

JULY 2012

# California Child Welfare Council Annual Report





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### **California Child Welfare Council Membership Fiscal Year 2011-12**

#### **Co-Chairs**

Secretary Diana Dooley

California Health and Human Services Agency

Justice Vance Raye

Administrative Presiding Justice, California Third Appellate District

#### **Membership**

1. Robin Allen Executive Director, California Court Appointed Special Advocates
2. H.J. David Ambroz Disney Corporation
3. Jim Beall, Jr. Member, California State Assembly
4. Ken Berrick President and CEO Seneca Family of Agencies
5. Dana Blackwell Senior Director, Strategic Consulting, Casey Family Programs
6. Sheila Boxley President and CEO, Prevent Child Abuse California
7. Philip Browning Director, Los Angeles County Department of Children and Family Services
8. Michael Cunningham Acting Director, California Department of Alcohol and Drug Programs
9. Leah Davis Parent Leader, California State Parent Team
10. Marlena Davis Child Welfare Policy Assistant, Association for Community Human Service Agencies
11. Terri Delgadillo Director, California Department of Developmental Services
12. Toby Douglas Director, California Department of Health Care Services
13. Leonard Edwards Judge-in-Residence, California Administrative Office of the Courts
14. Mike Feuer Member, California State Assembly
15. Patrick Gardner Deputy Director, National Center for Youth Law
16. Karen Grace-Kaho Foster Care Ombudsman, California Department of Social Services
17. David Green Social Worker, Los Angeles County Department of Children and Family Services
18. Leslie Heimov Executive Director, Children's Law Center of Los Angeles
19. Kathryn Icenhower, Ph.D. Executive Director, SHIELDS for Families, Inc.
20. Rollin Ives Special Advisor, California Department of Health Care Services
21. Gordon Jackson Assistant Superintendent, California Department of Education
22. Chantel Johnson Legislative and Policy Coordinator, California Youth Connections
23. Phillip Kader Chief Probation Officer, Contra Costa County
24. Ira Kaufman Assistant Presiding Judge, Superior Court of California, Plumas County
25. Don Kingdon, Ph.D. Deputy Director/Small County Liaison, California Mental Health Directors Assn.
26. Teri Kook Senior Program Officer, Stuart Foundation
27. Will Lightbourne Director, California Department of Social Services
28. Carol Liu Member, California State Senate
29. Maurice Lyons Vice Chairman, Morongo Band of Mission Indians
30. Aubrey Manuel President, California State Care Providers Association
31. Susan Manzi Board President, Youth in Mind
32. Frank Mecca Executive Director, County Welfare Directors Association of California
33. Linda Michalowski Vice Chancellor, California Community Colleges
34. Michael Nash Presiding Juvenile Court Judge, Superior Court of California, Los Angeles County
35. Barbara Needell, Ph.D. Research Specialist, School of Social Welfare, University of California, Berkeley
36. Don Pickens Parent Leader, California State Parent Team
37. Brenda Randle Alcohol and Other Drug Program Administrator, Kings County
38. Charlene Reid Director, Tehama County Department of Social Services
39. Michael Riley, Ph.D. Director, Orange County Social Services Agency
40. Rachael Rios Chief Deputy Secretary, California Department of Corrections and Rehabilitation
41. Jim Salio Chief Probation Officer, San Luis Obispo County
42. Carroll Schroeder Executive Director, California Alliance of Child and Family Services
43. Darrell Steinberg President Pro Tempore, California State Senate
44. Kim Suderman Director, Yolo County Alcohol, Drug and Mental Health Services
45. Rochelle Trochtenberg Youth Organizer, Humboldt County Transition Age Youth Collaboration
46. Claudette White Judge, Quechan Tribal Court, Fort Yuma Indian Reservation

## California Child Welfare Council Fiscal Year 2011 – 2012 Annual Report

### Introduction

The California Child Welfare Council (Council) was established by the Child Welfare Leadership and Accountability Act of 2006 (Welfare and Institutions Code Sections 16540 – 16545). The Council is a statewide advisory body “responsible for improving the collaboration and processes of the multiple agencies and the courts that serve the children and youth in the child welfare and foster care systems ...” and has been given the task of monitoring and reporting on the extent to which child welfare and foster care programs and the courts are responsive to the needs of children in their joint care. (Welfare and Institutions Code Section 16540).

The Council has now existed for five years, and in practice the statutory mandates for collaboration, process improvement and monitoring the responsiveness of the broader child welfare system to the needs of children have been realized through a series of written recommendations to policy makers and state, court and county leadership as well as through informal relationship-building that promotes the effective partnerships needed to serve children and families that are often experiencing multiple challenges such as addiction, mental illness, poor health, domestic violence, low educational achievement and poverty. These accomplishments are detailed in the Council’s July 2011 Report which may be found on the Council’s web site at: [www.chhs.ca.gov/initiatives/CChildWelfareCouncil/Pages](http://www.chhs.ca.gov/initiatives/CChildWelfareCouncil/Pages).

During fiscal year 2011-12, the full Council considered the broad structural changes in the child welfare system that would be generated by Realignment and the Katie A. Settlement Implementation Plan and increased its collaborative work with system partners, including the California Blue Ribbon Commission on Children in Foster Care. These themes will be areas of focus in the year ahead, and Council Members’ contributions in their day-to-day professional roles as well as on the Council have been and undoubtedly will continue to have a positive influence on programs to the benefit of California’s children and families.

