Keeping Mothers & Babies Safe
Building Relationships with CPS

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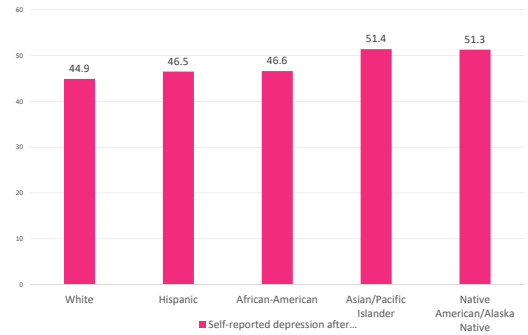
In partnership with
Los Angeles County Department of Children and Family Services

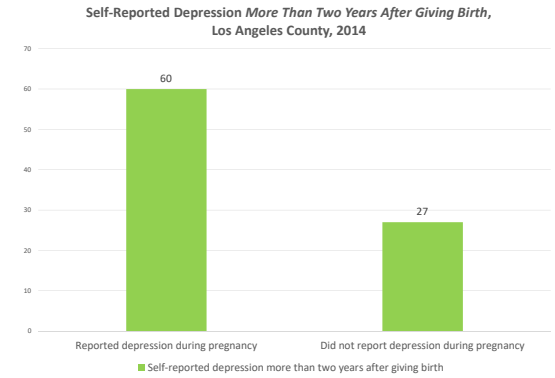
WHY ARE WE HERE: OBJECTIVES

- Legal Mandates & Core Practice Model of LA County Department of Children & Family Services
- Risk & Safety Measures, CPS Policies, and Procedures Utilized by CSW's in addressing Maternal Mental Health Issues
- Training by Maternal Mental Health NOW of LA County Children's Social Workers
- Role of LA County DCFS in working with the Maternal Mental Health needs of mothers dealing with Perinatal Mood and Anxiety Disorders (PMAD's)

Self-Reported Depression *After* Pregnancy by Race in Los Angeles County, 2014



Los Angeles Mommy & Baby Survey, 2014, Los Angeles County Department of Public Health, Maternal Child Adolescent Health Programs



Los Angeles Mommy & Baby Survey, 2014, Los Angeles County Department of Public Health, Maternal Child Adolescent Health Programs

Self-Reported SEVERE Depressive Symptoms in the Postpartum Period

- Mothers with **income less than $20,000/year** were nearly **3 times** as likely to report **severe depressed mood** in the months after pregnancy compared to mothers with income greater than $60,000/year.
- Mothers with **less than a high school education** were more than **2.5 times** as likely to report **severe depressed mood** in the months after pregnancy compared to mothers with a college education.
- Mothers who had **no partner** at the time of their delivery were **2 times** more likely to report **severe depressed mood** in the months after pregnancy

Source: 2012 Los Angeles Mommy and Baby Survey

Perinatal Mental Health Crosses All Lines

- Perinatal depression can affect any woman
- Crosses cultural, racial, economic lines
- Culture may determine whether it is socially acceptable to acknowledge or discuss PMADs
- Culture may affect how symptoms are expressed
- Culture may influence if treatment is acceptable or not

Pregnancy and Social Concerns

Every year in the United States:

- 468,988 babies are born to teenage mothers
- 820,000 woman smoke cigarettes while pregnant
- 221,000 women use illicit drugs during pregnancy
- 757,000 woman drink alcohol while pregnant

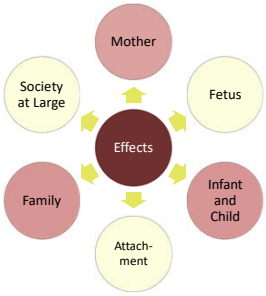
Pregnancy and Intimate Partner Violence

- 240,000 pregnant women are subject to domestic violence
- 40% of assaults begin during the first pregnancy
- Pregnant women are at twice the risk of battery

Vulnerable Populations at Greater Risk

- Teens
- Single moms
- Military women
- Recent immigrants
- NICU moms
- Low income families

Why Care So Much About Maternal Depression?



