Melissa: 00:00:04 What is the session that you're here to learn about? This is the National Efforts To Promote Strong And Thriving Family Session if that's where you play it to be. You're in the right place.

But what this is really about and really the spirit of my message, it's been just an overwhelming honor for me to help integrate primary prevention of child abuse in the [inaudible 00:00:27] into child welfare. You heard this morning or this afternoon in the opening session, this is historic. This is not a panel where we're all going to talk about what we're funding and what we're doing in our silos. But this is about creating a shared vision across the nation, across federal partners, national partner groups; many more than even are represented on this panel today are included in this work. And you all have a role to play. We all have a role to play in creating the conditions for strong, thriving families and communities where children are free from harm.

You're going to hear that mouthful many times. You've already heard it several times today, but it's so just revolutionary, if I can say, transformative. It's just a different way of doing our work. And what we all want to do is help children and families and communities be healthy, be well, thrive, and make better generations in the future. So, what is this business of creating conditions? Well to really, truly prevent child abuse and neglect in the first place, so primary prevention, stopping it before it occurs, it requires a public health approach. What is public health? Public health by definition is what we, as a society, do collectively. That doesn't mean one agency, one person, collectively. Together to assure conditions, so that everyone can be healthy and can thrive.

So this also then requires that addressing structural and social determinants of health is our work, is our charge, is what we all need to be doing together.

So providing economic supports to families, other types of safe, stable, nurturing environments for kids and families. When we mean the broader sociopolitical environment in addition to physical environments is that we want to be safe, stable, secure. We all know that there are some conditions and context that allow children to reach their maximum health and life potential and others that don't do so well at doing that. And we know that we are more than the sum of our parts. We know that if all the geese to invoke... Like Secretary Johnson shared with us together. All geese are going in the same direction. We lift each other up. This is about all children. This is about the strong evidence that my children will actually do better if all children

are doing better. But children live in families, families live in communities, communities exist in a society that's either supportive of their health and well-being or not as supportive.

So what we're talking about here requires all of us, all of you, many, many other people that are not here today. What you're going to hear in the next, I don't know how long this session even is, 90 minutes, is a little sampling from these esteemed leaders in this space about what their respective roles and agencies bring in achieving that vision. Again, complementing it takes all of us together, working to create conditions for strong, thriving families and communities where children have free from harm.

So I encourage us, again, flip that mindset like we heard about this afternoon, right? Think about what we want to achieve. We want to achieve safe, stable, nurturing relationships and environments where all children can be helpful and can thrive. Preventing child abuse in the [inaudible 00:04:02] is an urgent public health problem. Not just for child welfare, but for the achievement of all of our nation's health goals and really life opportunities. It really sets our children and families on a trajectory to be well and to thrive.

You're also going to hear beyond these experts. You're going to hear from other experts. People that have been touched by the child welfare system, to hear from their perspective, their experience. What worked well, what didn't work so well. Where are the opportunities for us, again, together partnering strategically, innovatively, creatively, for kids and families to create conditions for strong and thriving families and communities where children are free from harm.

So without further ado, here are my esteemed panelists. On the end there you have Jim Mercy from the Division of Violence Prevention at CDC, my usual boss. Then you have Jennifer Rennie from the Capacity Building Center for Courts. Here, to my right, you have David Sanders from Casey Family Programs. We are joined here to my left by Ellen-Marie Whelan from the center for Medicaid and CHIP Services. Of course, Jerry has his own fan club at this conference, and from the Children's Bureau, Jerry Milner. And then on the end there we have Justine Larson from Center For Mental Health Services at SAMHSA.

Okay, so without further ado, our first video.

Sonia: 00:05:33 I was four years old. As I watched the officer's restrain my mom at our goodbye visit. My mom's rights to custody were terminated and Children Protective Services now had permanent custody of us. And as she screamed and reached out for us, we were placed in the back of our social worker's car and driven away.

It took six calls to get someone from Children Protective Services to respond. And by the sixth call, my mom was strung out on drugs and holding us hostage at gun point. And when we were removed from our home due to neglect, substance abuse and sexual abuse, my mom, she was criminalized and seen as a person who just didn't want her children. When the reality was she suffered badly from a schizophrenia diagnosis as well as an addiction to crack cocaine. And she didn't have health insurance, nor transportation to get the help that she needed. So it's important how fast we respond to families in crisis. We must treat them as though they are emergency situations. If Children Protective Services, but have answered that first call, my mom would have received the help she needed and it could have changed the entire trajectory of our lives as a family.

About a week ago, my siblings and I attended my mom's funeral. During the funeral I was thinking about all of the lost connections, the missed birthdays, graduations, and the birth of my nieces and nephews. And I distinctly remember the moment before my mom's casket was being closed and thinking to myself that this moment felt all too familiar to me. As my sister bellowed out a deep cry and reached out from my mom, I immediately remembered that same moment happening. Except this time it wasn't my sister crying out and reaching. It was my mom. I looked up at my sister that day, at the funeral, and I was overwhelmed with sadness for her. Realizing that she too had struggled on a similar path as our mother, having lost temporary custody of her children to CPS.

This is an example of the generational impact of not reunifying families. The pain, the loss, and the revolving cycle of children and their children's children being touched by the very thing that they watched their mothers, our mother, suffer from is so disheartening.

Melissa: 00:08:13 So rich and so thankful to Sonia for sharing that little bit of her experience. And we know that this is not a unique story. And like Sonia's, many of the families who enter child welfare have complex needs, that bring them to the attention of the multiple systems, not just to child welfare. She mentioned transportation, housing, other kinds of challenges. So the first

question that I'd like each of our panelists to take about two minutes to try to answer from your perspective at your respected agencies, organizations, your perspective roles. How can we together create the conditions for safe, stable, nurturing families and communities no matter what system encounters them first? Jim?

Jim Mercy: 00:09:03 Well, this story has so many layers to it and so many important layers. But what struck me about Sonia's story was the way that child abuse and neglect reverberates across generations. And we know from the science that exposure to child abuse and neglect influences health, physical and mental health across generations. We know it influences the likelihood of violence later on in life towards your own children and towards others in different ways, as well as being likely of being a victim. And there's also a science of epigenetics, which is beginning to tell us that these types of exposures during childhood can also get into our DNA and be passed across generations through that mechanism.

But one of the things I think it speaks to is the need for a dual generation approach. In fact, maybe even a tri-generation approach, bringing together grandparents, parents and children.

In other words, we need to address—simultaneously—the needs to parents and families in terms of financial stability, in terms of addressing their ability to be good parents. And at the same time that we help build the resilience of children to trauma and deal with their needs in terms of the exposures they experienced. So the dual generation approach I think is a fundamental thing that we can work off across the different agencies that we work in.

Melissa: 00:10:30 Thank you, Jim. Jennifer?

Jennifer Rennie: 00:10:33 Yeah. Hi. Thanks Melissa. I think we need to start considering legal services and access to justice as a basic human need. So we have a lot of conversations about what do families need? What do families like Sonia need? And I want to start hearing legal services be a part of that. So think about our own lives and think about the need that we've had for civil legal services in our lifetime. 70 percent of families in poverty have had at least one civil legal issue in the past three years.

So I used to work at legal aid services where we had a housing division, public benefits, domestic violence, child custody. We did a little bit of immigration and I worked in the child advocacy

unit. And we constantly had a conflict out of cases because we had represent the parent in another one of those matters.

And so now the research is confirming what we knew anecdotally in legal services back in the day, which is families that are touched by child welfare also need legal services in these other arenas. So in my short time, I do want to give some practical tips. On a case level, what can we do about this? One, find out what legal services are available, the basic level aid.