The Committees and Task Forces of the Council addressed specific issues to improve our responses to children and families in need, and their accomplishments, challenges and plans for fiscal year 2012-13 are presented in this report.

### Background

The Council meets quarterly under the leadership of Co-Chairs Diana Dooley, Secretary of Health and Human Services, and Vance Raye, Administrative Presiding Justice of the Third District Court of Appeal. The Council is structured to encourage participation by all stakeholders in the child welfare system both during and in between Council meetings through four standing committees:

- **Prevention and Early Intervention** – identifying services and support systems that keep families from entering the child welfare system;
- **Permanency** – identifying and removing barriers that keep children in foster care so that they not grow up in temporary homes but rather have permanent, nurturing families;
- **Child Development and Successful Youth Transitions** – identifying ways that all foster children’s health, mental health, educational and social development needs can be met and ways that older foster youth can be prepared for successful transitions to adulthood.
- **Data Linkage and Information Sharing** – identifying how data across major child serving agencies can be accessed to provide essential information to those involved in the care of foster children and to measure foster children’s outcomes from the services they receive.

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In addition there are two Task Forces studying cross-systems issues:

- **Prioritization** – examining how foster children’s parents may receive priority access to services needed to have their children safely returned home.
- **Out-of-County Mental Health Services** – developing systems to ensure foster children’s access to mental health treatment is not compromised when they reside outside their county of court jurisdiction.

In Fiscal Year 2011-12 two more groups were formed to support the Council’s work:

- **Steering Committee** – advising Co-Chairs on issues to be address and on the formation of Council meeting agendas.
- **Parent and Youth Discussion Group** – preparing before and debriefing after each Council meeting as a way to promote consumer voice in all deliberations.

The contributions of Council members and additional subject matter experts through the above structures have resulted in the achievements described in this Fiscal Year 2011 – 2012 Annual Report.

As required by the statute, this report is respectfully submitted to the Governor, Legislature, Judicial Council and the public.

## Full Council Activities

At the quarterly meetings, Council members are provided updates on the status of work carried out through the committee and task force structures. In addition, each meeting includes reports on significant child welfare policy initiatives underway in the state. Details regarding each meeting are captured in “Discussion Highlights” and posted on the Council web site, along with associated documents. Topics covered include:

- **Realignment**

In September 2011, representatives from the Departments of Mental Health, Alcohol and Drugs, Health Care Services and Social Services presented status reports on plans for the realignment of health and human services programs to the counties. The reports generated lively discussions with Council members who provided input to the process. In March 2012, Directors of the above state departments and representatives of the California Mental Health Directors Association and County Welfare Directors Association of California provided an update on Realignment with a planned focus on providing resources to beneficiaries within the context of California’s severe budget crisis. In June 2011, the Governor’s Special Assistant on Realignment provided a status report on the budget, followed by panel presentations by state and county representatives and discussion by the full Council and comments by public members in attendance.

- **Katie A Settlement Implementation**

In March 2012, the court-appointed Special Master for the Katie A. Settlement Implementation informed the Council about the elements of the settlement, including development of a structure for improved delivery of mental health services for foster children that would include Intensive Home-Based Services and Treatment Foster Care operated under the joint management of mental health and child welfare. State and County representatives provided further details regarding the plans. In June 2012, representatives from the Departments of Mental Health and Social Services and from the California Mental Health Directors Association and County Welfare Directors Association of California provided an update on the progress of meeting the provisions of the settlement.

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- **Collaboration with the Judicial Council and the California Blue Ribbon Commission**

In December 2011, the morning session of the Council meeting involved a panel presentation by the 12 committees that operate under the direction of the Judicial Council, facilitated by the Secretary of Health and Human Services. In May 2012, the Council Co-Chairs participated in the Blue Ribbon Commission on Children in Foster Care's annual meeting, and in June 2012, the Chair of the Blue Ribbon Commission presented at the Council meeting. At this meeting the Council decided to pursue opportunities for joint projects because of common interests with the Blue Ribbon Commission.

- **Committee and Task Force Status reports and recommendations**

During 2011-12, the Council received reports of standing Committees and Task Forces that are described in detail in the sections below. In September 2011, recommendations from the Prevention and Early Intervention Committee regarding Differential Response were adopted. Also in September 2011, recommendations from the Prioritization Task Force were adopted. In December 2011, the Out-of-County Mental Health Services Workgroup presented its findings and the results of the Out-of-County Data Mining Study. In June 2012, the Data Linkages and Information Sharing Committee presented an updated data standardization statement that was adopted by the full Council.

- **Clarification of the Council Role and Operational Processes**

At its meeting on June 22, 2012, the Council adopted an "Operations Manual" that synthesized the role of the Council and the processes it follows to conduct business. The document is posted on the Council web site. The structure of the Council was captured in the graphic below.



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## Child Welfare Council Standing Committees

As described above, the Council accomplishes much of its work through four standing Committees: Prevention and Early Intervention; Permanency; Child Development and Successful Youth Transitions; and Data Linkage and Information Sharing. A summary of each Committee's progress during 2011-12 is provided below. Details including committee meetings and committee reports may be found on the council web site.