- If left untreated can become chronic depression; impact on woman, child, family then much greater
- Can have multigenerational impact

Attachment Relationship

Range of Diagnoses

- Depression and anxiety during pregnancy
- Postpartum depression and anxiety
- Postpartum Panic Disorder
- Postpartum Obsessive Compulsive Disorder
- Postpartum Post Traumatic Stress Disorder
- Postpartum Bipolar Disorder – Psychosis
- Paternal Postpartum Depression

Symptoms of Depression

- Tearfulness
- Irritability
- Sadness
- Sleeplessness
- Anxiety
- Exhaustion

MATERNAL MENTAL HEALTH NOW

ReMoved

http://www.youtube.com/watch?v=lOeQUwdAjE0

Partnerships : MMH-NOW & DCFS

- **MMH-NOW**
  - Formation
  - Strategic county partnerships
  - Finding internal champions (line staff to administrative)
  - Monthly meetings
  - 3 Legged stool
- **County Counsel – Public Defender**
  - **Provided training – awareness and sensitivity to MMH, legal perspective to protect children, impact of MMH on child safety, options for care**
- **ICAN – interagency Council on Child Abuse and Neglect**
  - **Annual conferences**
  - **All child abuse councils county-wide**
- **DCFS – CPS – Population 34,881 (12/15)**
  - **Internal champion – Line staff to supervisor to training division**
  - **Half day emergency responder training**
  - **Full day for social workers, Public Health Nurses, Supervisors, New Hires, licensed staff**
  - **Consultation group – internal champion offering consultation in house**

Source: http://dcfs.lacounty.gov/contactus/index.html

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Blue Ribbon Commission

Los Angeles County Blue Ribbon Commission on Child Protection's 2014 Annual Report stated the following;

" Mental health issues underlie many of the causes of abuse and neglect. Parents often need treatment for mental health disorders and major life stressors, including those related to substance abuse, depression, domestic violence, and poverty. Access and coordination of these services for parents are critical to keeping children safe and enabling their safe return to their parents. These services must be known to social workers and accessible to parents, both geographically and financially "

Source: Final Report of the Los Angeles County Blue Ribbon Commission on Child Protection, April 18, 2014, p. 32

CPS Mission Statement & Goals

- **CPS Mission Statement:**

  The Department of Children and Family Services, ***WITH*** public, private and community partners, provides quality child welfare services and supports so children grow up safe, healthy, educated and with permanent families.

- **CPS will practice a uniform service delivery model that measurably improves:**
  - Child safety
  - Permanency
  - Access to effective and caring service

- **CPS GOALS:**
  1. Improved Child Safety
  2. Decreased Timelines to Permanence
  3. ***Reduced Reliance*** on Out-of-Home Care
  4. Self-Sufficiency: ***Transitional Age Youth (TAY) & Non-Minor Dependent & AB12 (18-21)***
  5. Increased Child and Family Well-Being
  6. Enhanced Organizational Excellence

Source: http://dcfs.lacounty.gov/contactus/index.html

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Countywide Span of LA County DCFS

- **Twenty Offices:**
  - Palmdale, Lancaster, Van Nuys, Chatsworth, Santa Clarita, Glendora, Pasadena, Pomona, El Monte, Covina Annex, Metro North, West LA, Vermont Corridor, Compton, Wateridge, Compton West, Belvedere, Santa Fe Springs, Torrance, South County

- **LA Kids Fact Sheet (Monthly):**
  - LA County DCFS Population: 34,881 (December 2015)
    - Birth - 2 Years: 7, 181 (20.6%)
    - Gender- Male: 17,398 (49.9%); Female 17,483 (50.1%)
    - Ethnicities:
      - Hispanic- 20,993 (60.2%)
      - African American- 8,763 (25.1%)
      - White- 4,008 (11.5%)
      - Asian/Pacific Islander- 455 (1.3%)
      - Filipino- 205 (0.6%)
      - Other- 281 (0.8%)
      - American Indian/Alaskan Native- 176 (0.5%)