Now they typically take families that are at 125 percent of the federal poverty guideline. If you've got someone who doesn't qualify for legal aid, most jurisdictions have lawyer referral services where they will take cases on a sliding scale fee basis. Also there are a number of pro se clinics out there, pro se meaning that a lawyer will assist someone with a legal matter that that individual handles on their own.

A simple example that has a profound impact on these families. Expungement of a criminal record. Sometimes that can be an issue in housing. It can be an issue in employment. Well there's a fairly straightforward process to go through, that if you have a lawyer that can walk you through and get that done. So there are so many examples of what these families need that the legal system can address. So that's at a case level.

On a systems level, we need to look inside of child welfare at some of the innovative programs that are happening around the country that are being integrated into state's child and family services plans, program improvement plans, that include legal representation for parents pre-petition, and do the work that we know is essential. The opportunity to utilize Title IV-E funding for services, legal services for parents, for children that are eligible for care. It's an opportunity for all of us, at a case level and a systems level, to include critical access to legal services for these families.

Melissa: 00:13:27 David?

David S: 00:13:27 Thank you. Thank you, Melissa. And thanks everybody for being here.

I'm going to touch on three issues. And really speaking from the perspective of philanthropy, we have an opportunity to fill holes that government can't do. We have an opportunity to align our work with government and so forth. So the three things I would suggest. I think first and foremost, we need in philanthropy to

do everything possible to amplify the voices of those with lived experience in the system. That we really need a system that responds to the actual needs that families and youth have and not really designed on the whims of elected officials or the whims of appointed officials. Then I think that we have to continue to strengthen the voice and move away from a philosophy that we are rescuing children from bad families. So I think that's a first and primary.

Second, I think, and what's so unique about today is the opportunity to really align behind the mission and vision that's been established by the federal government here. And the notion of creating conditions for safe, stable, nurturing families. That philanthropic organizations often set their own agendas. What we need to do, in this case, is really to align behind those who have responsibility, the legal responsibility, to deliver services and supports. And bring our resources in a way that support those efforts.

And then finally, we need to look at how we are using our resources to support the kinds of efforts that are necessary to achieve the kinds of needs that families have. And I'll just give an example. When I was a child welfare director in Los Angeles County, we pulled together the philanthropic organizations that were funding in a specific community. And what we found was that our organization was trying to reduce the use of congregate care, of group home care. And we found that philanthropy was funding group home care. And it seemed that we were going to really have struggles to achieve the kind of goals that we had without aligning the work that we were doing collectively. So those are the three things I would touch on.

Melissa: 00:15:43 Ellen-Marie?

Ellen-Marie : 00:15:44 So coming from Medicaid, coming from CMS, I would say coverage matters, health insurance matters. Because obviously not the panacea but we heard Sonia say that her mother didn't have health insurance and didn't have transportation. And so a couple of things about getting those that are eligible enrolled. And then also just a minute of my two on the flexibility of what states can cover should they just determine to do so.

Medicaid is a multi-generational program. It's an opportunity that we have to cover the family of parents and the children. And I guess with Medicare could be a tri-generational program. So it's a way that we can have one program touch many aspects of the family. Right now 40 to 50 percent of all children in the nation are covered by Medicaid, higher than 50 percent in some

states, and over 50 percent of all births are covered by Medicaid.

But that doesn't mean that there's still a lot of folks out there that are eligible and are not yet signed up. And that's where we hope it would be a multi-agency attempt, when you're dealing with any of these families, to make sure that that's a question that we ask and see if they are eligible to sign up. Then they get the coverage and they are entitled to.

And the second, and I'll touch on this a little bit later, but I think it's really important to understand the flexibilities, what Medicaid has. There are lots of things that Medicaid is allowing states to do and states for a variety of reasons as they choose to design their program, they can choose which of these things to cover. And I think for advocates to know what are some of the possibilities is really important. There are lots of non-emergency transportation is a really important thing that Medicaid has and things like Medicare and other health insurance don't have. Housing supports. Some food supports, targeted case management, Health Homes, which is an intensive case management program. Lots of things that states could do and sometimes it takes some impetus from some of the other agencies out there, advocacy groups coming together, to try to help states and their legislature come together to move on covering some of the things I think could really help some of these families.

Jerry Milner: 00:17:48 Well, from a child welfare perspective, let me say that there's not one single thing in Sonia's story that, in my opinion, is about the welfare of the child. In fact, that story and those experiences are contrary to the welfare of any child. It should never take six calls to a child abuse and neglect hotline to get some help to a family that's in a desperate situation. It's a prime example of why in child welfare, we must move away from simply responding and simply waiting until not only has the harm occurred, but it's occurred to a significant enough degree that it meets whatever our standards are for offering basic supports and basic services to families. We have to move to a primary prevention approach.

If we're going to serve families and keep families and children and youth, like Sonia and her family, out of the situation that she's just described. People in that community where she lived knew that that was a family that needed help. They knew that that was a family in trouble long before child welfare intervened. In order to provide that range of supports, we have to work across federal agencies here to make it possible at the

community level to put together our collective resources to make our funding accessible to the kind of fundamental supports that families need and to make it okay to ask for help without having to have a report of child abuse or child neglect made in order to get some level of response.

Melissa: 00:19:44 Justine?

Justine: 00:19:44 There's so many things that Sonia's story really highlighted. It's a very powerful story.

But I think I'll focus on one aspect, which is access to care for substance use treatment and mental health treatment for adults. I'm sure I am speaking to an audience, I don't have to tell you this, but you know when parents are suffering with schizophrenia or a serious mental illness or substance use disorder, of course that impacts their parenting and it's a disease. These are both, addiction and mental illness, are diseases of the brain that can impact parenting in many ways. They can actually impact the development of the child causing learning issues, causing various problems with development. And so I think it's really important, if we're thinking about prevention, to talk about access to care for substance use and mental health services for adults.

It's shocking to know that actually 92 percent of adults with both a serious mental illness like schizophrenia and a substance use disorder like Sonia's mom having both, we call it full co-occurring disorders. 92 percent of those folks do not get treatment for both of their disorders right now in this country, 92 percent. 33 percent of adults with serious mental illness do not receive treatment for their mental illness either. So that's a third of adults. So if we could help adults get a better access to care, we could help prevent problems for the children as well. I wonder if Sonia's his mom had been able to access treatment, how that could have changed the outcome for Sonia and her sister.

Melissa: 00:21:37 Thank you, thank you.

Well, also, we would like to invite Shrounda Selivanoff, a social service worker and parent advocate from Washington state, to share some of her experience.

Shrounda Selivanoff: 00:21:57 I've never stood up someplace and gotten applause in my life. This is fantastic. I was just going to share a little bit of my story as a parent who's navigated child welfare.

I came into the scope of the department in 2007. I was addicted to crack, heroin and alcohol and sought not one day of prenatal care. And my daughter was immediately taken out of my care. So how am I standing up here today? Trying to convince you around the humanness in treating parents with dignity. I have to tell you that I would not be standing here had I not encountered some providers that did not see that first page of my story and say that that was all that who I am. That is just a page of my story and it does not define me. And so the providers that I came into contact with actually nurtured my soul.

And I know that that's going to sound a little bit bizarre to someone, right? But I have to tell you, that's kind of one of the key pieces that I believe is missing, is that people that are coming in to child welfare, we are all born intrinsically good and that... Or not... Inherently good. And that somewhere along the line I got some bad information and I carried that with me. And so as I encountered providers, what they did was, is they reminded me that none of those things were true and that I needed to rise to my rightful place as a mom. And so I hope that you will be able to be reminded that everyone deserves the opportunity to rise to their proper place as mom and dad. I don't think that I found more value of myself as a human being through the love and wonder of my child. My daughter has a life that I've always wished I had. And she has healed parts of my soul that has been missing my entire life.