## Prevention and Early Intervention Committee

### • Background and Purpose

Preventing children, youth and their families from entering the child welfare system is an important state and local outcome. The earlier families' challenges are addressed, the better the outcomes for children and youth, especially when families are voluntarily engaged in the services, supports and actions that empower them to safely care for their children at home in their communities. The Committee will focus on three areas:

1. Plan for a statewide prevention early intervention platform through identification of evidence-based and promising practices that are a best fit for California.
2. Bring Differential Response to scale on a statewide basis. (Differential Response includes a broad set of strategies for working with families at the first signs of trouble. Through innovative partnerships with community based organizations that can help meaningfully support families who are at-risk for child maltreatment, and otherwise could potentially enter the child welfare system, entry into care can be prevented.)
3. Identify potential federal finance reforms that could promote prevention and early intervention.

### • 2011 – 12 Activities and Accomplishments

The Prevention and Early Intervention Committee has primarily contributed to the following areas of focus for the Child Welfare Council:

1. **Monitor and Report** Members education and research regarding Differential Response opportunities and barriers with pilot counties (#3, 4 , 5 below)
2. **Coordination & Collaboration** Promotion of networking between and among committee members and the larger Council. The Committee helped shape the prioritization initiative and members actively participate on the task force.
3. **Quality Assurance** The primary focus of the Differential Response Framework is to improve the quality and effectiveness of public and private partners who strengthen families and prevent child abuse and neglect. (#1 below)
4. **Uniformity with Flexibility** In framing the core elements of Differential Response, the committee was mindful of the diversity among California counties and thus avoided any prescription with regard to implementation.

### • Additional activities and accomplishments of the Prevention and Early Intervention Committee are:

1. The Differential Response Framework was completed and adopted by the Council in September, 2011.
2. A dissemination plan for the Differential Response Framework was developed and identifies media/materials and target audiences.
3. The committee has gathered and reviewed several key publications on federal finance reform.
4. Member education and research was conducted including attendance at the Los Angeles site visit to SHIELDS for Families and public hearing of the newly launched Congressional Caucus on Foster Care in February 2012.
5. A survey was developed and will be used to gather information from the 11 California counties who initially piloted Differential Response. The Council is anticipating learning more about what can optimize implementation of Differential Response, and what serve as potential barriers.  
Target goals for 2012/2013 were identified for the committee.

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## • Concerns or Challenges

While the Committee is fully committed to the exploration of priority access for families involved in the child welfare system, as well as for those for whom prioritization could help avoid entry into the child welfare services system, during these times of fiscal challenge counties have focused on core functions to the exclusion of prevention and early intervention activities. For example, some counties are pulling back broader response from their Child Welfare Hotlines that includes prevention and early intervention measures and instead limiting response and services to families and children for whom abuse and neglect may already be occurring. In addition, there is a potential impact of realignment on prevention and early intervention activities across all systems that has yet to unfold.

## • 2012 – 13 Goals

1. Broad dissemination of the Differential Response Framework
2. Furthering education and advocacy for federal finance reform
3. Exploration of alternative means of financing and leveraging of resources to meet prevention goals for California

## Permanency Committee

### • Background and Purpose

Although permanency has not been achieved for all children under the jurisdiction and juvenile dependency and delinquency courts, statewide numbers show improvement in the attainment of permanency and the reduction of children entering into the child welfare system. The permanency committee recognizes the need for continuing practice and system improvements to continue and accelerate this trend. Far too often youth age out of care with little or no family support and have dismal outcomes such as homelessness, arrest, conviction, poverty, and mental illness. The failure of the system to achieve permanency negatively affects all children in care, with a particularly disproportionate impact on African American and Native American children. Children need to reach permanency as quickly as possible, and the committee regards everyday a child lacks a permanent, loving family as a day of crisis. Reunifying children and youth with their birth families as soon as it is safely possible is a primary goal of the child welfare system. When safe reunification is not possible, it is the goal of the system to achieve permanence for children and youth through adoption, legal guardianship or a lifelong relationship to a committed adult.

The Committee's focus is on identifying and removing barriers and recommending best practices to achieve speedy permanency for all children in foster care, including child welfare and probation.

### • 2011 – 12 Activities and Accomplishments

1. Judge Juan Ulloa of Imperial County attended the December meeting and discussed the development of Imperial's Parent Partner programs, as well as its approach to "shared leadership" in a community with limited financial resources. Judge Ulloa noted the importance of committed public and private partners willing to make a difference as key to the progress made in Imperial County.
2. Amy D'Andrade of San Jose State University attended the September 2011 meeting and provided the group with a PowerPoint presentation summarizing her study of the reunification work of four California counties. This presentation fueled a discussion about such practices, and from there the Committee began planning to identify a few county leaders (inclusive of those who were knowledgeable of the practice and implementation details) to participate in such a discussion.
3. The Committee convened in May 2012 to look at statewide data on counties with high reunification rates and low re-entry rates. The Committee decided to invite the child welfare agencies from Orange, Fresno and San Diego counties to the June 2012 meeting to present on their current reunification practices. The Committee also reviewed the work plan and agreed to do that review at every meeting.

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4. In June 2012, the Committee was informed by presentations from Fresno, Orange and San Diego counties on their reunification practices. Themes that emerged from this discussion were that policy and practice had changed to involve the voice of the family and the community. As a result of this meeting, these counties were invited to be regular members of the Committee while we work on the goal of reunification.

