



Community Leadership Forum 2014
Foster Youth as Parents: Providing Support and Breaking the Cycle

Children's Bureau Magnolia Place Family Center
1910 Magnolia Avenue
Los Angeles, CA 90007
Tuesday, April 22, 2014

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| 8:30 - 9:00 | Registration and Continental Breakfast |
| 9:00 – 9:05 | Junior League of Los Angeles Welcome
<i>Eileen Scully Brzozowski, Public Policy Director</i> |
| 9:05 – 9:10 | Children's Bureau Welcome
<i>Alex Morales, President and CEO</i> |
| 9:10 – 9:55 | The Scope of the Issue
<i>Jessica Chandler, MSW Candidate and former foster youth and teen parent</i>

<i>Emily Putnam-Hornstein, PhD, author of California's Most Vulnerable Parents: When Maltreated Children Have Children</i> |
| 9:55 – 10:10 | Break |
| 10:10 – 12:10 | Speaker Panel
Introduction by Barbara Facher
<i>Jessica Chandler, MSW Candidate and former foster youth and teen parent</i>

<i>Barbara Facher, MSW, Alliance for Children's Rights</i>
<i>Dena Johnson, Foster Parent (Whole Family Foster Home)</i>
<i>Hipolito Mendez, MSW and Pregnant and Parenting Teen Conference Facilitator</i>
<i>Miranda Sheffield, Children's Law Center Youth Advocate</i>
<i>Kenneth Williams, Teen Father</i> |
| 12:10-12:30 | Wrap Up
<i>Barbara Facher, MSW, Alliance for Children's Rights</i>
<i>Mara Ziegler, LCSW, Public Counsel</i> |

The Junior League of Los Angeles is an organization of women committed to promoting voluntarism, developing the potential of women and to improving the community through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.



Community Leadership Forum 2014
Foster Youth as Parents: Providing Support and Breaking the Cycle
Speaker Biographies

Jessica Chandler, MSW Candidate

Cal State University, Northridge

Jessica Chandler will graduate with a Masters of Social Work from Cal State Northridge in May 2014. She has long served as an advocate for children and families in California's child welfare system. She sits on the board of the Los Angeles County Education Coordinating Council (ECC) and is a founding partner of L.A. Child Advocacy Partners. As a Resource Specialist with The Alliance for Children's Rights, she worked with pregnant and parenting teens in the Los Angeles County Department of Children and Family Services. She is also a former foster youth/teen mother.

Barbara Facher, MSW

The Alliance for Children's Rights

Barbara Facher is a social worker at the Alliance for Children's Rights. Ms. Facher works on issues specific to pregnant and parenting teens living in foster care and collaborates with public and private agencies to improve and expand services for this population; she co-chairs the Inter-Agency Council on Child Abuse and Neglect (ICAN) Task Force on Pregnant and Parenting Teens. She also focuses on health care issues for children in foster care to ensure youth have access to health and mental health care and other critical supports and services.

Prior to joining the Alliance for Children's Rights in 2001, Ms. Facher worked as a medical social worker. She previously served as the California Director of Human SERVE, a national voter registration and education organization focused on expanding voter participation among low-income and minority populations.

Ms. Facher has a B.A. in History from the University of California, Berkeley, and received a Masters of Social Work from San Francisco State University School of Social Work.

Dena Johnson

Whole Family Foster Home Caregiver

Dena Johnson has been a resource/foster parent since 2010. Dena currently has a whole family home where she mentors pregnant teenagers and teen mothers. Dena works full time as a Sexual Assault Detective Supervisor for the Los Angeles Police Department. She has been a law enforcement officer for 30 years. She is also a licensed minister and a chaplain for the Los Angeles Police Department. Dena holds a Bachelors of Theological Studies in Christian Ministries.

Hipolito Mendez, MSW*Department of Children and Family Services*

Hipolito Mendez has worked for the Los Angeles County Department of Children and Family Services (DCFS) for the last 12 years. He began his career with DCFS as a Children's Social Worker Trainee. He received his Bachelor of Arts in Psychology from the University of California, Los Angeles. With the assistance of DCFS and the CalSWEC Program he received his Masters of Social Work from Cal State University, Long Beach. He has worked as a case carrying Children's Social Worker, a Dependency Investigator, and a Supervising Children Social Worker. He currently facilitates the Pregnant and Parenting Teen Conferences for DCFS.

Emily Putnam-Hornstein, PhD*USC School of Social Work*

Emily Putnam-Hornstein, PhD, is an Assistant Professor at the University of Southern California's School of Social Work and Director of the Children's Data Network, an agency, university, and community collaborative focused on the linkage of administrative data to inform children's policies and programs. She also maintains a research appointment at the University of California at Berkeley's California Child Welfare Indicators Project, a longstanding child welfare data and research collaboration with the California Department of Social Services. Emily's current research focuses on the application of epidemiological methods to improve the surveillance of non-fatal and fatal child abuse and neglect. Her research has been funded by the Conrad N. Hilton Foundation, HF Guggenheim Foundation, First 5 LA, and the Health Resources and Services Administration's Maternal and Child Health Bureau. Emily graduated from Yale University with a BA in Psychology, received her MSW from Columbia University, and earned her PhD in Social Welfare from the University of California at Berkeley. Prior to returning to graduate school she worked as a child welfare caseworker in New York City.