Source: http://dcfs.lacounty.gov/contactus/index.html

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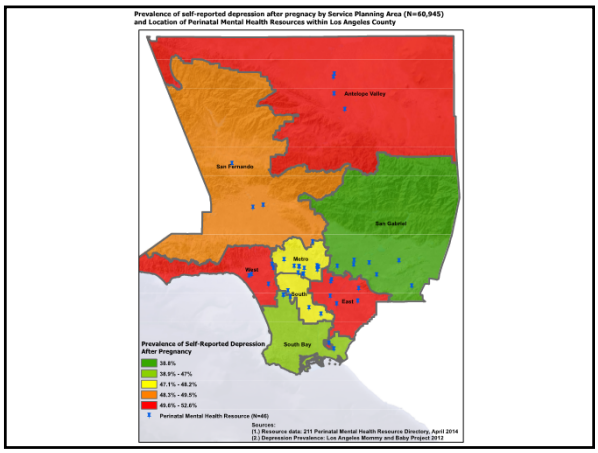

Role of CPS

- **Children's Protection Services Legal Mandate:**

  CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 300-304.7 ***(WIC 300)***

  a. Physical Harm
  b. Neglect
  c. Emotional Damage
  d. Sexual Abuse
  e. Severe Physical Abuse Age 0-5
  f. The child's parent or guardian caused the death of another child through abuse or neglect
  g. The child has been left without any provision for support; physical custody of the child has been voluntarily surrendered
  h. The child has been freed for adoption by one or both parents
  i. The child has been subjected to an act or acts of cruelty
  j. The child's sibling has been abused or neglected pursuant to (a), (b), (d), (e), or (i)

Source: http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=00001-01000&file=300-304.7

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Responsibilities & Roles of CSW's

- **Child Abuse Hotline (1-800-540-4000):** ***24/7***
  - Receive, Evaluate, & Assign Child Abuse Referrals
- **Command Post:**
  - Conduct Child Abuse Investigations ***After 5:00pm, Holidays, Weekends***
  - Forward to Regional Offices after initial investigation for follow-up ***(if necessary)***
- **Emergency Response (ER)**
  - ***Regional Office*** CSW's who conduct initial allegations of child abuse and neglect
- **Dependency Investigation (DI)**
  - ***Regional Office*** CSW's who investigate allegations on Court petitions:
- **Family Maintenance and Reunification & VFM Units**
  - ***Regional Office*** CSW's assigned to provide services/support to family

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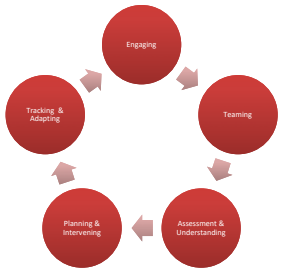
CPS & DMH Shared Core Practice Model: Los Angeles Key Practice Strategies



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Overall Goals of Core Practice Model

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Effectively Working with ALL Community Partners

- **Engaging:** Creating continuous trustful working relationships with a child and family by increasing their participation, validating their unique cultural perspective, and hearing their voice while providing choices
- **Teaming:** Building and strengthening the child and family's support system, whose members meet, communicate, plan together, and coordinate their efforts in a unified fashion to address critical issues/needs.
- **Assessment & Understanding:** Collaborating with a family's team to obtain information about the salient events impacting children and families and the underlying causes bringing about their situation
- **Planning and Intervening:** Tailoring and implementing plans to build on strengths and protective capacities in order to meet individual needs for each child and family
- **Tracking & Adapting:** Evaluating the effectiveness of the plan, assessing circumstances and resources, reworking the plan, celebrating successes, adapting to challenges and organizing after-care supports

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LA County DCFS Policies & Procedures