## • Concerns or Challenges

The Permanency Committee benefitted from consistent and excellent support from its liaison from the Administrative Office of the Courts until this year when multiple transitions and personnel changes impacted the ability to plan for and conduct activities between sessions that are necessary to create consensus and momentum. In March 2012 a staff person was assigned to support the Committee, and the tempo of activity has risen accordingly.

The Permanency Committee originally included a large number of community experts in permanency who were committed to furthering policy and practice. Severe cutbacks in budget have limited the capacity of many of these people to participate on the Committee. Youth in particular have lower attendance. Additionally, rotating/inconsistent attendance limits the Committee's ability to take on additional tasks that individual members have an interest in pursuing, as there is not enough left to attend to the issues. We also find ourselves orienting new attendees or re-orienting those who aren't attending each session, thereby slowing the progress of the work.

## • 2012 – 13 Goals

1. Complete a review of best practice reunification methods and submit recommendations to the full Child Welfare Council.
2. Schedule and facilitate a conversation about such best practice with the full council and those exhibiting promising and best practices prior to submission.
3. Establish priorities for current goals and add new ones as determined appropriate by committee members.

## Child Development and Successful Youth Transitions Committee

### • Background and Purpose

Ensuring that health, mental health, educational and social development needs of children and youth in the child welfare system are met, and that youth are prepared for successful transitions to adulthood through collaborative partnerships at the state and local levels are essential components of child welfare services. Youth involved in the foster care system -- like all children and youth -- require support and services to ensure that their health, mental health, education, emotional, social, and other developmental needs are met. For those youth emancipating from foster care, access to postsecondary education, housing, employment, vocational training, and financial literacy skills, as well as a connection to a caring, committed, lifelong adult, also become increasingly important.

### The Committee's focus is on:

1. Exploring issues of concern related to the health, mental health, educational and social development needs of all children and youth in the child welfare system, from the very young through transition to adulthood, and making recommendations on how to address them.
2. Gathering information on "what works" and recommending replication of policies and practices that have proven results in one jurisdiction for expansion to other jurisdictions.

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## • 2011 – 12 Activities and Accomplishments

The Committee served as the impetus for the Council to explore the Out-of-County Mental Health Services Workgroup (see page 12). The Committee tracked the implementation of “AB 12,” the California Fostering Connections to Success Act, noting that it requires collaboration by multiple stakeholders and that two issues which have surfaced are: (a) accountability structure across stakeholders and (b) capacity of the system to absorb this new workload which places families in conflict with the older youth for resources. The Committee receives reports on the training for implementation that is occurring through the Child Welfare Training Academies, the Beyond the Bench conference and the Judicial Council.

The Committee explored two important topic areas related to child development and successful youth transition during the year: (1) Young Children in Foster Care and (2) Commercially Sexually Exploited Children, described in detail below.

### 1. Young Children in Foster Care

Dr. Penny Knapp from the state Mental Health Services Division provided an in-depth presentation on brain development and the devastating effects of trauma, including abuse and neglect, on brain development over time at each developmental stage. She noted that the integration of primary care and mental health services can be very beneficial provided pediatricians have access to competent psychiatric consultation services.

- Committee members discussed the implications of this information for parents, foster parents, group home providers, social workers and policy makers, noting that it is critical that every one of these groups should be given this information.
- Young Children in Foster Care Workgroup members developed a draft paper on young children age zero to five who are in, or at risk of entering, foster care and who have experienced trauma. These children require specialized care and services to reduce the negative impacts on brain development, improve life-long social, emotional, physical and cognitive development, and promote successful youth outcomes. Strategies that have been discussed previously and others for additional exploration include:
  - o Prevention: Strengthening Families Framework; Differential Response
  - o Early Intervention: Strengthening Families Framework; Screening and Assessment Tools; Nurse-Parent Partnership Programs; State Screening Collaborative Screening Initiative; Early Start; Project Launch; Home Visiting; and Infant Mental Health Sites.
  - o Practice: Supportive approaches to visitation and services for foster caregivers and biological parents.
  - o Practice: Minimize placement changes for young children and implement specialized protocols during transitions (removal, reunification, and adoption); improve visitation between biological parent and children using protocols such as those outlined in the Zero-Three Institute Court Model.
  - o Training and Support: Provide foster caregivers with intensive support and evidence-based training; establish performance expectations in foster parents’ role in providing developmentally appropriate care; educate social workers, attorneys, courts to encourage strong child-caregiver relationships.
  - o Recruitment: Expand the Quality Parenting Initiative statewide; support recruitment of specialized caregivers for very young children.
  - o School Readiness: Improve access to Head Start, Early Head Start, State Preschool, Pre-Kindergarten programs for foster children ages three to five years.
  - o Primary Caregivers: Strengthen families’ capacity to care for young children, through services such as those offered by First Five and Family Resource Centers.
- The Workgroup members are continuing to refine the paper for completion by the end of 2012.

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## 2. Commercially Sexually Exploited Children (CSEC)

Fiza Quraishi from the National Center for Youth Law and Barbara Loza-Muriera from Alameda County Interagency Children's Policy Council informed Committee members about the horrific problem of sexually exploited children nationally, with details about the problem in Alameda County and efforts underway to help victims and educate the community. The stages of exploitation involve (1) recruitment of vulnerable children, (2) seduction through offers of gifts, support and friendship, (3) isolation from others who may stop the exploitation, (4) coercion into actions such as street prostitution and pornography and (5) violence to retain control.