So as you come across us as parents, do not just look at us as people that need to go away quietly. What we need to be is restored, uplifted and elevated. And reminded that we can arrive and that we can do what most people think is impossible.

My history is just a part of my story and as I live every day I get an opportunity to write another page. I hope that as you come into my story, because that is why you are there is that you have been asked to join my journey, that you will write a page in my story that I did not predict that you will remind me of my inherent worth, that I am enough, that I can be a mom and that I am loved. And that truly, I believe, is what is happening for parents. Is that somewhere along the line they just did not get the information that you are truly deserving of being loved and that your children are conduits of that power that you so much already have within.

Melissa: 00:24:46 Thank you, Shrounda, for just that generous sharing of such a rich story that really lifts up all the things we're talking about. We have evolved from a field that has been primarily focused on risk reduction to one that is about promoting protective

factors, lifting up strengths and assets and nurturing souls. That is our work in primary prevention. And so, as a mom of two young kids myself, I have to say just your words are just so close to my soul. So thank you for sharing that. With that Shrounda.

So to the panelists, then, how do we lift up these kinds of good things for parents, for families? How do we create and refine trauma informed systems that support all families? Not families that just live in one neighborhood or look like one color or have one kind of income, but all families and communities where children can be free from harm? Jim?

Jim Mercy: 00:26:11

Thank you, Shrounda, for your story. It was really moving. You know, the first thing that struck me, and I think we would all agree with this, is that there should be clear values and principles that underline our work. And the idea that everyone, parents, children are deserving of human dignity and respect has to be a fundamental value that we hold closely in all the work we do. Whether it be research or program or whatever.

It strikes me that we do work globally also, and I throw this out for people's consideration, that in other parts of the world they talk about there being a human right for children to be free from violence. That is an actual right. We don't use that language in the United States. But I think it's a right for children to be free from violence and also be treated with dignity and respect. Those two things are closely related.

The other thing that struck me about your story was that prevention is possible. I've talked to so many people over the years who question whether we really know how to prevent child abuse and neglect. We actually know a lot about how to prevent child abuse and neglect. We just aren't fully applying it. And your story emphasizes that prevention is possible. We can do this, we can work together to really make a difference in reducing this terrible problem and promoting safe, stable, nurturing relationships and environments.

Jennifer Rennie: 00:27:38

And Shrounda, I too, want to thank you. You said in your opening remarks about you wouldn't be here today had it not been for providers that you worked with. And it is my intention that the next time we do this, someone stands up and said, I might not be here, but for the providers and the lawyers that I worked with. And so...

Yeah. And I hear people laugh. People, you know, there's a thing in the legal field where they're getting trained on trauma informed. And it's as simple as this, that inside and outside the

courtroom we need to create a nurturing environment. And so a lot of the feedback that we get from the field is that the courtroom is the least nurturing environment and that it's very scary.

It's scary for the professionals sometimes going to court. So part of trauma informed care is safety, creating a safe space that's emotionally safe. That's culturally safe. Transparency, trustworthiness.

There's a study that says there were improved outcomes when judges engaged their behavior on the bench and treating the parents with respect, asking them questions. I was speaking to a young man who recently was emancipated from foster care and he said, "Yeah," he said, "I felt like I was the unlucky one because I got the judge who would grill us on, among other things, school performance." He said, "But the truth of the matter is," he said, "I loved going to court. Even if I knew that I wasn't going to like what she had to say because I knew that she cared." How long did that take? Five minutes?

Collaboration. So participating, having young people, having the parents participate, decision making. We don't really think of the court house as an opportunity for choice. And these are all features that need to be integrated. I guess the final point is empowerment. I would love for people to leave the courtroom feeling better about themselves instead of worse about themselves.

Thank you.

Having their little lawyers and the judge explain to them what in court, why it happened. Be very clear about what they need to do. Not, you've got to jump through these hoops in the case plan, but here is what the outcome, here's the condition for return that we're shooting. We don't even care what path it is, but this is what we're shooting for. So clarity, communication, collaboration, ultimately empowering the people that are in the child welfare system through the judicial process.

David S: 00:30:10 So the history of child welfare and child protection is really rooted in a belief that there are bad, undeserving families and we need to save children from those families. And if we don't change that fundamental belief, we won't make the kinds of structural changes and the transformation that we're talking about. And to change that, it really requires those who've received services, who are part of the fabric of this work, to be leading the effort. And I think that, whether that's through legal

representation, whether it's through advocacy, our role again as a foundation has to be to support those voices who often are not heard as part of this and really make the kinds of changes and observations about the work that needs to happen. If we keep doing what we have been doing, we will continue to separate children from bad families and that'll be seen as a success in our system.

Ellen-Marie : 00:31:15 So thank you for your story and your strength and your inspiration. And I really appreciate you sharing and helping, inspiring others to realize what this is all about and what we're doing. In the spirit of having this conference be about positive things of what we're doing, I thought I would talk about two examples of things that we're doing at CMS that we did in large part because of the work of outside of CMS working across different systems.

The first is work that we did with HRSA, the Health Services Resources Administration. They're not here, but we can kind of remotely bring them in. They have funding to do the home visiting program, nurse family partnership. Those home visiting programs. And we have had clearly not enough money to have everyone who's eligible for that program. And we've had a number of states put together programs to try to promote that kind of a program too.

And that's a program that has had, funded by the Robert Wood Johnson Foundation, so philanthropy, 30 plus years of evidence to show when you meet a mom and a family in prenatal period and provide some relationships, some one-on-one through the first two years of life, the amazing outcomes that ultimately, that happen positively in what we end up preventing. It's one of those things that we don't fund automatically. Many countries would never dream of having a parent go home with a newborn and not having all sorts of services. We don't do that here by default. But working with HRSA we put out an informational bulletin to all state Medicaid directors to say, "If you really want to bolster this program, here's how you can use your HRSA dollars. And here's how you can also do it with Medicaid to try to expand this evidence based program to help do that primary prevention of what we think might help these families as they're moving through."

And the second seems like a small thing but we work really closely with the American Academy of Pedia-

PART 1 OF 3 ENDS [00:33:04]

Ellen-Marie : 00:33:00 …thing but we worked really closely with the American Academy of Pediatrics. They long thought since they were doing all of those early infant exams, a mom coming in oftentimes perhaps with a postpartum depression. The pediatrician didn't work with that mom at all and so talking about multi-generational programs, we then worked to identify that when a pediatrician did a postpartum screening on a mom they could get reimbursed for it. It sounds so silly but in the silos of a pediatrician provides care for children. It wasn't an easy thing to get through CMS, but we put out the guidance to say this can happen and because of the program that we hooked it up with EPTSD program early in periodic screening, diagnosis and treatment. If there was a positive finding that mom got treated through that program as well.

So the American Academy of Pediatrics found that only about 11 states were providing that coverage before the guidance. The year after, 25 states providing that coverage and now I think we're over 30 states. So something small like that we probably wouldn't have pushed had it not been for the American Academy of Pediatrics really helping us realize why this was such an important thing to do and look forward to hearing ideas across all of the systems to see if there are other things that we might be able to do to promote that treating trauma.

Jerry Milner: 00:34:16 Okay, great. [inaudible 00:34:20] your story, I think just highlights, that illustrates, a fundamental belief that we have that all children in your family and the family that they need is their own family and that we have the opportunity as a collective system to try and give those families the kinds of supports that they need so that they have the resilience and the protected capacities to care for their children in safe and healthy ways.

When we talk about creating and providing a trauma-informed system, I think we have to think very carefully about what our definition of a trauma-informed system is. Often times when I'm out in the field, I hear “trauma-informed systems” being acquainted to training. A lot of therapists, a lot of social workers, maybe lawyers as well on how to fix damage that's already occurred within the life of a child and in that child's family. Less often do I hear “trauma-informed”, that term used to describe avoiding the trauma to begin with and heighten our recognition of what we do in the name of protecting and keeping children safe.