- **Assessing the Safety and Risk of Newborns for Families Already under DCFS Supervision: *Open Cases***
  - Policy: 0070-548.07
- **Structured Decision Making (SDM): *Referrals & Open Cases***
  - SDM Safety Assessment
  - SDM Risk Assessment

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DCFS Policy: Assessing The Safety & Risk of Newborns for Families Already Under DCFS Supervision: *Open Cases*

- **CSW's Responsibility:**
  - **The newborn child must be assessed based upon *(but not limited to)* the following factors:**
    - ✓ Health/physical condition (including bruises and body marks)
    - ✓ Condition of the home
    - ✓ Child Vulnerability ***(Commercially Sexually Exploited Children: CSEC & Teen Moms)***
    - ✓ Family and/or environmental stressors
    - ✓ Parenting skills
    - ✓ Parent's substance abuse
    - ✓ Availability of day care
    - ✓ Family support system
    - ✓ Safe sleeping arrangements
    - ✓ Medical reports (i.e. prenatal care)
    - ✓ Medical/psychological/police reports
    - ✓ Collateral contacts
    - ✓ Ability of the family to provide for the safety and well-being of the child
    - ✓ Risk based upon referral history, case history, etc…(all factors previously listed above)
    - ✓ Status of the parents' visits with their other children

Source: http://dcfs.lacounty.gov/contactus/index.html

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DCFS Policy Assessing The Safety & Risk of Newborns for Families ***Already*** Under DCFS Supervision

I. **Exigency Exists:** Take the child into protective custody, petition filed, Dependency Court Involvement

I. **If the newborn is *not at immediate risk* of, or has not been abused and/or neglected, *but there are risk factors present*, DCFS intervention is warranted:**

a. Invite the parent(s) to participate in a Child & Family Team Meeting and develop a Safety/Action Plan that will enable the newborn to safely remain in the home: **Family's Meeting** & Support System/Service Providers Offered to Family for Collaboration (i.e. DMH, Wrap Around, Family Preservation etc…)

a. Discuss with the parent(s), their willingness to participate in a Voluntary Maintenance (VFM) Services ***if appropriate***

a. Create a case ***without a referral*** to provide services to the newborn

a. Develop the ***initial case plan (6 months)*** and provide ongoing services to the newborn

Source: http://dcfs.lacounty.gov/contactus/index.html

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SDM Safety Assessment: Protective Capacities *(Open Cases & Referrals)*

- **Factor in Knowledge of Perinatal Depression When Assessing Safety Threats as Outlined in SDM Safety Assessment**:
  - Risk Factor Influencing Vulnerability: **Age 0-5** ***(raises score)*** ⬆
  - Current circumstances
  - Caregiver fails to protect
  - Caregiver's explanation
  - Caregiver does meet child's needs
  - Physical living conditions
  - Caregiver's substance use
  - Domestic violence
  - Caregiver describes the child in predominantly negative terms – colicky baby?
  - Caregiver's emotional stability

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PMAD Identified in Protective Capacities *(what to do)*

- **Factor in Knowledge of Perinatal Depression When Assessing Safety Threats as Outlined in SDM Safety Assessment**:
  - Risk Factor Influencing Vulnerability: **Age 0-5** ***(raises score)*** ⬆
  - Current circumstances – SENSITIVITY TO MH ISSUES
  - Caregiver fails to protect – DEPRESSION PLAYS A ROLE – DYADIC REFERRAL
  - Caregiver does meet child's needs – PSYCHO-EDUCATION
  - Physical living conditions – REFERRAL FOR HOUSING SUPPORT
  - Caregiver's substance use – FOR MH ISSUES? ADDRESS BOTH SUBSTANCE AND MH
  - Domestic violence - STRONG CORRELATION WITH DEPRESSION
  - Caregiver describes the child in predominantly negative terms – colicky baby? – EMPATHY, TOOLS, SUPPORT, RESPITE

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SDM Safety Assessment: Protective Capacities
(Open Cases & Referrals)