Miranda Sheffield*Children's Law Center*

Miranda Sheffield currently works for the Children's Law Center (CLC) primarily as an AB12 Peer Coordinator. She is a recent college graduate from Cal State Los Angeles who experienced growing up in foster care. She currently works for the Children's Law Center primarily as an AB12 Peer Coordinator. As of January 2014, her new role is CLC's Family Planning Health Worker. Her responsibilities include talking to youth about reproductive health, healthy relationships, birth control methods, and sharing her own experience as a teen mother emancipating out of foster care. Prior to working for CLC, Miranda assisted DCFS with leading youth empowerment groups.

Mara Ziegler, LCSW*Public Counsel*

Mara Ziegler, LCSW, is a senior social worker on Public Counsel's Children's Rights Project (CRP). The multi disciplinary CRP staff works as a team to advocate for the rights of children, youth and families. Mara pursues options for resolving clients problems which may include securing an attorney to represent the child, advocating for services on behalf of the child, providing support and guidance to the client and their caregivers, participating in relevant community groups and coalitions, and taking part in legislative advocacy and policy development. She also writes materials for the Project and provides outreach and training to clients, service providers, child advocates, attorneys and others on a variety of issues related to Children's Rights.

Areas of specialization for Mara include empowering and advocating for pregnant and parenting teens, helping clients to access government benefits and programs, and working with youth transitioning out of the Dependency system.

Prior to joining Public Counsel in 1989, Mara had extensive experience in providing group and individual therapy to children who had been abused and worked with high school students on issues of date rape and physical and sexual abuse. Currently, Mara is also an Adjunct Associate Professor at the University of Southern California in the School of Social Work teaching several classes including Social Work Practice with Individuals, Families and Groups, Working with Adolescents: Practice, Systems and Advocacy and Social Work Practice with Transition Age Youth.

California's Most Vulnerable Parents: When Maltreated Children Have Children

BACKGROUND

Nationwide, teen pregnancy rates have declined by more than 40 percent during the last two decades, rising briefly in 2006 and 2007 before dropping to historic lows in 2011. Still, the United States maintains the highest rate of teenage pregnancy and childbirth among comparable industrialized countries. Teen births in the U.S. garner significant attention because they are correlated with a range of poor outcomes for both young mothers and children – and because significant risk differences persist across groups. Youth placed in foster care and involved with child protective services have heightened rates of teen pregnancy and births, yet there have been limited data with which to characterize these dynamics or track trends over time.

This research study linked Child Protective Services (CPS) and birth records from California, generating new knowledge concerning teen births among youth currently and formerly involved with the state's child protection system. This database of integrated birth and CPS records is unique in that it not only offers a "population-level" examination of past CPS involvement among teen mothers, but it also provides an opportunity to prospectively examine health and safety outcomes in the next generation, both for the state as a whole and for Los Angeles County. Through the linkage of these two data sources, we now have a more complete understanding of birth and early-parenting dynamics among a very vulnerable subset of young parents.

KEY FINDINGS

1. A significant number of teen mothers have a history of CPS involvement.
 - Among girls who gave birth in their teens, more than 40% had been reported as alleged victims of abuse or neglect.
 - 20% had a history of confirmed or substantiated maltreatment reports.
2. Although only a small percentage of teens in foster care give birth in any given year (approximately 4%), tracking births that occur over time provides a more complete picture of the share of foster youth who are parenting during their teens.
 - Among girls in foster care at age 17, more than 25% had given birth at least once during their teens.
 - Among girls in foster care with a first birth before age 18, more than 1 in 3 went on to have a second teen birth.
3. Multi-generational involvement with CPS is not uncommon and a teen mother's history of alleged or substantiated maltreatment emerged as a strong and significant predictor of offspring maltreatment.
 - By age 5, children born to teen mothers who were victims of maltreatment were abused and neglected at twice the rate of other children.
4. The rate of childbearing was significantly higher among girls in foster care than for girls in the general population of Los Angeles County.
 - Unknown, however, is whether girls in foster care have a heightened teen birth rate compared to socioeconomically similar adolescents in the county.
 - Among girls who were in foster care and gave birth – roughly half became pregnant before entering care.
5. A history of maltreatment among teen mothers may have intergenerational health consequences for children.
 - Among an already high-risk population of teens giving birth, a maternal history of maltreatment was a significant predictor of low infant birth weight (<2500g), even after adjusting for smoking and other known risk factors.

IMPLICATIONS

- Documenting the prevalence of past abuse and neglect among adolescents who give birth and understanding its role in pregnancy decisions is critical to the development of informed prevention programs.
- Recognizing that a history of maltreatment characterizes a significant subset of adolescent mothers may be relevant to the development of interventions that enhance parenting capacity and protect against abuse and neglect in the next generation.
- Maltreatment may not only have consequences for the victim, but also may contribute to next-generation health outcomes; targeted prevention programs, behavioral health interventions, and developing stress-coping mechanisms among pregnant and parenting foster youth may benefit both mothers and children.
- Data from the present study indicate that more than 1 in 4 young women in foster care will be parenting during their teens (and by age 20 it will be 1 in 3). The extension of foster care to youth over the age of 18 means that the nature of the state's parenting obligations will expand and will increasingly include the next generation of children.
- Monitoring the incidence of first and repeat births among girls currently and formerly involved with CPS is critical to evaluating the efficacy of pregnancy prevention efforts and determining the nature of services needed for young mothers and children.

DATA & METHODS

This project resulted in the linkage of roughly 1.5 million California birth records (from 2000-2010) to 1 million CPS records, with a second phase of research focusing on the maltreatment risk of children born to adolescent mothers. After linkages were finalized, unique datasets were constructed to explore five different research questions. Findings were generated using both statewide data and information specific to Los Angeles County.