That actually adds onto the trauma that is already present in their lives. When you move those children, when we move them from place to place, in a foster care situation, when we don't have support for meaningful ongoing relationships between children and their parents. Even when foster care is necessary, beyond if every other week visiting. When we do all those things, we add to the trauma exponentially and then we invest a whole lot of money on trying to fix that trauma that we've inflicted.

We know better than that. We know a lot better than that and we can do an awful lot better than that. We know the effect of adverse childhood experiences on the lives of people. We know absolutely the importance of social determinants of health and collectively from a national perspective. Those of us who represent the programs, the organizations, the entities that affect the lives of children and families everywhere. We have to commit ourselves to a common goal that it's worth our time. It's worth our effort. It's worth our bureaucratic hurdles to send that resounding message that you can help families to avoid the trauma by working together to support them.

Justine: 00:37:14 Yeah, so I guess just to piggyback on that, I think I just want to emphasize that we do know a lot. In terms of treatment for trauma and also creating trauma informed services and systems, which are two different things, like you're saying.

We know for example how to help prevent adverse childhood events by developing certain programs, evidence-based programs. For example, home visiting with enhanced treatment for parents who've been traumatized, for example. That's an evidence-based program and we have evidence-based programs. Sometimes I think, you know, I've been involved with a lot of the work that's been done, the efforts around the impact of opioids and pregnancy and neonatal abstinence syndrome and people get into all kinds of debates about whether there is an actual effect of opioids in pregnancy.

And I say, well the fact is we know that the child born with neonatal abstinence is at high risk for adverse outcomes. We don't have to quibble about the details about why. We also know that there are things that can help prevent those adverse outcomes and we're not always doing them. So we should be focusing not on, you know, arguing about the what causes flat but saying we have these evidence based services that we can provide and we have to figure out how to provide them to the families that really could benefit from them.

Melissa: 00:38:48 Was I right that this is like a really cool session? Okay, so next we're going to hear virtually from Jason Bragg.

Jason Bragg: 00:38:56 Hello. My name is Jason Bragg and I'm a contracted social service worker with the Washington State Office of Public Defense. I've also been providing fathers engagement services here in King County for the last five years. I'm also a father who went through the child welfare system myself.

My experience with the child welfare system was when I was first contacted by the department, I asked for help. She came out to interview me and I asked for some treatment services and some UAs to kind of help hold myself accountable as I was newly clean and I wanted to get connected with some other services around parenting and being a newly single father.

She informed me that the department had other families with bigger issues than mine and they weren't able to help. I was contacted again nine months later by the same department, only this time they were removing my child from me and telling me that I wasn't able to parent. They were also asking me to seek services and that they were there to help me, which really confused me since I'd asked for help nine months before that and they had told me no.

The mixed messages are really confusing for fathers because as we're trying to advocate for ourselves and show how much we care about our children, we get labeled as angry fathers. Which is just us not knowing how to communicate our feelings and we're not really involved in a system that nurtures fathers ability to demonstrate how they care and love for their children. I'm currently working with a black father who came into contact with the department for a “failure to protect” allegation. He's been involved with the system. He's completed all services and the messaging he got as to not be labeled as that angry father was to just comply with services and keep to yourself and he hasn't received his court ordered visitation for the last six months and there's an open adoption agreement on the table for this father. Dads like this, like us, go through this system not really being supported. Not being supported by the system that says that they're there to support us and we get labels applied to us. We get not being engaged, not being called back. We get no contact orders because of our frustration of not getting visits and not being able to have contact with our children. You know, it's no different for the father that comes out of prison. I was working with one about two years ago who he didn't even know he was a father. The mother got pregnant shortly after he'd been sent away to prison and about five months before his

release he learned that he had a child and he was really concerned. He wanted to meet his child. He wanted to see who his daughter was. Upon his release he got out of prison and came to the courthouse for a court date and he met with the social worker and was really excited. He wanted to meet his daughter and the social worker then pointed out his daughter with the foster family and said, "You see your daughter? She's been with them since birth. Why don't you just do her a favor and sign your rights away and go away quietly."

These are the experiences and this is what it looks like for a father going through the child welfare system.

Melissa: 00:42:28 Invoking Shrounda's really powerful words, I mean fathers need their souls nurtured as well. So I think there's so much rich information in that segment that we saw and again, it's so wonderful to have real lived experience really brought to a front here. Because he elucidates so many issues that we know families, fathers, caretakers of all type in our systems experience every day. And there's really these structural barriers to coordinated effective services for fathers, for all caretakers.

So really the question then is how do we address these kinds of barriers and trying to implement primary prevention. Specifically how can we support fathers and all caretakers in our primary prevention efforts?

Jim Mercy: 00:43:24 Yeah, that is a powerful story. And I want to take a step back though and think about it from a population [inaudible 00:43:31] . You know at CDC as a public health agency. Our work is distinguished from that of the medical community, nurses and doctors treat individuals, right? And we focused on populations. How can we reduce rates of child abuse, neglect in communities and states, even nations.

So when you think about the barriers that that affect the kind of situation that Brad's describing from a societal perspective, from a population lens. I think of what the words that Jerry used before, the concept of social determinants of health. And there's many different types of social determinants, but the one I'll talk about to give you an example, are social norms that contribute in our society to the type of behaviors that we address. I'll mention two areas that I think touch on perhaps the situation with Brad.

One is social norms around gender roles, the roles of fathers and society. What is the role they play in raising children and what's the appropriate role? I think men are often mixed up about that. I think we need to be more clear about the roles of fathers and being nurturing, caring partners in raising children. And that requires changing social norms about the roles that men play in our society.

The other one I'll use is about disciplining children. There are social norms about disciplining children. We know the corporal punishment has deleterious effects on children's development, their health and mental health. But there are norms in our society about what the appropriate ways are to discipline children. How do we change those norms? Other societies in the world have changed those norms and there's work going on around the globe to get corporal punishment banned at both schools and families. But that's another avenue where we can change a social determinant that presents a barrier to try to change that's needed for addressing that problems that Brad described.

Jennifer Rennie: 00:45:38 So how can we support fathers and child welfare? One is give them lawyers so you don't have to say it, I can hear it. That ubiquitous, how are we going to pay for this? Well I would recommend that you watch that video again, listen to Jason's story and think what is the human cost of not appointing lawyers for father?

I don't tempted to leave it there because that's such an important point but I will get to the pecuniary benefits. The research indicates. We have studies out there, the quality legal representation, the early appointment of counsel and I've been talking about appointment but good counsel and thanks to the children's bureau, every state in the country will now be focused on improving the quality of legal representation through the court improvement projects. But there are a cost savings so the research indicates that good lawyers upfront early on leads to fewer removals, earlier reunification's.

The second point is reasonable efforts, making the judges making reasonable efforts findings on both parents. So a specific inquiry, where's the father? What have you done to try to locate the father? Alright, we've found 'em. How are you? What are we doing? How are you working with that father and judges taking risks and making findings that the agency has failed to make reasonable efforts to reunify based on what they're doing with regard to mom and what they're doing with regard to dad.

I was just in a meeting this morning talking to a judge and he was talking about punitive fathers and the agency person at the table said, "Oh yeah, we need to improve the turnaround time with the DNA testing" and everything and kind of jump right into that, which is important. And the judge said something really great that I want to share.

He said, "You know the DNA testing is important." He said, “But if I have a punitive father, the first thing I want to know is what's his relationship with his child? Does this child think that he's his father?" He said, "We're in a state where we've embraced and expanded the definition and notion of fictive kin yet we're dismissive of a putative father because of that term “punitive." So using reasonable efforts as a mechanism and or attorneys arguing that, attorneys being appointed as an opportunity to engage fathers.