- CSEC are actively targeted and recruited by predators who use very sophisticated techniques to lure victims. CSEC are resistant to services and are often criminalized themselves by juvenile justice systems. The service response must cut across mental health, physical health, child welfare and probation systems. Services must be provided by knowledgeable specialists dedicated to CSEC. Caregivers must also be highly trained and dedicated to serving CSEC.
- In Oakland, the "Service Response Landscape" includes training and education, advocacy, crisis response, safe place alternative services, case management, street outreach, therapeutic services, resources for transition aged youth and shelter care, all offered by non profits funded by the City of Oakland plus leveraged county, federal and private dollars. The Alameda County Social Services Agency Assessment Center has a contract with a community CSEC specialist, and the Alameda County District Attorney in partnership with non profits conducts collaborative case reviews. It is estimated that 55% of the CSEC in Alameda County are foster children.

On May 15, 2012, the CSEC Workgroup sponsored a panel on CSEC, presenters included Nola Brantley, Executive Director, MISSEY (Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth) and CSEC survivor; Nhuanh Ly, Program Coordinator, Banteay Srei (a program serving CSEC victims); Dr. Kimberly Chang, M.D., Family Practice Physician/First Responder; Commissioner Catherine Pratt, Los Angeles County Juvenile Court; and Dr. Barbara Hernandez, LMFT, Psy.D., Vice President of Residential Services, Crittenton Services for Children & Families. The meeting participants held discussions and brainstormed ways in which the Child Welfare Council in its advisory capacity could promote a more comprehensive, systemic and informed approach to addressing this horrific problem. Numerous ideas emerged that incorporated the following themes: (1) Awareness; (2) System and Policies; (3) Evaluation; (4) Mandated Training; and (5) Programs that work.

Kate Walker, Equal Justice Fellow and Attorney with the National Center for Youth Law, is taking the lead to draft a paper on CSEC which is targeted for completion at the end of 2012.

### • Concerns or Challenges

The breadth and depth of issues that fall to the Committee make it challenging to select areas of focus. Members have limited time to work on the topics that are selected for study, and the level of staff support is minimal. These realities are offset by the commitment and passion of Committee members to tenaciously work on areas of concern and offer solutions to continually improve the health, mental health and education of children and youth in the child welfare system.

For fiscal year 2012-13, the Committee will continue to work on the Commercially Sexually Exploited Children and Young Children in Foster Care projects. In addition, the Committee has established 12 "mini teams" to explore and report on specific problem areas related to education attainment, mental health, transition to adulthood and quality of foster care, as follows:

### • 2012 – 13 Goals

1. Study educational attainment issues, including
  - Independent Living Program Co-Location and Credit
  - Partial Credit
  - Push-out
  - Pell Grants

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2. Explore ways to address mental health issues, including
  - Mental health services for Special Education students
  - Over-Medication of Foster Youth
3. Determine ways to address barriers to successful transition, including
  - Santa Clara County's Priority Employment policy as a model
  - Housing for Former Foster Youth
  - Learn about successful practices for quality foster care, including
    - Quality of out-of-home care
    - Congregate Care Reduction
    - Role of the Foster Care Ombudsman
    - Recruitment, Retention and Training of Quality Caregivers

## Data Linkages and Information Sharing Committee

### • Background and Purpose

The Committee defined its purpose as addressing the problem that children and families assisted by the child welfare system cannot be fully served because data integration and information sharing barriers exist between the different levels and branches of government and other entities maintaining the data.

The Committee's focus is on:

1. Working towards linking data across major child serving agencies, including child welfare, education, health, mental health, and alcohol and drugs, in order to give caregivers, social workers, multidisciplinary teams and the courts the ability to ensure continuity of care and services for children, youth and families.
2. Helping develop essential tools to measure outcomes across systems and the courts both at the state and local levels, as this is critical to improving the quality of and access to services and supports for children, youth and families at risk of or involved with the child welfare system.

### • 2011 – 12 Activities and Accomplishments

#### 1. Information Sharing, Data Standardization and Interoperability Policy Statement

- The Committee spent considerable time modernizing and updating our previously approved policy statement from December 2009—adding data standardization and interoperability language.
- The Committee received approval of its updated Statement on Information Sharing, Data Standardization and Interoperability at the June 22, 2012 Council meeting.

#### 2. Inventory of Best Practices Web site

- The Committee continued efforts of maintaining and expanding its inventory of best practices web site, including adding new resources and reorganizing the site for more efficient usability.

#### 3. Collaboration with California Health Information Exchange (HIE)

- The Committee continued efforts of expanding the HIE Children in Foster Care Use Case for Immunizations to include all aspects of health information.
- The Committee continued efforts towards advancing the California HIE federal audacious goal— Personal Health Records for Children in Foster Care

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## 4. Collaboration with Stewards of Change

- The Committee participated in onsite county meetings in Sacramento, Orange, Alameda, San Diego, Ventura and Fresno to perform an environmental scan of statewide initiatives prior to holding a three-day data exchange symposium in Sacramento in October 2011. Examples of systems/initiatives reviewed include:
  - Avatar Behavioral Health Interoperability Project – Sacramento County
  - Accountable Care Community – San Diego County
  - Follow Me – Sacramento County
  - Foster Focus – Sacramento County
  - Foster Health Link – Ventura County
  - Foster Youth Knowledge Engine – Fresno County
  - Juvenile Automated System (JAS) – Fresno County
  - School Connect – Sacramento County
  - Social Services Integrated Reporting System (SSIRS) – Alameda County
  - Foster Youth Information System (FY-SIS) – San Diego County
  - Orange JUICE (Juvenile Information Content Exchange) – Orange County
- Jointly with the Blue Ribbon Commission on Children in Foster Care, the Committee facilitated an October 2011 data exchange symposium, bringing together subject matter experts throughout the state to advance the exchange of child welfare information.