RESEARCH TEAM

Emily Putnam-Hornstein, Ph.D., University of Southern California
Julie A. Cederbaum, Ph.D., University of Southern California
Barbara Needell, Ph.D., University of California, Berkeley
Bryn King, M.S.W., University of California, Berkeley

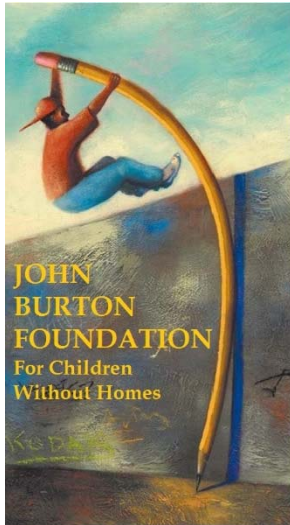
FULL REPORT

The full report and research briefs can be downloaded at:
<http://www.hiltonfoundation.org/teenparentsreport>

**CONRAD N. HILTON
FOUNDATION**

The Conrad N. Hilton Foundation was created in 1944 by international business pioneer Conrad N. Hilton, who founded Hilton Hotels and left his fortune to help the world's disadvantaged and vulnerable people. The Foundation currently conducts strategic initiatives in six priority areas: providing safe water, ending chronic homelessness, preventing substance abuse, helping children affected by HIV and AIDS, supporting transition-age youth in foster care, and extending Conrad Hilton's support for the work of Catholic Sisters. Following selection by an independent international jury, the Foundation annually awards the one and half million dollars Conrad N. Hilton Humanitarian Prize to a nonprofit organization doing extraordinary work to reduce human suffering. From its inception, the Foundation has awarded more than one billion dollars in grants, distributing eighty-two million dollars in the U.S. and around the world in 2011. The Foundation's current assets are approximately two billion dollars. For more information, please visit www.hiltonfoundation.org.

11/2013



Policy & Practice Implications of “California’s Most Vulnerable Parents”

Amy Lemley, John Burton Foundation

Recommendation #1: Expand pregnancy prevention services for youth in foster care. Currently in foster care, there is no standard practice or explicit legal mandate to inform or educate youth in foster care about pregnancy prevention or reproductive health, despite their disproportionate risk of becoming teen parents and the risks that are associated with this for their children. California State Senate Bill 528 (SB 528), authored by Senator Leland Yee (D-San Francisco) recently clarified in state law that county child welfare agencies are *authorized* to provide age-appropriate information about reproductive health. Additionally, SB 528 added the right to access reproductive health services to the foster care bill of rights. Despite these incremental gains, there remains no specific mandate that youth in foster care have access to information about reproductive health and sexual

development.

A number of counties, including Los Angeles County, recognize the importance of improving access to reproductive health information and pregnancy prevention services for youth in foster care and are taking steps to accomplish this goal. In 2012, Alameda County, together with four states, participated in a year-long effort sponsored by the National Campaign to Prevent Teen and Unintended Pregnancy to integrate an evidence-based pregnancy prevention curriculum for adolescents in foster care into their child welfare practice. The evidence-based curriculum, called *Making Proud Choices*, has reached approximately 100 adolescents so far in Alameda County. Representatives of the John Burton Foundation and the National Campaign are developing a proposal to replicate this training initiative in six to eight additional California counties. This effort, and others, are essential to bring critically needed pregnancy prevention and reproductive health information to youth in foster care.

Recommendation #2: Increase support for pregnant and parenting foster youth.

As data from the report shows, the birth rate for youth in foster care increases considerably as they age, from 11.5 percent by age 18 to 33 percent by age 21. This has important implications for California, which extended foster care to age 21 effective January 1, 2012 and has subsequently experienced a 150% increase in the number of 18 to 21 year-olds in foster care. Despite this considerable transformation in the demographics of California’s foster care population, state child welfare practice and policy has not changed to address the needs of pregnant and parenting youth. Instead, there are pockets of innovation around the state, including Los Angeles County, which began to conduct specialized conferences for pregnancy and parenting youth in 2008. A recently completed evaluation of the approach found that Los Angeles County pregnant and parenting youth making measurable progress on goals identified in the areas of education, housing, health care, child care and reproductive health

In addition to the implementation of the specialized conferences for pregnant and parenting dependents, Los Angeles County has entered into a Memorandum of Understanding (MOU) with the Nurse Family Partnership, an evidence-based program that provides maternal health services to first-time mothers. These services have resulted in improved prenatal health, fewer subsequent pregnancies, and increased maternal employment, among other positive outcomes. By entering into an MOU with this federally-funded program, Los Angeles County is bringing essential maternal and child resources to parenting youth in foster care and preventing the increased likelihood of maltreatment and low-weight births, both of which were more likely among parenting youth in foster care.

Recommendation #3: Provide more affordable, high-quality child care to parenting foster youth.

The report provides clear and compelling evidence that the children of youth in foster care are disproportionately likely to experience maltreatment by age 5. According to the report, the rates of substantiated abuse and neglect among children born to teen mothers with a history of reported or substantiated maltreatment were a full 2 to 3 times higher than the rates of children whose teen mothers had no history of involvement with Child Protective Services. This dramatic effect highlights the need to provide intensive support services to parenting dependents to prevent this unfortunate outcome. One such support is access to affordable, high-quality child care, which has been shown to provide parents with a range of benefits that can prevent maltreatment, including respite to young, almost exclusively single parents, increased knowledge of child development, and the opportunity to pursue employment and education.