David S: 00:48:10 So I think that the issues of legal representation and the recent decision by the children's bureau are certainly a step in the right direction around engaging fathers. I also think that Family First offers a step towards prevention and that resources can be put in at least a secondary prevention, which I think is certainly promising.

But I would actually question the issue of structural barriers. I think in many ways we get the outcomes that are designed into the system. I think I go back to what I've said multiple times. I think that we are looking for bad families and looking to rescue children from bad families and that fathers represent part of the negative perspectives. So I think that this is really not nearly as difficult an issue as we've made it. We have families who know what they need. We have young people who know what their experience has been.

I met with the Youth Advisory Council this morning that advises the Assistant Secretary and just had some incredible ideas and perspectives about what needs to happen, and first and foremost, just listen to them. I think that that extends to fathers. I think that extends to families. And I think the best thing that we could do again is to start with how are we actually going to listen, to hear and support those families who've been through this system and how do we design the system really based on the kinds of experiences that they've had.

Ellen-Marie : 00:49:38 So I'm going to talk a little bit about how we can maybe change some of those systems. We at CMS are looking to change the way we pay for care delivery. I'm going to give you three quick examples of ways that we're trying to say what has been

standing in the way and what is it that we can do. We created many of these barriers and structures. So is there a way that we can go around them, go over them, go behind them and get to the outcomes that we want.

The first is I want to use North Carolina as an example. Through their existing Medicaid authorities. They now how to put together a waiver that we work with them to get approved, to be able to look at addressing all sorts of social determinants for high risk families that they have identified through a special screening and they're focusing on housing insecurities, food insecurities, transportation insecurities and intimate violence and toxic stress They are using evidence-based mechanisms and will reimburse based on outcomes that they're seeing. And so that has been approved. It's now up and running. We've got about six other states that are thinking of looking at doing something similar.

We also have at CMS an Innovation Center where we look to have new models of care that we explore, put together in a way that we then can evaluate rigorously and if successful we can expand scale and spread to folks that will be wanting to do similar models. Two of the models that we've got open right now that we're accepting applications for is a maternity, opioid misuse model and an integrated care for kids model. Both models are focused on acknowledging that care cannot be just delivered in a doctor's office and the healthcare delivery system. Maternity, opioid misuse model is focusing on moms who are addicted to opioids. And the key is looking to see how we can better coordinate the care that this mom needs to get across all sorts of systems. The integrated care for kids model is looking to screen and identify kids at risk, especially kids who are participating in multiple systems, multiple systems across the state, and then getting the services that not only that individual child needs but the entire family needs. These are going to be limited. There'll be about six to twelve that are accepted, but we'll be able to collect the data and look at it; look to see what the outcomes are and then when we're successful we'll be able to share how these programs are moving the ball forward and looking to see if we can have other states and other health systems adopt something similar.

So some examples of trying to look at the system, what was standing in the way and are there things that we can do to move it forward.

Jerry Milner: 00:52:11 So it's my turn. You know the fact that we still have to have a discussion about why is it important to engage fathers and how

can we help fathers out there is more than a little bit frustrating for me and from the Children' Bureau perspective we've been reviewing state child welfare programs comprehensively now for 18 years and for all of those 18 years we have continued to find incredible weaknesses in the engagement of fathers, the assessment of their needs, the provision of services to them. We put that information out there in so many ways and yet we still are fighting that battle. I don't have the answer for how we deal with a mindset that often times it's very dismissive of fathers and their importance in the lives of their children, but we do have to address it. I think from a mindset point of view, if we're talking specifically about fathers, to talk about removing some of the structural barriers.

It's incredible to me the most poignant part of Jason's story is that he asked for help and he had enough self-awareness. He had enough strength to know he's in trouble to go in and ask for help and get no help whatsoever. Until things get so bad, did they come in and the help we offer is to take your child away and put your child in a foster care system. That's unacceptable. There is a structural barrier there and it's called inflexible funding for most of our child welfare services out there right now. We can fund as many children as we want to place in foster care for as long as we want to keep them there because we have an unlimited source of federal funding to pay for somebody else to take care of the child. We have a minuscule amount of money to pay for the upfront kinds of services that would help somebody like Jason and other parents out there before they ever get to that place. If we're serious about primary prevention, we have to be able to support that in a flexible funding environment and will not believe the resistance that there is out there to flexing up our largest pot of money in child welfare, which is try [inaudible 00:54:51] foster care funds. I won't go on there about that but as a major short hold barrier that if we move, would allow child welfare systems out there to participate with community partners, with other federal partners, with other organizations out there and support families before they get into such deep trouble.

Justine: 00:55:18 Yeah, I mean I think Jason's story also made me think a lot about sort of cross agency coordination because you know Jason asked for help like we've talked about and he didn't get it, he was told he couldn't or whatever he was told. But it could be that with some education about how Jason could have gotten help. I mean if he needed help with depression, say or substance use problems or whatever it was that he was dealing with, there could have been help out there. But the problem was partly ... We don't know, but that perhaps people didn't

know how to link him with help. And so I think kind of the coordination and working together on how to link people to services I think is something that we can do.

I think services often do really neglect fathers and in many ways. You know, thinking about, for example, research. There's a lot of research going on right now about different aspects of maternal health but very little research out there on fathers.

So we also don't know, we don't have a good understanding of the different variables that fathers can have that can impact the child. So we neglect fathers and research and we neglect fathers and services. I was thinking of a friend of mine who is a pediatrician in Kentucky and she was just telling me this story about how they started an Integrated Care program for mothers with substance use problems and their babies. The mothers were going into treatment, they would get their services right there and then the babies would also get their care. So it was really nice in that it was integrated. But the fathers were sitting there in the waiting area feeling kind of in the way, feeling sort of, you know, not sure what to do. And in this situation they had the resources and the wherewithal to step start a group for fathers.

But in a lot of the places I think it's just important, you know, to think about that these fathers are sitting there, not really sure what to do and wanting to learn more. Just one other thing, I think there's a lot of things that we could do to help educate not only the service providers but also fathers about things like child development. I mean things that they're interested in. But they may not know. So there's just lots of opportunities out there.

Melissa: 00:57:56 Thank you. Next, you're in for a treat. We would like to welcome Benjamin Soriano, a soon to be high school graduate from Lanier High School in San Antonio, to share some of his experience. Welcome, Benjamin.

Benjamin: 00:58:10 Hello.

My name is Ben. I grew up on the west side of San Antonio, Texas. It's not the greatest part of town, but most kids find interest in selling drugs, joining gangs, carrying guns, but they don't want to continue with their education and I'm all for that, in my opinion but what I've seen by with friends of my own and who I hung out with and ... I'm sorry, I'm just reading off papers, it's little, nervous, you know?

So growing up in this community, not many are given the chance throughout their life. So I lost my father due to drug abuse, so my mom kicked him out because she couldn't deal with his actions and emotions. I believe drug abuse should be an illness and we should help those abusing, instead of treating them like if they're criminals or they're doing something more bad than what that is.

I love my dad. He taught me how to take do music, he taught me basketball, sports. He was always there for me, but the fact that he chose that over something else really, it hurt my feelings. This is like, I didn't no one there for me that much. So then I met Good Sam, the Good Samaritan and my mom really was like, "Oh yeah, go do it. You're going to have fun." And I went and I met a really good mentor named Marcus and he made me, and my mom made me and the person that I am today.

Also I participated in the Youth Advisory Committee. It helps me be the change in the neighborhood and world. It shows me that everyone needs help in life once in a while. Marcus didn't have to offer his help, but he went out of his way and made time and effort for me to become the artist and athlete and musician that I am today. That is the kind of staff you will get at the Good Samaritan. People who think of it more than just, do a job. That's what goes a long way. Don't you go to your job ... "I'm going to get paid for this." No, go and be the help that you want to be, that's why you got the job. You know what I'm saying? Yeah, alright!

