# California Child Welfare Council

## 2014–15 Annual Report

July 2015

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# California Child Welfare Council

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*Chief Justice of California and Chair of the Judicial Council*

VANCE RAYE
*Administrative Presiding Justice*
*Cochair, California Child Welfare Council*

## Membership June 2015

| | |
|---|---|
| Diana Dooley, Co-Chair | Secretary, Health and Human Services Agency |
| Hon. Vance Raye, Co-Chair | Administrative Presiding Justice, Third District Court of Appeal |
| H.J. David Ambroz | Disney Television Group; Former Foster Youth |
| Vincent Bartle | Student, University of California, Berkeley; Former Foster Youth |
| Karen Baylor, Ph.D. | Deputy Director, Mental Health and Substance Use Disorder Services, DHCS |
| Ken Berrick | President and CEO Seneca Family of Agencies |
| Dana Blackwell | Senior Director, Strategic Consulting, Casey Family Programs |
| Hon. Stacy Boulware Eurie | Presiding Juvenile Court Judge, Superior Court of California, Sacramento County |
| Sheila Boxley | President and CEO, Prevent Child Abuse California |
| Philip Browning | Director, Los Angeles County Department of Children and Family Services |
| Hon. Carolyn Caietti | Presiding Judge, San Diego Superior Court Juvenile Division |
| Hon. Kansen Chu | Member, California State Assembly |
| Lori Cox | Director, Alameda County Social Services Agency |
| Paul Curtis | Executive Director, California Coalition for Youth |
| Leah Davis | Parent Leader, California State Parent Team |
| Hon. Leonard Edwards (Ret.) | Retired Judge, Superior Court of California, Santa Clara County |
| Hon. Susan Eggman, Ph.D. | Member, California State Assembly |
| Patrick Gardner | Director, Young Minds Advocacy Project |
| Karen Grace-Kaho | Foster Care Ombudsman, California Department of Social Services |
| William (Bill) Grimm | Senior Attorney, National Center for Youth Law |
| Leslie Heimov | Executive Director, Children's Law Center of California |
| Vanessa Hernandez | Policy Coordinator, California Youth Connection; Former Foster Youth |
| Howard Himes | Director, Napa County Health and Human Services Agency |
| Martin Hoshino | Administrative Director, Judicial Council of California |
| Kathryn Icenhower, Ph.D. | Executive Director, SHIELDS for Families, Inc. |
| Gordon Jackson | Assistant Superintendent, California Department of Education |
| Philip Kader | Chief Probation Officer, Contra Costa County |
| Jennifer Kent | Director, California Department of Health Care Services |
| Don Kingdon, Ph.D. | Deputy Director/Small County Liaison, California Mental Health Directors Assn. |
| Hon. Elizabeth Lee | Trial Court Judge, Superior Court of California, San Mateo County |
| Will Lightbourne | Director, California Department of Social Services |
| Hon. Carol Liu | Member, California State Senate |
| Camille Maben | Executive Director, California First 5 |
| Aubrey Manuel | President, California State Care Providers Association |
| Frank Mecca | Executive Director, County Welfare Directors Association of California |
| Linda Michalowski | Vice Chancellor, California Community Colleges |
| Mike Minor | Director, Division of Juvenile Justice, Calif. Dept. of Corrections and Rehabilitation |
| Michael Newman | Deputy Attorney General, Bureau of Children's Justice, Calif. Department of Justice |
| Don Pickens | Parent Leader, California State Parent Team |
| Cory Pohley | Executive Director, California Court Appointed Special Advocates |
| Cheryl Rave | Crave Productions; Foster-Adoptive Parent |
| Santi Rogers | Director, California Department of Developmental Services |
| Terry Rooney, Ph.D. | Director, Colusa County Behavioral Health Services Department |
| Carroll Schroeder | Executive Director, California Alliance of Child and Family Services |
| Cherie Schroeder | Yolo County Foster and Kinship Care Education Program; Foster Parent |
| Hon. Shawna Schwarz | Juvenile Court Judge, Superior Court of California, Santa Clara County |
| Karen Stapf Walters | Executive Director, California State Board of Education |
| Hon. Darrell Steinberg | President Pro Tempore, California State Senate *(through December 2014)* |
| Michelle Francois Traiman | Associate Director of Child Welfare, Stuart Foundation |
| Rochelle Trochtenberg | Youth Organizer, Humboldt County Transition Age Youth Collaboration; Former Foster Youth |
| Daniel Webster, Ph.D. | Principal Investigator, California Child Welfare Indicators Project, U.C. Berkeley |
| Hon. Claudette White | Chief Judge, Quechan Tribal Court, Fort Yuma Indian Reservation |

# Executive Summary

The California Child Welfare Council (Council) was established as a statewide multidisciplinary advisory body by the Child Welfare Leadership and Accountability Act of 2006. It is responsible for improving services to children and families in the child welfare system and those at risk of entering the system, with an emphasis on collaboration among multiple agencies and the courts. It is also charged with reporting on the extent to which child welfare programs and the courts are responsive to the needs of children in their joint care.

