fewer removals** into foster care.

Intersections

- Education
- Community Based Organizations
- Child Abuse Prevention Council
- Pediatrics
- Probation
- Regional Center
- Children & Family Services
- Behavioral Health
- Public Health
Whole family living resources with case management in the community meeting the entire family’s needs outside of Court involvement

A Family Visitation Center Home that allows supervised overnight visits for parents/children in a home setting. Allows cooking with children, playing in back yard, bathing, preparing for bedtime, etc.

Respite Programs for children of all ages for 24 hours or more if needed

Permanent Housing Subsidies result in 50% reduction in foster care removals. Access to high-quality Child Care with subsidies reduces neglect by 20%.

Minimum Wage – every $1 increase results in 10% fewer neglect reports.*

Success

- Children are safe, healthy, and not in foster care
- Parents have the supports they need to raise their children and keep them safe and free from abuse and neglect
- If children must enter foster care, they get supports and resources to heal and experience a safe, healthy childhood
- Children in foster care achieve permanency timely and do not grow up in the child welfare system
- The Families First Prevention Services Act (FFPSA) will fund and support prevention efforts, but only for families coming to CFS’ attention. Ideally, families could have proper community resources, not escalate risk & not become involved with CFS.
Thank You

Building Brighter Futures Together...
YES, I would like to help!
(Please detach and mail with your contribution)

First Installment Donation

Please make your separate check for your contribution payable to:
THE FAMILY & CHILDREN’S TRUST FUND (FACT)

Please mail your contribution and this form to:
Family and Children’s Trust Fund,
c/o Russell Watts, Treasurer-Tax Collector
P.O. Box 631, Martinez, CA 94553

Or mail your separate contribution check together with your tax payment.

Enclosed is my contribution for: (please circle)
$150  $100  $50  $25  $ __________

Name

Address

City     Zip

Email (optional)

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Thank you for helping to prevent child abuse in your community!
Why Donate
Consider these startling facts:

• Research has demonstrated a strong link between abuse in childhood and poor school performance, increased violence, and unstable family situations.
• Children who have been abused are more at risk to continue the cycle of violence.
• For every $1 spent on prevention, at least $4 in treatment costs are avoided.

Each year there are approximately 10,000 reports of child abuse that require intervention in Contra Costa County.

Who We Are
Family & Children’s Trust Fund (FACT)

Family and Children’s Trust Fund of Contra Costa County (FACT) supports local programs that provide critical services for at-risk children and families. Your contribution will be used solely to support these services.

As a committee of volunteer county citizens, appointed by the Contra Costa County Board of Supervisors, we make program funding recommendations based on a needs evaluation and monitor funded programs.

For More Information
Call the FACT Staff at (925) 313-1500

Or visit our website: http://ehsd.org/children/family-and-childrens-trust-fund-fact

How Your Donation Helps
Your contribution to FACT will help support programs in your community for at-risk children and their families to provide:

• Treatment for child abuse victims
• Support services for substance abuse
• Multi-cultural parent education
• Parenting education and life skills for pregnant and parenting teens
• Services for children with special needs and their parents

This is one of the most important tax deductible contributions you’ll make all year.

Every donation helps!
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