Despite the many advantages child care provides to vulnerable parents, it remains inaccessible to parenting youth in foster care. According to data from the California Department of Social Services, in 2012 just four percent of parenting foster youth were receiving or had applied for subsidized child care when they “aged out” of foster care. This is due in large part to the fact that parenting youth in foster care do not have priority status to subsidized child care in California. Instead, they are categorized as “low-income” parents and must vie for the same scarce child care spots as the general population of low-income parents. According to the California Budget Project, there are 193,000 children on waiting lists for subsidized child care as of March 2011, prior to the loss of an additional 60,000 slots in the FY 2012-13 state budget.

While a number of county child welfare agencies have developed local policies to address this issue, the lack of consistent, statewide access to child care for parenting youth in foster care remains troubling. This concern is heightened by the fact that participation in extended foster care is contingent on the youth engaging in one of five “participation conditions,” all of which are made more difficult, if not impossible, to meet for young parents without childcare. Without access to child care, young parents in foster care are not able to participate in extended foster care and are instead moving on to access CalWORKs, the state’s welfare program which ironically guarantees access to child care.

There are a range of approaches to address the lack of child care for parenting youth in foster care. SB 528 attempted one approach, which was to grant priority status to parenting youth in foster care to access the existing system of subsidized child care, administered by the California Department of Education. Another could be the creation of a parallel child care program, dedicated specifically to parenting youth in foster care, and possibly accessing federal Title IV-E funds. This approach is currently being considered by the California Senate Human Services Committee, Chaired by Senator Leland Yee. An interim measure would be to revise state regulation to ensure parenting youth in foster care are not excluded from participation in extended care due to their inability to participate in one of the five participation conditions.

Recommendation #4: Restore cuts to California’s “mainstream” teen pregnancy prevention programs.

While the entire country has seen a consistent reduction in rates of teen pregnancy over the last 20 years, the reduction in California has been above average. This is due in part to California’s innovative network of community-based programs, which are primarily funded through five public sources: the Adolescent Family Life Program, Community Challenge Grants, the Information and Education Program and the Male Involvement Program. At their peak level of funding in FY 2007-08, California budgeted \$46.4 million in funding for these five programs, which directly served 300,000 adolescents in California. Since 2008, however, California has reduced funding for these programs by 72%. In 2012, their combined budgets totaled \$12.9 million. In 2012, just 18,288 adolescents were directly served by one of

these five programs, a 94% decline from 2008. This reduction in funding and subsequent reduction in adolescents receiving pregnancy prevention services has serious implications, given the report's finding about the unique risks associated with teen parenthood, namely a disproportionate rate of involvement with Child Protective Services.

Recommendation #5: Include access to pregnancy prevention services through differential response.

In 2012 in California, there were 487,000 allegations of child maltreatment made to the state's 58 county child welfare agencies, of which 17 percent were substantiated. Many cases that are not substantiated are still referred to community-based services in recognition that there may be a risk of future child maltreatment. This practice of referring non-substantiated cases comes under a practice known in the child welfare field as "differential response." There are a range of services provided through differential response, which depend on the county's child welfare practice and the availability of resources.

The evidence included in the report makes a compelling case to include pregnancy prevention services to those offered through differential response. According to the report, there is a strong relationship between being an alleged victim of maltreatment and becoming a teen parent. A full 40 percent of girls who had given birth in their teen years had been reported as alleged victims of abuse or neglect. Through differential response, these alleged victims, who are at disproportionate risk to become teen parents, could be referred to pregnancy prevention services and potentially delay childbearing.

Recommendation #6: Fully implement Whole Family Foster Homes.

In 2008, the California State Legislature created a specialized foster care placement for parenting youth, known as Whole Family Foster Homes. In Whole Family Foster Homes, the foster parent serves as a mentor to the young parent, and a Share Responsibility Plan is developed between the foster parents, the adolescent, the Foster Family Agency and the county. The intention of this specialized placement is to provide young parents in foster care with the additional support and assistance to ensure health and well-being of their child as well as to encourage the education and health development of the young parent as they make the transition into adulthood. The newly available evidence about the increased risk of maltreatment among children of youth in foster care underscores the importance of this approach.

Unfortunately, implementation of Whole Family Foster Homes remains limited in most counties for reasons that are largely unknown. Some cite the additional training requirements as an impediment, while others cite concerns about liability that could be addressed in state law. A first step to expanding access to Whole Family Foster Homes is to better understand what factors are preventing their full implementation and utilization.

Notes and Plans for Pregnant and Parenting Teen Family Group Decision Making Meeting

Case Name:

Case Number: 99999999

Court Case Number: CK#####

Teen Mother's Name: Youth

Date of Meeting: 04/22/2014

Location of Meeting: DCFS Belvedere Office
5835 S. Eastern Ave.
Commerce, CA 90040

Facilitator: Hipolito Mendez

Participants: Youth – teen mother
– DCFS Social Worker
– mother
– I-CAN PPT Resource Specialist
– DCFS Supervisor
– Therapist
– St. Anne's Case Manager

Purpose of Meeting: The purpose of this meeting was to identify and discuss Youth's needs in regards to pregnancy, early child rearing, child care, education and baby's needs. The purpose of the meeting was also to provide support and services to foster child safety.