## 5. Collaboration with State Interagency Team (SIT), Social Services, Education and Local Blue Ribbon Commissions

- The Committee participated in and supported efforts to disseminate a November 2011 report entitled “Young Adult Outcomes of Youth Exiting Dependent or Delinquent Care in Los Angeles County” by Dr. Dennis Culhane, University of Pennsylvania.
- The Committee participated in and supported synergizing comments among appropriate stakeholders regarding changes to federal rules governing the Statewide Automated Child Welfare Information System (SACWIS), Family Educational Rights and Privacy Act (FERPA), and HIE Meaningful Use Stage Two.
- The Committee participated in and supported efforts for a joint state letter from the California department of Social Services and the California Department of Education encouraging collaboration on the Fostering Connections Act (mirroring a federal letter released in early 2011).

### • Concerns or Challenges

Fiscal uncertainties, limited staff resources, statewide realignment, the indefinite suspension of the procurement for a new Child Welfare Services case management system, and the Judicial Council’s decision not to deploy the California Court Case Management System all provide challenges for the Committee to advance information sharing on a wide scale. Efforts and initiatives at the local level become even more vital to the success of enhancing information sharing and the Committee will strive to promote interoperability as advancements are made.

### • 2012 – 13 Goals

1. Promote State policy on the importance of data integration and information sharing:
  - The Committee will disseminate the Statement on Information Sharing, Data Standardization and Interoperability to child welfare services and probation at both state and local levels, other health and human services agencies and the courts.
  - The Committee will seek to emphasize the urgency of interoperability given the critical nature of this time period in terms of data systems and data exchanges.

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2. Create an inventory of information sharing barriers and develop recommendations to overcome the barriers:
  - The Committee will seek to potentially expand our inventory of best practices web site to the National Interoperability Community of Practice (NICOP) web site maintained by the Stewards of Change.
3. Identify common technology standards and strategies to maximize the sharing of information resources
  - The Committee will seek to provide localized support, guidance and technical assistance to local courts and counties to overcome barriers to information sharing and advance interoperability.
4. Coordinate and leverage existing state investments in data and information resources:
  - The Committee will seek to identify funding sources for data linkages:
    - Working with Stewards of Change on their Electronic Care Record for Children in Foster initiative
    - Working with Ventura County on their Foster Health Link initiative
  - The Committee will continue supporting the State's "audacious" HIE goal of Personal Health Records for Children in Foster Care
  - The Committee will continue supporting California Department of Social Services (CDSS)/California Department of Education (CDE) linkages:
    - The Committee will continue working with CDSS and CDE on their joint letter to support the Fostering Connections Act
    - The Committee initiated a new project Sharing Information to Support the Educational Success of Children in Care: Federated Security and Access Protocols Project to document and enhance the levels of access to education data across the state
    - The Committee will continue working with CDSS and CDE on adding a foster care identifier into the California Longitudinal Pupil Achievement Data System (CALPADS)
5. Assist other Council Committees, task forces and workgroups in increasing the visibility of the Child Welfare Council across the state.

## Child Welfare Council Task Forces

In addition to the standing Committees, the Co-Chairs are authorized to appoint ad hoc groups to address issues that are germane to the work of the full Council. In its first years of operation, two overarching workgroups have been formed: one to address the issue of securing child welfare families' priority access to services not within the direct purview of the Child Welfare System (Prioritization Task Force); and the other to address the issue of foster children's equal access to medically necessary mental health services when they are placed outside their county of court jurisdiction (Out-of-County Mental Health Work Group). The achievements to date of these two bodies are described below; reports posted on council web site.

### Prioritization Task Force

#### • Background and Purpose

In September 2011, the Council recommended that the Governor take the lead in prioritizing access to resources and services (including but not limited to: mental health services, drug and alcohol services, domestic violence, housing, employment, community transition, and other family strengthening services) to families in the Child Welfare Services system who have a court-ordered reunification plan.

The task force was commissioned to:

1. Identify the extent to which services are already being prioritized, defined as these families receiving services on a "first call" basis.

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2. Detail barriers to full prioritization and what could be done to move beyond them.
3. Develop and implement a plan for moving towards full prioritization of reunification families and reporting back on implementation of the plan.
4. Identify data to be used for tracking and monitoring/reporting.
5. Explore feasibility of expanding prioritization to other populations of children and families who are in, or at risk of entering the child welfare system.

## • **2011 – 12 Activities and Accomplishments**

1. The Prioritization Task Force was engaged, convened, and began quarterly meetings.
2. An expedited review of prioritization practices was completed and a draft report issued.
3. The Council's Prioritization Model was refined based on initial Knowledge Management Review.
4. Evidence-based Prioritization Practices Templates were developed, with four to six examples initially posted on Council web site.
5. Prioritization Data Plan identifying core data elements and evaluation was drafted.
6. The Prioritization Inventory Protocol was developed to guide inventories of state departments and agencies.
7. A pilot test of Inventory with the Department of Alcohol and Drugs was completed.