Melissa: 01:00:51 Awesome!

Thank you, Benjamin. You did such an awesome job and thank you so much for sharing your story and a little bit about your good experience with Good Sam. It really highlights that prevention is possible and prevention is happening in community organizations all over this country every day. And so all of us, I mean this conference, I think we have a lot of these great helpers out there that are not in this just to do a job, just to get paid, we don't get paid that much, you know? We're in it because we want to help people to reach their maximum health and life opportunities.

So thank you so much Benjamin. We couldn't have said it better ourselves. So with Benjamin's story in mind our last question here is, how can we assure that all children and families can benefit from primary prevention services in communities? Jim.

Jim Mercy: 01:01:47 Thanks, Benjamin. That's a great story. And it does show what's possible. I think that's a great example. You know, I want to talk about something that we do at CDC and I know is important. All of us who worked for federal agencies, at least in [inaudible 01:02:01] as well, and that's to be able to demonstrate the impact of what we do and what's going on. We have to be able to show to Congress and others that what we're doing and what we believe is working is actually making a tangible impact.

So other way, I think we need to take on the idea of continuous improvement, of becoming a learning society and recognizing and developing the tools so that communities and programs can measure the impact of what they're doing. That can show the actual return on investment, can show that the work they're doing is actually paying off in terms of what it saves us, from the abusive it prevents from the positive behaviors that it creates, from the economic development it actually can contribute to. So I think one of the most important things that we can do is all work together and recognize as we work together to prevent child abuse, neglect, the importance of being able to show the impact, the strong impact of what we're doing and how it's transforming society and how we can take those stories and actually tangible evidence back to Congress and others to show that this is a worthy investment.

Jennifer Rennie: 01:03:22 And I too, want to thank you, Benjamin. I love that story and a couple of things I love about it. One is the service, I think it was called Good Samaritan, I apologize if I got the name of the program wrong. Was not a boilerplate social service and I think in the legal community we need to get away from the notion that parenting classes, even substance abuse treatment, you know is some magic bullet. And part of that I think for the legal communities is judges getting off of the bench and using their reputation, their political capital to forge public and private relationships and partnerships with community organizations like Good Samaritan. I hear judges and lawyers all the time saying with regard to, “Well, I'm not sure what reasonable efforts are, 'cause I don't know what's out there. We don't know what services are out there.”

So at a basic level, the legal community needs to know what's out there but that's just scratching the surface. We need to be leaders in creating these relationships so that, I mean something like Good Samaritan program is going to endure beyond the time limited services that a family and a child welfare case get. Something like Boys and Girls Club is going to provide possibly a parenting network for the parent as well as support and empowering for the young people. I think even

inside of child welfare cases is that judges need to be courageous with talking about what these prevention services are. I'll leave you with a brief anecdote that combines two of my favorite things, the court's role in prevention and reasonable efforts.

So I was working in a rural community where there was a huge problem with alcoholism and drug addiction and they had no treatment services where the person in the rural community had to be flown to the a major city. There were all these barriers. The judge started making findings in the court order that I'm finding that the agency has failed to make reasonable efforts to reunify. And the agency threw up their hands and said, But there's nothing available." While he continued to make these findings of no reasonable efforts, which ultimately impacts the funding. And within about six months, there was an outpatient treatment center, it was not inpatient, which he wanted, but outpatient.

So it not only helped that family, but it's a prevention service because now there's a treatment center inside of a community that's going to impact the people that haven't yet touched the child welfare system. So I will wrap it up with saying, I want to disrupt the culture inside of the court system and elsewhere. That I think is one of the most profound implicit biases in this work, which is those families, there's us and there's them. There's just us.

Melissa: 01:06:03 Thank you.

PART 2 OF 3 ENDS [01:06:04]

Jennifer Rennie: 01:06:00 ...Them. There's just us.

Melissa: 01:06:02 Thank you.

David S: 01:06:09 I'm not sure that I can say it any better. I think that we have a system that creates an "us and them" from the very beginning. If we look at how families access the child protection system, it is through others who identify the problems of the family and then report the family to the child protection agency. There isn't... Since then we heard the story earlier from Jason that families can access services. That families can access the supports that they need when they need them and I think that that's not so much about the funding, although in part it is, that's not so much about structural barriers, although in part it is. I think it's about our attitudes and our acceptance that

there's a group of families that really are not deserving in the same way that all of us are.

We would not tolerate the treatment of our own children if we were going into the child protection system that we see exhibited towards others. I think that changing that fundamental belief is first and foremost important and I think that in order to accomplish that we need to really look at our policy structure. Is a policy structure that we have in place now actually benefit families or does it harm families?

I would just close on I am a big fan of research and of evidence-based practice and building an evidence-based around practice, but do we have evidence that foster care works? How many research studies have we seen on foster care that identify it as the most effective intervention to assure that children are safe? Yet, it's where we spend most of our money.

Ellen-Marie : 01:07:56

So, I guess along the lines of changing what it is we're paying for, to your point earlier, you get the system that we build, right? At Medicaid and CMS and Medicare, the healthcare system generally is paying for... traditionally pays fee for service. You pay for a service, you do a service, you get paid for the service. So what did we get? We got a whole lot more services that were being developed, that were being applied to families, to patients and we didn't have... We have no idea if there's outcomes in many instances are working. So one of the things I think to leave on another positive note, one of the things I'm really excited about, this administration, Secretary Azar, when he came in, said he had four priorities he was working on.

One of the four priorities was moving us away from fee for service to a value-based payment system. We'll actually get paid, providers will get paid if patients do better. I think it also goes to your point is, what is doing better? I think we could say, "You get paid if you don't go back to the hospital." And we're doing that. We're doing a lot of these early clinical. We can also identify other kinds of metrics. You get paid if kids are ready for school. Get paid for reading by third grade. Or, like Benjamin, you get paid when the kid... depending on how well high school graduation rates are. That's a possibility.

So, we're looking to see if, first of all, getting paid based on whether or not the outcomes we want to achieve are achieved. What that will require is moving beyond just that providers delivering the service and getting paid for it in the clinical office. It will mean, in order to be able to get paid based on improved

outcomes, we have to look at the good Samaritans. We have to look at the other kinds of services that are being provided because they are critical in helping achieve certain outcomes.

I think, the other thing to that end, that we're working across different silos within HHS, is we're working, for example, with CDC to link those data. Because we don't yet know if the interventions that we're doing here are having the kinds of outcomes that we think are happening. Once we can start to look to see if we can link our data with schools, we can link our data with juvenile justice, or with WIC, we can start to see how an intervention that is much broader than one single silo starts to have effects across the different silos. So, I'm excited that this is the way that we're moving, not just at CMS, but healthcare is moving. We don't want to medicalize all of the good services that are happening outside the healthcare system, but this does give that [inaudible 01:10:19] It does give the acknowledgement that we cannot achieve these outcomes unless we bring in the entire group of folks that are working with families, be it other healthcare clinicians, be it other systems, and non-healthcare providers are all required to help make many of these outcomes happen.

Jerry Milner: 01:10:38 Well, thank you, Benjamin, once again. Benjamin knows that he's one of my heroes. I had the pleasure of visiting the Good Samaritan program in San Antonio, and I hope to get back out there again. So, I got a set of glasses that I serve different kinds of drinks in where engraved fish go around the glass and they're all going in the same direction except one fish, and you have to find it on each glass, is going at the opposite direction. I'm that fish. David Sanders opened the door just a little bit for me and I'm going to step right in and say, I don't believe every family and every child out there needs an evidence-based service.