Family Strengths:

- Youth has a healthy pregnancy.
- Youth is participating in Nurse Family Partnership.
- Youth completed parenting classes and continues to participate.
- Youth is cooperative.
- Youth has great interaction and bonding with her son.
- Youth attends to her son's needs before her own.
- Youth communicates positively with staff and peers at St. Anne's.
- Youth has already discussed her reproductive health with her doctor.
- Youth is very motivated.

Challenges/ Needs:

- Youth wants to remain in St. Anne's.
- Youth needs a double stroller.
- Youth needs child care for baby while she is in the hospital giving birth.

Ideas:

- Youth to consider having a Family Law consultation from LA Center for Law & Justice's Teen LA Program.
- Youth to consider placing her name on the wait list for child care through the Referral and Resource center.
- Youth to consider continued services at the Parenting Teen Clinic at LAC-USC.
- St. Anne's to consider providing child care during the day for baby while Youth is in the hospital giving birth.
- SCSW to consider discussing St. Anne's contractual responsibility to provide child care for baby while Youth is hospitalized.
- Olive Crest will be explored as an alternative placement through their Safe Families for Children program.
- Youth's mother will be considered as a child care provider for baby.

Plan:

1. By 08/09/13, St. Anne's will explore the possibility of providing child care for Baby during the day at the EOC, while Youth is in the hospital.
2. By 8/09/13, DCFS will discuss child care plan of Baby with Youth's mother.
3. By 9/23/2013, Youth will call LA Center For Law & Justice's Teen LA Program at (323) 980-3500 for a free Family Law consultation.
4. By 10/04/2013, Youth will discuss long-term birth control with her doctor at the Parenting Teen Clinic at LAC-USC.

Discussion and General Overview:

Youth has a 9 month old son and is currently 8 months pregnant. Youth reported that the fathers are not involved. Youth stated that the father of her unborn baby is incarcerated. Regarding the father of her unborn baby, Youth reports that she does not have any contact with him. Currently, Youth and her son live at St. Anne's group home. While at St. Anne's Youth receives child care, formula, diapers, bottles and other baby basics. Youth's son is not a dependent of the court and has no open case with DCFS. Youth's next court hearing is on 8/09/2013.

PPT Team discussed Youth's education situation and needs. She attends New Village Charter School but due to attendance issues is not performing well. Her school counselor indicates that when youth attends school, she does stay on task and works well on projects. Youth admitted that her poor attendance is due to her pregnancy. Youth averages about 2 to 3 school absences per week. Youth has discussed independent study as a possibility with her school advisor. This may be further explored while she is on maternity leave.

PPT Team discussed Youth's upcoming court hearing and any plans regarding reunification or continued placement at St. Anne's. Youth was very clear that although she hopes to one day live with her family, at this time she feels that remaining at St. Anne's would be the best plan for her and

her children. Youth stated that she feels that she needs the structure and the resources available to her at St. Anne's. Youth stated that she does not want to overwhelm her mother. The CSW stated that the recommendation for the next hearing would be to terminate family reunification and that Youth remain placed at St. Anne's.

I-CAN PPT Resource Specialist asked if any of the fathers were or would be named on the birth certificates. Youth denied that Baby's father was on the birth certificate and indicated that she would not name father on the birth certificate at this current pregnancy. I-CAN PPT Resource Specialist informed Youth that if the father's were not on the birth certificate they would not have parental rights over the children. The I-CAN PPT Resource Specialist further informed Youth that if the fathers want parental rights over the children, the fathers would have to file a petition at Family Law court. I-CAN PPT Resource Specialist discussed potential services for family law through the LA Center for Law and Justice. I-CAN PPT Resource Specialist explained that LA Center For Law & Justice's Teen LA Program provides free Family Law consultations and services for teen parents until they are 24 years old. Youth indicated that she would consider contacting the LA Center for Law and Justice.

The PPT Team asked Youth what assistance she needed regarding her child and or her pregnancy. Youth stated that St. Anne's provides her with child care (while at school), formula, diapers, bottles and other baby basics. Youth stated that she needed assistance with a double stroller. Everything else she indicated that either had or will receive from St. Anne's. Although STOP funds was discussed as a potential option, the case carrying SCSW indicated that she would prefer to submit a referral to the Children's Trust Fund. This would allow STOP funds to be available for Youth's mother, potentially for rental assistance.

The PPT Team discussed family planning and Youth's reproductive health. Youth stated that she already discussed this with Dr. Rios from the LAC-USC Parenting Teen Clinic. Youth stated that she plans to use an IUD as her birth control. She indicated that she will further discuss this with her OBGYN at her appointment 6 weeks after the birth of her daughter.

The PPT Team discussed the plan Youth had set up once she is ready to give birth. Youth stated that she has continued to receive prenatal services at the Parenting Teen Clinic at LAC-USC and she plans on delivering at LAC-USC. Youth was concerned with the care of her child Baby while she is hospitalized. Youth stated that St. Anne's will not allow her to leave her son at St. Anne's while in the hospital giving to her daughter. Further because Youth's mother was not reunifying with Youth, she would not be an option to allow Baby to stay with her while Youth is in the hospital. St. Anne's staff indicated that in the past they have relied on residents' family to take care of the children, while they were hospitalized. St. Anne's staff made it clear that it is against their rules to allow the child to stay at St. Anne's while the mother was not at the placement. The case carrying SCSW and the PPT Team discussed why there was not protocol set up for these emergencies. Further, it was discussed that St. Anne's may contractually be responsible to provide child care for the baby while Youth was hospitalized.