## • **Concerns or Challenges**

1. Agreement on strategy for change and what good outcomes look like.
2. Making the case for short term system adjustments, as well as resourcing prioritization through innovation potential with health care reform.
3. Impact of realignment on the kinds of systems change implied by prioritization.

## • **2012 – 13 Goals**

1. A Draft Final Report will be presented to Council at the December 2012 meeting.
2. Prioritization Task Force meetings will continue
3. Additional Prioritization Practices Templates completed and posted
4. Inventories completed with the state Workforce Investment Board, Mental Health Services Division within the Department of Health Care Services, Department of Corrections and Rehabilitation and the Department of Housing and Community Development, as well as with nonprofit, community agencies serving families and children.

## **Out-of-County Mental Health Services Task Force**

### • **Background and Purpose**

Various state laws, regulations and administrative actions have been implemented to address the issue of timely access to mental health services for children served by the child welfare services system regardless of their county of residence. Section 5777.6 of the Welfare and Institutions Code, enacted in 2000, requires local mental health plans to establish a procedure to ensure timely access to outpatient specialty mental health services for foster care children placed outside of their counties of origin (the county in which the Juvenile Dependency Court has jurisdiction) and also required the Department of Mental Health to "collect and keep statistics that will enable the department to compare access to outpatient specialty mental health services by foster children placed in their county of adjudication with access to outpatient specialty mental health services by foster children placed outside of their county of adjudication." Over the next twelve years various measures have been put in place by the then-Department of Mental Health (now Department of Health Care Services) and the Legislature to further facilitate access to mental health services by foster children who resided outside their county of origin. Despite these efforts, the Child Welfare Council noted that inequities existed and payment systems between counties did not always work efficiently.

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In December 2010, the Council approved an action plan for the Work Group which directed its members to take up the following four overarching issues that must be addressed in order to improve access to out-of-county mental health services statewide, with the directive that medically necessary mental health services for foster children residing out of their counties of court jurisdiction would be presumptively transferred to their respective counties of residence: (1) Identification, Screening and Communication; (2) Authorization and Payment; (3) Provision of Services and Capacity; and (4) Outcomes and Accountability.

## • 2011 – 12 Activities and Accomplishments

A detailed account of the activities and accomplishments of the Work Group may be found in its report dated November 2011 that was presented to the full Council on December 14, 2011 and posted on the web site. Highlights of the report are presented below.

### Identification and Intake

The Work Group formed a Screening and Assessment Subgroup which reviewed screening and assessment tools used in three counties and reviewed a matrix of screening tools distributed to all County Welfare Directors and Chief Probation Officers via All County Letter 06-54; Child Health and Disability Prevention Assessment Guidelines distributed to Program Providers and Medi-Cal Managed Care Plans via Provider Information Notice 09-14; and other related materials. Subgroup members noted that screening and assessment are two distinct steps in assessing mental health status.

- Screening tools should be relatively short and easily applied by non-clinicians as a way of identifying foster children who need a more in-depth evaluation of mental health needs.
- Assessment tools are administered by clinicians at regular intervals in order to measure progress over time. These tools inform diagnoses and treatment and identify issues that could affect placement.

### Communications

The Out-of-County Mental Health Services Work Group recommended that communication protocols described in Welfare and Institutions Code § 14093.10 be used to determine the most appropriate county to provide mental health services and, when appropriate, transfer the responsibility for the authorization of medically necessary mental health services from the county of jurisdiction to the county of residence for children placed with relatives or foster parents or placed in group homes. In addition, the Work Group recommended that the participants in the decision-making discussions outlined in the statute be expanded from just the county child welfare agency or probation department and the foster caregiver to also include the responsible county Medi-Cal Mental Health Plan, any current or prospective mental health providers, the child (as appropriate, e.g. age 10 or older and developmentally capable), the birth parents, and any other persons who would be involved in supporting the child's mental health services plan to determine whether the child should be enrolled in the organized health care system of the county of residence or whether enrollment with the county of jurisdiction would be more appropriate. This "Collaborative Team" approach would ensure mental health screening, assessment and treatment plans are individualized to each child and the role of each player on the team is well understood by all so that each member can hold other members of the team accountable. The Collaborative Team should also decide how the child's progress will be monitored and the frequency of team meetings to review and update the mental health treatment plan. The final decision-maker for the Collaborative Team would remain with the person who holds the right to make medical decisions under current law.

The Work Group further recommended that the Collaborative Team approach can be built into existing forums currently developing plans for many children in foster care, such as Team Decision Making sessions, Wraparound Child and Family Teams, Residentially-Based Services Teams and mental health screening sessions. Over time, the capacity for all foster children to have a Collaborative Team should become established practice, and, in the interim for those who do not have one, the presumption should be that the county of residence will provide medically necessary mental health services.

To assist the Collaborative Team in making decisions, the Work Group recommended that the findings from the Data Mining Project (Pages 11 – 14 of the OOCMH Report) be used to develop criteria that identify foster children who are at high risk for

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needing mental health services and therefore should be prioritized for the formation of a collaborative team. An initial review of the data suggests Probation youth, children who have had multiple placements, children who have been in foster care for a long period of time and adolescents in foster care should receive priority consideration.