I'm happy that we have evidence of what works. I'm not arguing with that. But when we wait until families are in such trouble that their needs are serious and so severe, that's when we need clinically-based, randomized-controlled, group-tested, clinical interventions. But for most of our families out there that we come in contact with, fundamental supports that any family out there might need are going to be far more helpful to them and far more appropriate to their needs than something that has three randomized control tests behind it in a written manual to back it up.

Good Samaritan is one of those kinds of programs. It's a kind of program out there that serves children, youth, and their families in a community that without that program, would expose them

to unacceptable levels of risk and harm. We've heard from Benjamin himself about the kinds of activities that go on in the community there. Good Samaritan provides for them a place of refuge, a place of support. I don't believe we need to have randomized control groups to tell us that giving a youth inter-community opportunity is good for them and can help them aboard while things happen.

We don't need studies to know that parents need knowledge of child development and basic development of their children. We don't need a study to tell us that peer support and avoiding social isolation reduces the risk to children and parents. We need the ability at the federal level, at state levels, and particularly the community level to support those kinds of programs. Good Sam is a wonderful example. There are other wonderful examples of those programs out there that are serving children and youth. If we want to reach them, we need flexibility... here's my soap box... in the [inaudible 01:13:43] funding, but also a commitment to that level of service before we get to the point where we've got unlimited sources of funds to pay somebody else to care for those children.

Justine: 01:14:02 So I was going to talk a little bit about... One of the things that Benjamin... that you were saying that I thought was interesting, too, was about the youth advocacy work that you do. Coming to places like this, talking to us, to get to learn... It made me think about how the best prevention for so many kids is to have a sense of mastery in something and have a sense of purpose. We really need to create environments where whatever the kid's talent is, whatever strengths they have, that those get fostered and the child feels safe to do that. For example, schools. Thinking about how important it is to have schools where kids feel safe and that they can really have... Whatever their interests are, whatever their skills are really fostered. Because that a prevention... That's a form of prevention. Really preventing negative outcomes. The biggest form of prevention is really fostering those strengths and helping the child feel safe and like they have a purpose and a sense of mastery.

Melissa: 01:15:20 So now it's your turn to join us. Sharing how we are together, create the conditions for strong, thriving families and communities where children are free from harm. There are some microphones set up. While you rush over there and stand in line to ask your questions or to contribute your points, let me just say that what you've heard here so eloquently is that this is a culture shift. This is no longer doing what we've always done because that's always what we've done, because then we will get the outcomes that we've always gotten. We need to

transform the value based lens with a prevention focus. We need to create the conditions that our young people, our families, our communities can thrive. That doesn't mean that they're just doing okay and not totally in crisis.

It means that they are reaching their maximum health and life potential. This is going to make a brighter future for our kids, for our kids' kids, and so on, right? Which we know has epigenetic impacts and just influences everything across the board. It helps us achieve all of our nation's health and prosperity goals. Okay? So this is exciting stuff and here we are all together representing different federal agencies, HHS agencies, and others, national partner groups, different sectors... Certainly, I hope there are business, media, other partners, these newer partners to this space that also have a role to play in joining us.

We hear a lot from communities, "Well, what are you guys doing at the federal level? What are you doing at the national level?" This is what we're doing. We are charging that this is our work. We must work differently to create conditions for strong, thriving families and communities where children are free from harm. We can't do that alone. We need you to join us. We need to join each other. We need to figure out how to work together. How to complement each other, how to understand what great stuff is going on in Medicaid, at CDC, in our legal judicial communities, with our philanthropy groups, non-profits, children's bureaus... just everybody... all have a role to play and many of us have multiple roles to play, right? Scientists at CDC, pairing in my community, church member, neighbor, mother, daughter; we have multiple roles to play. Okay. So, is there someone at a microphone? Because I can't even see with all these lights in my face. Start talking [inaudible 01:18:00] Yeah.

Speaker 1: 01:18:04 Thank you. I agree with everything that you've been saying. And I'm grateful to be in the room today. I would like make maybe a comment to a point in a question if I could. One thing is that we have inherited system. Part of that system is that... Child protection system is that the iteration of a discriminatory and oppressive system. So, slavery and racism predates child protection and I guess the question is how might we get to really talk about that, talk around that structural barrier that is racism? It's not just proportionality, it's not just disparity, but it is bias driven practices that also lead to negative outcomes, so from my anecdotal perspective and I think there are a lot of historical studies as well that can actually prove what I'm about to say that racism is social determent of health. Right? So, that's one thing.

How can we then call that out as a system that is going to do something differently? Dr. Sams mentioned structural barriers. [inaudible 01:19:16] one thing that we could consider as we begin to look at families differently, maybe more positively, looking at what they have to offer. Is an order to create a system that values, honors, fears, and respects parents and that all kids have a right to be with their parents and that if services are not needed, that supports are more likely to catapult a person to do something differently then we have to be able to tolerate a level of risk. Don't talk about that in this conversation we'll always see the outcomes that we're having here. So I think that how might we begin to increase our risk outwards is a part of the conversation. Also, how will we implement things that will help us deactivate biases while we're working in communities with families? Thank you.

Melissa: 01:20:15 Well, I'll kick us off in a response. Moderator privilege, here. I think you did it so well. Call it what it is. Racism, other historical structural detriments of health. Those are the root causes. Those we may observe child abuse in the front, other adverse childhood experiences as sort of the leaves on the tree. But we know that the roots that support those leaves are all the -isms. All the -isms, right? So that is our work. This risk aversion I think this is where federal agencies must partner often with other philanthropy, other non-profit organizations, community organizations. Business partners, media, because everyone has a voice, right? Sometimes there are other voices beyond a federal agency's voice that can be much louder in calling out those necessities to really change trajectories over the [inaudible 01:21:22] course and over generations for children and families. Who's going to go next? I know Jim has something to add here, I'm going to put him on the spot. Jerry probably does, too, but... Jennifer does.

Jim Mercy: 01:21:35 Yeah. I love that idea of spreading risk across federal agencies.

Melissa: 01:21:37 For sure.

Jim Mercy: 01:21:40 Because we often get put on the hot seat on some of these issues. I know everybody does. You know, when we say safe, stable, and nurturing relationships and environments, the thing that we need the most work is on the environments, on those social determinants. Racism is clearly one of those things. I don't pretend to have all the answers, but as Melissa said very well, those are the things that underlie the problems that give rise to the systems that we have. I think public policy is such an important lever that we don't fully utilize. When you a pass a policy, you affect whole populations. If you have a school-based

program, you have to scale it up across many schools takes so much more effort, so if we can be very thoughtful about what's the appropriate policy agenda in this realm to address racism, to address financial insecurity and things like that. I think we can go so much further if we can get behind some reasonable, widely accepted policies that can make a difference.

Ellen-Marie : 01:22:49 Great. I thought I was behind Jerry, but your point [inaudible 01:22:51][crosstalk 01:22:52]

Jennifer Rennie: 01:22:52 I know, I know. My hand is up. Let me take the risk aversion question first and then that will lead in to a short comment about bias issues. If I understood your question correctly, I think you were saying, "We have to look at our ability to tolerate risk inside of a family in terms of reunifying or not removing in the first place." I would say about that that I think we need to get away from thinking about risk and managing risk and focus on safety. So let me say it a little more straightforward.

All children are at risk. Right? Risk is a vague concept of terms, whether or not something may or may not happen. So all children are at risk including my own children. The question is "Are they safe?" We need for child welfare and the legal community to understand the methodology around assessing safety. The identification of safety threats. Assessment of protective capacities to manage those threats. It's a fallacy that a child needs to be removed if there's a safety threat in the home. Well, is there protective capacity to manage that safety threat? We also don't need to completely eliminate the threats before we talk about returning the child home. So, it's a little bit of a long-winded answer to your question about "What do we do about tolerating risk with these families?" We need to get a lot more clear about what we're doing so that we can apply principles of critical thinking to decisions around removal and reunification.