The State of California is responsible for ensuring that foster children and youth receive mandated services provided by several state departments. However, in the Council's authorizing statute the Legislature acknowledged that the services available to meet their basic needs were insufficient. The statute declared that statewide leadership and coordination across departments is essential to addressing poor outcomes and to provide these young people with critically needed support and services at the local level. Since its inception, the Council has made incremental progress in meeting the statutory goals by monitoring and reporting on administrative and judicial projects, participating as a partner in the development of new state programs, identifying opportunities for improving existing state programs, and keeping informed about new research on effective child welfare services.

During fiscal year 2014-15, the Council built on work begun in prior years to further develop multi-system collaboration, process improvement, and effective partnerships necessary for continued improvement within the child welfare system. The following are a few highlights.

*K – 12 Educational Success*. The Council's Partial Credits project partnered with child advocates to create an Education Toolkit that supports education rights of foster youth. Subsequently, an Education Work Group was formed to further explore and develop recommendations for improving foster youths' educational success.

*Ending Commercial Sexual Exploitation of Children (CSEC)*. The Council's CSEC Action Team worked with advocacy organizations and services providers to develop specialized assessment tools and services, and partnered with state and county agencies to incorporate them into policy for the new statewide CSEC program.

*Family Reunification*. The Council's Priority Access to Services and Supports (PASS) team, which focuses on parents whose children have been placed in foster care, supports the goal of family reunification. It does so by developing strategies for behavioral health, housing, employment and corrections/probation systems to ensure priority access to services parents need to be successful.

*Psychotropic Medications*. The Council provided feedback, monitored, and received information on how the state's Quality Improvement Project is addressing issues related to the prescription and resulting effects of psychotropic medications on foster youth's physical and mental health.

*Out-of-County Mental Health Services*. The Council monitored steps the state and counties are taking to ensure that foster children placed out of their county of jurisdiction receive medically necessary mental health services.

*Dependency Drug Courts*. The Council studied the rationale for and successes of specialized courts for dependency cases in which one or both parents were required to enter drug treatment programs as a condition of regaining custody of their children.

*Funding Youth Permanency*. The Council reviewed strategies for achieving permanent families for older youth, including fiscal strategies that provide long-term savings for reinvestment in future permanency efforts.

*Young Children in Foster Care*. The Council partnered with First 5 California to incorporate information and resources specific to the needs of young foster children into First 5's "Talk, Read, Sing" campaign.

*Healthy Sexual Development of Youth in Foster Care*. This Work Group presented recommendations that included incorporating this topic into existing training programs, child and family team discussions, the Foster Youth Bill of Rights, the Continuum of Care Reform, and Katie A Settlement activities.

*Latest Research*. The Council kept informed about emerging knowledge in the field by hearing from researchers on topics related to foster youth's educational achievement gaps, experiences of youth as they transition from foster care, and translational social work (an implementation science that develops ways for research and practice to inform each other in the development of best practices).

The California Child Welfare Council brings together:

- Leaders from multiple agencies across all three branches of government at the state and local level
- Former foster youth
- Parents
- Service providers
- Educators
- Advocates
- Other stakeholders

The Council and its Committees and Task Forces provide an opportunity to achieve interagency collaboration, creative problem solving, and systems improvement – and represents a successful example that is both significant and uncommon in government.

In its quest to improve the child welfare system the Council has taken on the issues described in this report, many of which have long perplexed policy makers, administrators, courts, service providers and – most of all – families and children who receive services. By bringing together the many disciplines involved in child welfare, as well as consumers and advocates, the Council generates meaningful discussion of these difficult issues. It also promotes solutions that have the greatest likelihood of success in the real world, having been developed by people who have an in-depth understanding of the issues from personal experience. The likelihood of success is enhanced because consideration has been given to the perspectives of the many players who must be part of implementing any solution.

***Well-functioning multi-system collaborations remain an elusive goal – one that nevertheless remains first and foremost in the Council's work.***