The PPT Team continued to discuss the conditions that Youth's mother could be a child care option. The team discussed the possibility of Youth asking one of her friends at St. Anne's to babysit her son while in the hospital. Youth stated that she trusted no one but her mother. Youth

stated that she did not want her son to go to foster care. The PPT Team discussed the placement options for Baby. In order to place Baby in a foster home a case would need to be opened for Baby. A referral must be reported and an allegation must be substantiated. Because Youth has not neglected or abused her child the Department was reluctant to go this route. The option of Olivecrest's Safe Families for Children was proposed. This option is available for families that are high risk but do not have an open DCFS case or alternative response services.

The case carrying SCSW indicated that she would discuss the matter with her ARA. She indicated that her ARA was previously assigned to Out of Home Care and is very knowledgeable regarding placement contracts. She indicated that he may be able to verify what child care option, regarding the baby and St. Anne's responsibility to provide child care while Youth is hospitalized. The plan for the baby was to examine what resources St. Anne's could provide to assist with child care, such as providing day care during the day. Additionally, Youth's mother would also be considered as a child care option if St. Anne's provides child care assistance during the day. Also Olivecrest will be explored as an option for Baby through their Safe Families for Children program.

Finally, on further review of the legal file the case carrying SCSW indicated that Youth's mother would be a child care option for Baby. She indicated that although Youth was not reunifying with the mother, it was not due to Youth's mother's non-compliance with court ordered services, it was due to Youth decision to remain placed at St. Anne's. Youth's mother has unmonitored visits with Youth and the baby is not a dependent so there were no visitation orders in place for Youth's mother and the baby. The plan for the baby's care during Youth's hospitalization will be to allow Youth's mother to babysit the baby at night and St. Anne's EOC will provide child care during the day. St. Anne's staff indicated that they still needed approval from their director. The case carrying SCSW stated that if St. Anne's is unable to provide child care, Youth's mother would be allowed to provide child care for Baby while Youth was hospitalized.

On April 22nd, 2014 PPT Conference Facilitator provided (via e-mail) PPT Team with PPT service providers inclusive of home visitation programs:

County of Los Angeles Department of Mental Health Children Youth and Family Services: Provides mental health services to low-income children, youth, and families including assessments, medication, therapy, counseling, and consultation. Please call ACCESS (800) 854-7771, operators available 24/7, to find a provider near you.

Project ABC-About Building Connections for Young Children and Their Families: A collaborative of Children's Institute, Inc., the University of Southern California - University Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles, the Los Angeles County Department of Children and Family Services and the Los Angeles County Department of Mental Health, Project ABC is designed to create a system of care for young children ages birth to five who are in need of mental health services in the Los Angeles area. Mental health services are family-centered, strength-based, and culturally competent. For more information, visit www.projectabc-la.org or call (213) 383-5992.

Los Angeles County Resource and Referral Agencies (Child Care Wait list)
1-888-922-4453
<http://cao.lacounty.gov/ccp/pdf/LA%20COUNTY%20RR%20MAP%20800.PDF>

Baby2Baby (Resource for CSW to receive diapers and other baby basic items)
6435 Wilshire Blvd.

Los Angeles, CA 90048
(323) 933-2229
www.baby2baby.org

Harbor Pregnancy Health Center (Diapers for DCFS Clients)

705 W Pacific Coast Hwy
Wilmington, California 90744
Phone (310) 518-4135

Los Angeles Center for Law and Justice

1241 S. Soto Street, Suite 102
Los Angeles, CA 90023 [map](#)
Phone (323) 980-3500
Email: info@lajl.org **

Alliance for Children's Rights

3333 Wilshire Blvd., Suite 550
Los Angeles, CA 90010
(213) 368-6010

Public Counsel

610 South Ardmore Avenue
Los Angeles, CA 90005
Tel: (213) 385-2977
Fax: (213) 385-9089

LAC-USC Family Planning and Teen Parent Clinic

(323) 226-5077
Erios2@dhs.lacounty.gov

Parents Anonymous

909-621-6184 X204
<http://parentsanonymous.org/programs/parents-anonymous-groups/adult-group/>

Report Completed by: Hipolito Mendez

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What We Do

Prevention

Magnolia Community Initiative

A national model for large-scale community transformation where all children living in a 500-block vulnerable community break all records of success in their education, health milestones, the nurturing and safe care they receive from their family and the economic stability of their family. This is accomplished through a network that includes 70+ county, city and community organizations dedicated to improving outcomes for children in an area just southwest of downtown Los Angeles. Children's Bureau is the founding spark and one of several sustaining backbone organizations. The Initiative's key strategy is to build a social movement for community wellness within these neighborhoods; the innovative strategy goes beyond traditional direct service networks. magnoliacommunityinitiative.org

Family Resource Centers

Friendly, accessible community hubs for families seeking information, support and training needed to create nurturing, stable homes.

NuParent

Internationally recognized program that teaches child-rearing skills, bonding techniques and offers a support forum for parents of infants, toddlers and preschoolers. nuparent.org

School Readiness Programs

Prepares children 0 to 5 years old for kindergarten and teaches parents the importance of their role in helping their children achieve academic and future success.

Partnership for Families

Provides high-risk families with intensive at-home or center-based services that reduce or eliminate the need for child welfare authorities to intervene with them in the future.

Home Visiting Health Programs

Educates families with children 0 to 5 years old considered at-risk for abuse with vital parent education, developmental screenings, health and safety education, insurance information and community resources.