How that leads to the bias is I've often thought that it may be like a malicious bias, but I think what's more pervasive is not going. What does a judge, what does a human being do when they don't have information? They start making stuff up. The information that's communicated in the courts is woefully inadequate. You get these petitions a single page and a judge is supposed to make removal decision, these court reports with information that's not relevant to the safety threats. I have a tag line that we ‘remove for safety, but return for well-being.’ That practice has to stop.

Once we provide the correct information to the courts, that is not going to completely address the problem, but that's going to eliminate the natural tendency of a human being to start making up information about this family when they don't know.

Jerry Milner: 01:25:16 Okay. [inaudible 01:25:19] for a few moments. [inaudible 01:25:21] completely addressed the question of how do we solve the problem of racial bias in our child welfare system, in our broader social service system. That's a question that's lot bigger than me. But I do have a thought about how we can begin to address that issue we [inaudible 01:25:47] long and that is by elevating voices with every opportunity that we have of people who have been a part of that system to understand that what their experiences are and how can adjust ourselves to make those different experiences. As you've listened here, to four different compelling stories, I bet there are very few of you that looked at these people and looked at the videos and listened to them as people of a particular gender or people of a particular heritage or people of a particular color. You listened to the compulsion in their stories and how the system has treated them and the injustices that they and so many others have experienced in our hands.

When we listen to those voices, then we begin to understand firsthand from the people who have experienced them. It has to have an impact on us. It has to have an impact on our policy making, on our decision making. David Sanders just said earlier "If we really want to change our system here, the people who have experienced that system have to be in leadership roles." It cannot be token participation. It cannot be bring somebody in for a meeting because we need to have a diversity of people at a meeting. They have to be embedded in our system and in our way of doing work. I think if you do that, we will begin to make progress against this formidable barrier that faces so many families in our system.

Ellen-Marie : 01:27:28 One thing I would say, I think the racism comment is critical. Back in the late 90's the Institute of Medicine did a study on unequal treatment to look at some of the racial disparities that we have in healthcare and they identified one of the key things with provider perception. One of the places I think that we have to do that is in health professional education. It's something that we have to call it out, we have to identify. There's been a lot of discussion about maternal morbidity and mortality. The more we're learning about that, there's a huge racial bias there, too. I think that we need to make sure that as health professionals are getting trained that we identify this. We call it out, and we understand.

		I don't know how the education needs to go, but I think it has to be at that point. While they are learning about all of the bugs and the germs and the diseases that are creating this, they have to understand that there are other things at play that are standing in the way of us helping our patients get better and I think health professional education is a place that we really need to look strongly at.
Jim Mercy:	01:28:35	Can I add one more thing? It reminds me. I think this issue of racism starts with us, too. One of the things we've done at our place of work at CDC is to have health equity training focused on understanding the biases that we bring to our work and bias prevention around race and ethnicity. It just opened up so many insights into how we carry that in our day-to-day work. I would say it begins with all of us.
Melissa:	01:29:08	Is there another question?
Speaker 2:	01:29:12	First I wanted to say, I'm sorry I'm kind of crashing this conference. I was here as a part of a different meeting, the National Foster Youth and Alumni Policy Council. We were meeting upstairs and we got the opportunity to come down here. I wanted to make a little point. Ms. [inaudible 01:29:34] said that was that preventative practices. Every program is a preventative practice. Because the minute that you take way, you take a cannon out of a... the ability to act out, act bad, and put them in a program that empowers them or teaches them new skills or distracts them or gives them the ability to have fun, is a minute, an hour, a day away from being any kind of negative influences that can happen in life. I believe that it's very important that all... excuse me... practices, no matter how... if they're evidence-based or not... they [crosstalk 01:30:24] distract from negative influences on children as long as they're not negative influences themselves.
Melissa:	01:30:30	Thank you for your comment.
Rebecca:	01:30:35	Hi, good afternoon.
Melissa:	01:30:36	Hi, there. We can hear you.
Rebecca:	01:30:39	Hi, oh, okay. Hi, good afternoon. Rebecca. Maryland. So, Jerry, you've heard this question before.
Jim Mercy:	01:30:47	And you're looking at the answer.

Rebecca:	01:30:50	So, we've heard... So child welfare, we hear commissioners' message loud and clear about collaborating with an agency. There's a system you guys have been talking about it today. But I'm interested in hearing really some of the practical ways that from a federal level you're giving guidance and direction to your state counterparts around how you expect collaboration to play out at the state level across the agencies and systems.
Justine:	01:31:28	Well, one of the things that we're working on right now. I don't know if this will exactly answer your question, but is some guidance for how, for example, substance use treatment programs can support folks as parents. Because a lot of providers... being a physician myself... they forget. There's for example, you have a patient who has a substance use problem and sometimes they forget that the person is a parent. Thinking about how can we support substance use treatment providers to remember the fact that sometimes the people they take care of are parents and to think about how they can pay attention to the needs of the children that are there. So trying to provide some actual guidance and including how to finance and sustaining these kinds of programs. That's one example of what we're working on right now.
Melissa:	01:32:30	I think, too, creating this shared vision together with partners and states and communities. We're doing it here at the national level, obviously, we're going write up some guidance and what this looked like and such. But really, it goes back to the... I think the Mother Teresa example from this morning. It's like, "What are we trying to achieve?" Right? Together. And having people really commit that that is our work. And yes, we may come at it from different parts and we all have a role to play, but we're all working toward that vision. That is something... At CDC, we have a central for childhood grantees, at children's bureau, there's lot of community collaboration grantees. But it's about leveraging across sector toward a shared goal. Right? Figuring out what are those outcomes? So it's not like, "Oh, we're doing all this. And then what are we going to measure?" Like figuring it out after the fact, no. We want to... This is what we're trying to achieve, so all of our work is then kind of messaged and measured and progress is quantified based on the achievement of that shared vision. So I think really taking the time on front end to create the relationships if you don't have them is key, but then also understanding that "Yes, we're all going to come at it from different parts. We've funded it in different ways. Our constituents are different." David and I talked about, "Well, how come at this meeting are there public health people that come to this meeting even? We

may need to co-host meetings." Right? I mean, set up a platform that is easy for these cross sector partnerships to happen, but whatever it is, when we really on the front end determine what we're trying to achieve, I think there's real power, real, real power in that.

Jim Mercy: 01:34:22 You know, I think we have to acknowledge... Anybody's that's been married in a relationship know that partnerships is tough work, right? It is hard work. I think the question about practical ways to achieve it and accomplish it is an important one. I also think that's something could be researched. One of the big areas of research that we need to really advance is what people call implementation research. In other words, we can understand the problem, its risk factors and protective factors or causes and we can understand what works and doesn't work. But that's not enough. We need to understand how to best implement what we're talking about at the community level, at the state level. And that gets to the question of "How do you practically form these partnerships and sustain them?" I think it's a fundamentally important question.

We're learning as we go. We try to mirror that in our essentials for childhood program that Melissa mentioned by requiring the states' health departments that we fund to engage with a variety of sectors. We don't see the state health department as being the central place that has to address this problem, but we want them to show leadership and bring people together, bring in people at the table, including child welfare that need to be at the table to solve this problem. So, partnerships are hard work. We have a lot to learn about how to do it better.

Melissa: 01:35:39 Well, thank you. Thank you for joining us. Thank you to our panelists. And thank you for all the work you all do each and every day to really support families, support children and create the conditions for strong, thriving families in communities with children that are free from harm. Thank you very much.

PART 3 OF 3 ENDS [01:36:09]