If the Collaborative Team determines a foster child requires assessment for or continuation of mental health services in the county of residence, the county of jurisdiction should transfer administrative responsibilities for treatment authorization, planning for treatment and payment arrangements to the county of residence. Under current law, the county of jurisdiction would retain responsibility for due process regarding beneficiary protection issues.

## Assessments

The Work Group agreed that the Child and Adolescent Needs and Strengths (CANS), already used by several counties, community-based organizations and individual providers is an excellent evidence-based assessment tool.

The Work Group recommended that the Katie A Settlement Implementation Committee would be the appropriate vehicle for establishing statewide use of screening and assessment tools at intake, and this Committee has agreed to address issues related to out-of-county in the mental health services delivery process. (See Special Master's Report on Progress submitted to the Court on April 23, 2012.)

## Case Management

The Work Group recommended that the Katie A Settlement Implementation Committee would be the appropriate vehicle for establishing case management practices, and this Committee has agreed to address issues related to out-of-county in the mental health services delivery process. (Reference: Katie A. Special Master's Report on Progress submitted to the Court on April 23, 2012.)

## Payment Transfer to Host County

The Work Group operationalized "presumptive transfer" through the "Collaborative Team" approach so decisions regarding which county will serve a foster youth are based on an individualized assessment of each foster child (see discussion under "Identification, Screening and Communication" above).

## Treatment Planning and Coordination of Care

The Work Group recommended that the Katie A Settlement Implementation Committee would be the appropriate vehicle for improving treatment and coordination of services, and this Committee agreed to address issues related to out-of-county in the mental health services delivery process. (Reference Katie A. Special Master's Report on Progress submitted to the Court on April 23, 2012.)

## Data

The Out-of-County Mental Health Services Work Group collaborated with members of the Council's Data Linkage and Information Sharing Committee and created the Out-of-County Data Mining Project which analyzed linked child welfare and mental health data, including an examination of the characteristics of foster children who received mental health services and details differences among children placed in and outside of their county of jurisdiction. This undertaking was significant in that it is the first time the two databases were linked. Furthermore, such linking represents a milestone toward achieving the Data Committee's goal of sharing and linking data related to children in the Child Welfare System.

Data Mining Project members framed the following two questions for the study:

**Question 1:** What are the characteristics of the placements for children in which any community Mental Health or Outpatient Day Service (MHODS) was received during placement? Did the proportion with services differ by in- or out-of-county placement?

**Question 2:** For children who did receive community MHODS service in the year prior or the year during the analysis period, how did the level of service during placement differ based on placement/child characteristics? Did the level of service differ by in- or out-of-county placement?

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The report examined placements, or portions of placements, that occurred in fiscal year 2008/09, the latest year that had complete data available. Key findings included:

- There was considerable variation among counties regarding the percentage of foster children receiving mental health services overall and the level of access for foster children residing in- or out-of- their county of jurisdiction; in-county foster youth received greater access to services and higher intensity of care on average than out-of-county foster youth.
- Placement in- or out-of-county was not the strongest predictor of whether or not children received mental health services, but systematic differences were observed, including apparent greater need for services as well as lower access to services and lower intensity of care.
- Significant issues were identified for sub-populations of youth who require out-of-county placements, including foster children who are older; who have been in care longer; who have had repeated placement episodes of foster care; who are placed in group homes; or who are on probation.
- The age of children in placement had the strongest correlation to receipt of mental health services. For placements with children 11-15 years of age, living in their county of jurisdiction was the best predictor of whether they received mental health services.

## Child Welfare Council Updates

The Secretary provided status reports at the June and September, 2011 meetings. At the December 2011 meeting, the Work Group gave a detailed presentation on its final report. A brief status report was made at the March 2012 Council meeting, and at the June 22, 2012 Council meeting an update on Katie A Settlement Implementation was presented.

### • Concerns or Challenges

While the Work Group made good progress on understanding the nature of the problem through the Data Mining study; operationalized the concept of “presumptive transfer” through the Collaborative Team approach; and came to consensus on effective mental health screening and assessment tools, there are still issues to resolve regarding inter-county payments, local plans, development and dissemination of additional informational materials and how court involvement can support foster children’s access to mental health services when they live outside the county of court jurisdiction.

### • 2012 – 13 Goals

The Health and Human Services Agency will convene the Work Group in the first quarter of 2012-13 to review progress to date and to determine next steps to put a system in place for inter-county payments. The Work Group will also prioritize other areas of focus for the year ahead.

## Conclusion

Finding the formula for successful collaborations among the multitude of players in the health, human services, education and judicial systems has been challenging academics, administrators and practitioners since agencies were first created to serve people in need of assistance from multiple sources. Members of the California Child Welfare Council represent the vast array of public, tribal and nonprofit service providers in the state, and their collective consumers most often can benefit from concurrent support from many disciplines. Embedded within its purpose is the opportunity for the Council to serve as a forum for adding to the body of knowledge regarding successful collaborations through information sharing, deliberation on current practices, examination of innovative solutions and building relationships as the foundation of working together. The Council looks forward to building on its efforts to date and to embracing the opportunities and addressing the challenges presented by interdisciplinary partnerships.