Treatment

Foster Care & Adoption

Highly-regarded program finds safe, nurturing homes for children in need and permanent homes for those eligible for adoption.

Mental Health Services

Heals children and their families who have experienced abuse or were at risk of abuse through mental health therapy and other related services. Specialize in helping foster and adoptive children with mental disorders reduce their depression, anxiety, anger and/or withdrawal that frequently accompany abuse.

Training

Strategies

Conducts training and coaching workshops to enhance community-based organizations and public agencies throughout California. familyresourcecenters.net

NuParent

Trains and certifies partner organizations on how to administer NuParent curriculum at their own sites throughout California and Puerto Rico. nuparent.org

Research & Evaluation

Through the ChildStrength program, Children's Bureau's research and evaluation findings are used to inform and improve practice nationwide. Research and evaluation consulting also provided to other organizations that serve children and families.

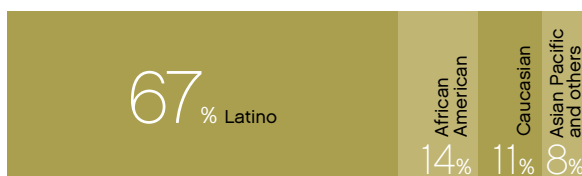
Advocacy & Belong Institute

Promote investment in the early years. And, nationally promote replication of the Magnolia Community Initiative framework via the Belong Campaign aimed at inviting other communities to create their own Belong Community. New replication communities will be supported by the Belong Institute, a training and advocacy center founded by Children's Bureau.

Agency

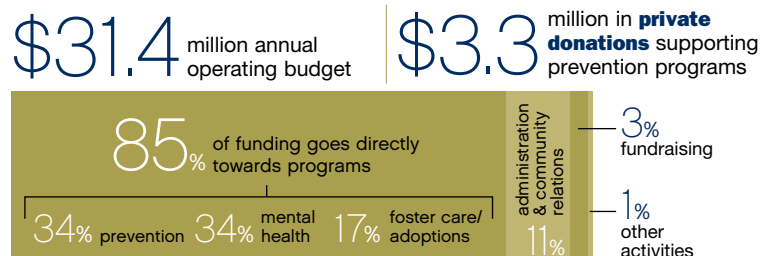
Client Profile

92 percent of families live at or below the poverty level



Financial Overview

Fiscal Year Budget 2013/2014



Support from private foundations and corporations help us leverage additional funding from public sources, sometimes at a ratio as high as 10 to 1.

Children's Bureau is...

- The largest investor in child abuse prevention in the country.
- A credible and innovative child welfare leader.
- Leveraging comprehensive strategies to revolutionize the way child abuse and neglect are addressed.
- Strengthening the capacity of an entire area to build protective and supportive communities where children thrive.
- Offering a return on investment that saves money and lives.

Mission

Children's Bureau is committed to providing vulnerable children — especially in the early years — the foundation necessary to become caring and productive adults by:

Preventing child abuse and neglect;

Protecting, nurturing and treating abused children;

Enhancing the potential of families and communities to meet the needs of their children;

Advancing the welfare of children and families through superior programs in foster care, adoptions, child development, parent education, mental health, research and advocacy.

Vision

Our vision is to significantly change the lives of at-risk children by providing state-of-the-art child abuse prevention and treatment services. While increasing the scope, depth and volume of services, we will engage in continuous discovery through research to determine and implement what works and be a passionate advocate on behalf of children and families.

A Proud History

- Founded in **1904**
- Vital partner in starting the Community Chest, now the United Way
- Key role in establishing the USC School of Social Work
- Developed the Family Assessment Form, a nationally used evaluation tool to assess family functioning and treatment

Children and Families Reached

28,000 children and parents helped each year

Serving children
birth through age 18,
with special emphasis on children **birth to 5**

Volunteers and Staff

28 Agency Board
of Directors

38 Foundation Board
of Trustees

5 Fundraising
Auxiliaries

315 Staff

Community Sites

Los Angeles County

METROPOLITAN LOS ANGELES

Children's Bureau Headquarters

1910 Magnolia Avenue
Los Angeles, CA 90007-1220
Tel: 213.342.0100 • Fax: 213.342.0200

Magnolia Place Family Center

1910 Magnolia Avenue
Los Angeles, CA 90007-1220
Tel: 213.342.0100 • Fax: 213.342.0200

Oakwood Family Center

3910 Oakwood Avenue
Los Angeles, CA 90004-3413
Tel: 323.953.7356 • Fax: 323.661.7306

GREATER LOS ANGELES

Carson Family Center

460 East Carson Plaza Drive, Suite 122
Carson, CA 90746-3278
Tel: 310.523.9500 • Fax: 310.225.2725

ANTELOPE VALLEY

Children's Bureau Regional Office

44404 16th Street West, Suite 208
Lancaster, CA 93534-2839
Tel: 661.951.2191 • Fax: 661.951.2197