- **Knowledge of Perinatal Depression in Assessing Safety Threats as Outlined in SDM Safety Assessment**: ⬆
  - Child has the cognitive, physical and emotional capacity to participate in safety interventions – baby?
  - Caregiver has the cognitive, physical and emotional capacity to participate in safety interventions
  - Caregiver has ability to access resources
  - Caregiver has supportive relationships
  - There is evidence of a healthy relationship between caregiver and child
  - Caregiver has history of effective problem solving

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I know there is perinatal depression in this home *(what to do differently)*

- **Knowledge of Perinatal Depression in ADDRESSING Safety Threats:**
  - Child DOES NOT have the cognitive, physical and emotional capacity to participate in safety interventions – baby? WHO CAN SUPPORT? HOME SAFETY STEPS
  - Caregiver's emotional capacity to participate in safety interventions is impacted by PMAD – REFERRAL FOR PSYCH EVAL and COUNSELING
  - Caregiver STRUGGLES to access resources – DETERMINE & ADDRESS BARRIERS
  - Caregiver is isolated – HELP IDENTIFY SOCIAL RESOURCES
  - There is evidence of an UNhealthy relationship between caregiver and child – PSYCHOEDUCATION, DYADIC THERAPIES
  - Caregiver has POOR history of effective problem solving - CBT

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SDM Risk Assessment: *(Open Cases & Referrals)*

- **Knowledge of Perinatal Depression in Assessing Safety Threats as Outlined in SDM Risk Assessment**:
  - Current report for neglect
  - Prior investigations
  - Household has previously received CPS services
  - Number of children
  - Age of youngest child
  - Characteristics of children in home
  - Consistent care
  - Caregiver history of abuse or neglect as child *(CSEC)*
  - Caregiver has/had mental health problem
  - Caregiver has/had alcohol or drug problem
  - Two or more incidents of DV in household in past year

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INTERGENERATIONAL HISTORY*(WHAT TO DO?)*

- **Knowledge of Perinatal Depression in ADDRESSING Safety Threats as Outlined in SDM Risk Assessment**:
  - Current report for neglect - WAS MH ADDRESSED?
  - Prior investigations - HOW WAS IT RESOLVED?
  - Household has previously received CPS services – DID THESE INCLUDE MH?
  - Number of children – HOME MANAGEMENT, SUPPORT
  - Age of youngest child – HIGHER RISK FOR PMAD - INTERVENTIONS
  - Characteristics of children in home
  - Consistent care - PSYCHOEDUCATION
  - Caregiver history of abuse or neglect as child *(CSEC)*
  - Caregiver has/had mental health problem
  - Caregiver has/had alcohol or drug problem
  - Two or more incidents of DV in household in past year – SPOUSAL SAFETY

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Introduction of Perinatal Mental Health to Children's Social Workers

- **Maternal Mental Health NOW:**
  - **Training, Policy, Advocacy & Stigma Reduction**

CPS TRAINING GOALS INCLUDE:

- Understanding the range of perinatal mental health disorders, prevalence, risk factors
- Main aspects of screening for maternal depression
- How risk assessment and other tools may be used to screen for maternal depression
- How to utilize PMAD knowledge in intervention/referral
- Demonstration of how to link screening results to referrals/resources for perinatal depression in Los Angeles County
  - Resource directory
- PMAD's Depression & Suicide Assessment Training (PHQ9)
- Medications & Perinatal Depression

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Maternal Mental Health NOW: PMAD's Depression & Suicide Assessment Training for CSW's

I. **Patient Healthcare Questionnaire (PHQ9)**
   - Short, easy to administer
   - Based on DSM Criteria
   - Used to screen for anxiety, depression, alcohol, eating disorders and somatoform
   - Can determine both IF there is depression and how SEVERE the depression is.
   - PHQ-9 scores of 5, 10, 15, and 20 represented mild, moderate, moderately severe, and severe depression

II. **Sensitivity in Screening**
   - Fear of judgment – listen to her
   - Doesn't understand reasons for screening - explain
   - Stigma - Normalize
   - Issues around privacy – explain limits to privacy
   - Organizational mistrust – consistency

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Intersection of Trauma & PMAD Risk Factors

- **Child Abuse & Neglect**
  - Grief & Loss
- **Multigenerational Transmission of Trauma**
  - Complex Posttraumatic Trauma
- **Intimate Partner Violence (IPV)/DV**
  - Pregnancy Increases Risk of Violence to Mother
- **Drug & Alcohol Abuse**
  - Positive Toxicology Newborns
  - Illicit/Legal
- **Dual Diagnosis**
  - Depression & Anxiety
  - Psychosis, Bi-Polar, Schizophrenia

Sources: Beckwith, L., et al. (1999); Briere, J., & Spinazzola, J. (2005); Kinard, E. (1996); McMahon, S., & D'edra, Y. A. (2012); Nair, P., et al. (1997); Lobato, G., Moraes, C. L., Dias, A. S., & Reichenheim, M. E. (2012)

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Intersection of Child Welfare Population & Women at Risk for Perinatal Mental Health Issues

- Effects women across income, race, ethnicity, gender, age & sexual orientation
- Low income women are disproportionately impacted
- Per LAMB study, low-income or ethnic monitory women in Los Angeles had rates of depressive symptoms close to 30-40%
- Mothers with **income less than $20,000/year** were nearly **3 times** as likely to report **severe depressed mood** in the months after pregnancy compared to mothers with income greater than $60,000/year.
- Mothers with **less than a high school education** were more than **2.5 times** as likely to report **severe depressed mood** in the months after pregnancy compared to mothers with a college education.
- Mothers who had **no partner** at the time of their delivery were **2 times** more likely to report **severe depressed mood** in the months after pregnancy

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Source: 2012 Los Angeles Mommy and Baby Survey

Barrier or Partnership: Child Welfare

- **FEAR**
  - Mothers report FEAR of baby being taken away as a ***MAIN reason*** for not seeking support and/or treatment for perinatal mental health symptoms
- **Guilt & Shame**
  - Mother's are concerned about being seen as "crazy"
- **Immigration Status: Detainment & Deportation/Separation from Children**
- **Language Barrier's**
- **Lack of bicultural/bilingual services**
- **Need for Multicultural Understanding by DCFS & Community Partners**
- **Apprehension about medical field and medication to screen, treat, diagnose**
- **Lack of Insurance, Emergency Med-ical, low fee or free services**

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How DCFS Can Address Barriers and Build Partnerships with Mothers: Utilization of Core Practice Model

- **Reframe Depression**: "mother and child wellness" & reduce stigma
- Understand what motherhood means to each woman: **"their narrative"**
- Build Relationship of **Trust**
- Portray open, non-judgmental attitude
- Build collaboration with all aspects of community, including faith based communities
- Stay in connection-mom may not be ready
- Universal Message
  - ✓ You are not alone
  - ✓ You are not to blame
  - ✓ With help, you will get better

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Overcoming Barriers: Next Steps

- **Improved Training of CSW's on Clinical/Mental Health Issues**
  - Maternal Mental Health NOW
- **DCFS Training Academy Focus on Perinatal Mental Health**
  - Newly Hired CSW's
  - On-going Training of CSW's, SCSW's
  - Incorporate Training of ALL DCFS Staff (Administration)
- **Organizational & Culture Change within DCFS**
  - Case Management Adherence to Core Practice Model
  - Manageable Case Count for CSW's
  - Recognizing Vicarious Trauma of CSW's & Providing Supportive Care **(Wounded Healers)**
- **Training of DCFS Partner's, Collateral's, & Community Agencies on PMAD's**
  - County Counsel (DCFS Attorney's)
  - Dependency Court (Judges, Parent's Attorney's, Children's Attorney's)
  - Law Enforcement, Fire Department, First Responders (EMT), PMRT

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The End

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