Children's Bureau Palmdale

1529 East Palmdale Boulevard, Suite 210
Palmdale, CA 93550-2029
Tel: 661.272.9996 • Fax: 661.272.0438

Children's Bureau Sunrise Center

921 West Avenue J, Suite C
Lancaster, CA 93534-3443
Tel: 661.949.0131 • Fax: 661.729.8912

SAN GABRIEL VALLEY

Children's Bureau Regional Office

14600 Ramona Boulevard
Baldwin Park, CA 91706-3363
Tel: 626.337.8811 • Fax: 626.337.6617

Children's Bureau Northam Elementary School

17800 Renault Street
La Puente, CA 91744-5333
Tel: 626.964.9280 • Fax: 626.964.9270

Orange County

Children's Bureau Regional Office

50 South Anaheim Boulevard, Suite 241
Anaheim, CA 92805-2961
Tel: 714.517.1900 • Fax: 714.517.1911

Anaheim Harbor Family Resource Center*

819 South Harbor Boulevard
Anaheim, CA 92805-2961
Tel: 714.399.0590 • Fax: 714.399.0595

Corbin Family Resource Center*

2215 West McFadden Avenue
Santa Ana, CA 92704-2803
Tel: 714.480.3738 • Fax: 714.953.4947

Infant/Toddler Home Visitation

1901 E. 4th Street, Suite 310
Santa Ana, CA 92701
Tel: 714.352.3190 • Fax: 714.352.3196

Magnolia Park Family Resource Center

11402 Magnolia Avenue
Garden Grove, CA 92841
Tel: 714.741.5948 • Fax: 714.530.7908

Magnolia School District Internship Program

1411 S. Gilbert Street
Anaheim, CA 92804-3208
Tel: 714.527.5143, ext. 225 • Fax: 714.527.7534

Oak View Family Resource Center*

17261 Oak Lane
Huntington Beach, CA 92647-5895
Tel: 714.842.4002 • Fax: 714.842.4184

South Orange County Family Resource Center

23832 Rockfield Boulevard, Suite 270
Lake Forest, CA 92630
Tel: 949.364.0500 • Fax: 949.364.0575

Strategies

50 South Anaheim Boulevard, Suite 241
Anaheim, CA 92805-2961
Tel: 714.517.1900 • Fax: 714.517.1911

*Children's Bureau is the lead agency.



Children's Bureau is a
Community Impact Provider
of United Way of Greater
Los Angeles.



Building communities that
nurture the children and
families within them.



Children & Families
Commission of Orange County

all4kids.org

#theGREATER SHARE

mission statement



JUNIOR LEAGUE OF LOS ANGELES, INC.
Women building better communities®

Mission Statement

The Junior League of Los Angeles (JLLA) is an organization of women committed to promoting voluntarism, developing the potential of women, and improving the community through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

Outreach Statement

JLLA reaches out to women of all races, religions and national origins who demonstrate an interest in and a commitment to voluntarism and to the community.

Areas of Focus

JLLA members contribute over 60,000 volunteer hours annually in the primary focus areas of the health and education of women and children, with an emphasis on self-esteem/empowerment and literacy.

To Achieve Our Mission

JLLA provides training opportunities and experiences to develop its volunteers through seminars, community service, leadership roles, and mentoring. Our members are inspired by a lifelong commitment to building better communities through a unique combination of training, community leadership development, direct service, and public policy advocacy.

Association of Junior Leagues International

As one of 293 members of The Association of Junior Leagues International, Inc. (AJLI), the resources and influence of the Junior League of Los Angeles extend beyond the local community to state, national and international levels. Headquartered in New York, AJLI includes Junior Leagues from the United States, Canada, Mexico and the United Kingdom and represents over 160,000 volunteers.

Junior League of Los Angeles
630 N. Larchmont Boulevard
Los Angeles, CA 90004
323-957-4280
www.jlla.org



Testimonials from Community Partners

The caring and committed volunteers from the Junior League of Los Angeles enable Heart of LA to provide an exceptional level of college preparation that we would otherwise be unable to do by ourselves. The vital individualized attention Junior League members are able to provide to our students is truly giving them a chance to succeed in life. So thank you Junior League.

Tony Brown, Executive Director
Heart of Los Angeles (HOLA)

At OPCC we often talk about positive impact. The impact we have on the people we serve is central to fulfilling our mission, and the impact volunteers have on our organization is one of the most important community resources available to us. The Junior League of Los Angeles has been an impactful partner with OPCC for over a decade. From their multi-year service projects, to staff enrichment training and Board service, League members always exemplify what it means to be an effective, compassionate and committed volunteer in service to others.

John Maceri, Executive Director
Ocean Park Community Center (OPCC)

Children's Bureau has been friends with Junior League for more than 30 years! Several of our board presidents, directors, and trustees, have come through the Junior League leadership development pathway. Today, Junior League works with us to demonstrate an innovative reading program for disadvantaged children. And, Junior Leagues' Policy Institute has trained our senior staff on advocacy. Junior League is an impactful multi-faceted organization providing innovative community service, leadership development, and public policy improvement.

Alex Morales, President and CEO
Children's Bureau

Aviva Family and Children's Services has been a proud project partner with Junior League for the past seven years. Their nine month Mentorship Program has made a tremendous positive impact on the lives of the at-risk teen girls we serve. For many of our ladies, this program offered them an opportunity to foster a relationship with a positive and consistent adult role model for the first time in their lives. JLLA mentors led various enrichment workshops and community functions that expand the girl's way of viewing the world. JLLA has been successful at providing these youth with new opportunities, experiences and social skills. Their volunteers helped encourage trust amongst the group, cohesion, and above all teamwork. Aviva is proud of JLLA's impact on the lives of these young women.

Amanda Drumheller, Day Treatment Director
Aviva Family and Children's Services

The Junior Leagues of California actively and effectively advocate for human rights policy in Sacramento. I commend the Leagues for their important work in protecting the basic rights and freedoms to which all humans are entitled.

The Honorable Julia Brownley
Former California Assembly Member (41st District)
Current Congresswoman (CA – 26)