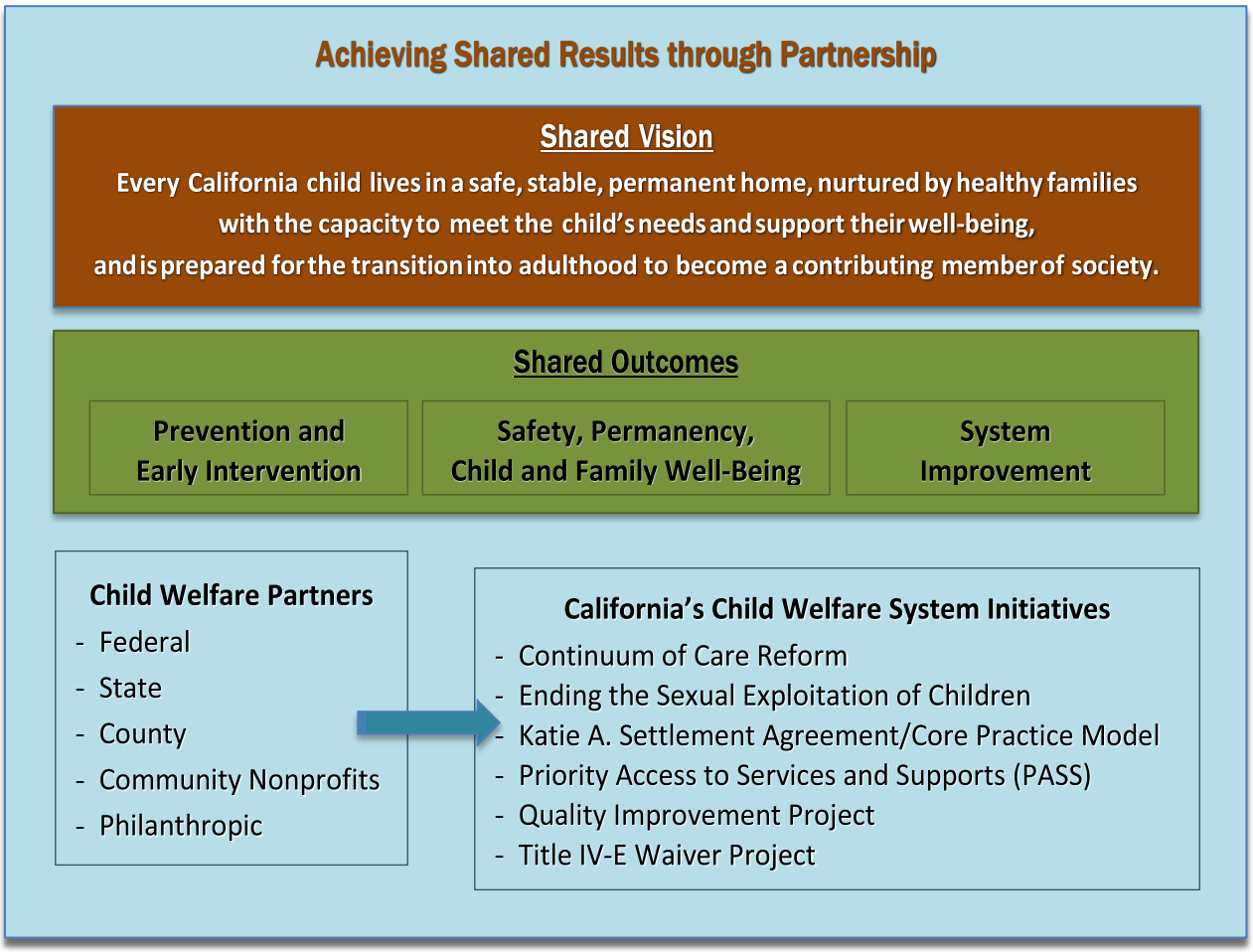
At the same time these complex, cross-cutting issues defy simple or quick solutions. Rather, they require thoughtful minds to gather information, discuss the nature of the issues, brainstorm strategies to address them, apply science and compassion in designing solutions, and develop practical ways to implement improved services and support structures. While this process takes time, the involvement of many agencies and their respective constituencies is essential. Well-functioning multi-system collaborations remain an elusive goal, but one that nevertheless remains first and foremost in the Council's work, true to the vision of its creators.

## Purpose and Structure of the Council

California Welfare and Institutions Code Section 16540 states, "The California Child Welfare Council is hereby established, which shall serve as an 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. The council shall monitor and report the extent to which child welfare and foster care programs and the courts are responsive to the needs of children in their joint care. The council shall issue advisory reports whenever it deems appropriate, but in any event, no less frequently than annually, to the Governor, the Legislature, the Judicial Council and the public." The Council meets quarterly under the leadership of its Co-Chairs:

- Diana Dooley, Secretary of the California Health and Human Services Agency
- Vance Raye, Administrative Presiding Justice of the Third District Court of Appeal (Chief Justice of California's designee.)

The Council is comprised of 52 members representing a broad spectrum of agencies, advocates and consumers involved in the child welfare system. The Council's structure encourages participation by Council members and other stakeholders, both during these quarterly meetings and in between through standing committees and task forces.



## Standing Committees

### *Prevention and Early Intervention/Citizen Review Panel Committee*

- Identifies and promotes services and support systems that prevent the need for families to enter the child welfare system.

### *Permanency Committee*

- Identifies and recommends strategies to remove barriers that keep children in foster care so that they do not grow up in temporary homes but rather have permanent, nurturing families.

### *Child Development and Successful Youth Transitions Committee*

- Identifies and advocates for services to ensure that the health, mental health, educational and social development needs of foster children can be met, and that older foster youth can be prepared for successful transition to adulthood.

### *Data Linkage and Information Sharing Committee*

- Identifies and shares ways that data can be accessed across major child-serving agencies 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.

## Task Forces for Cross-Committee Issues

### *Priority Access to Services and Supports Task Force*

- Examines how parents of foster children who have a reunification plan can receive priority access to services they in order to have their children safely returned home, including services across multiple systems.

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

- Advocates for a system that ensures access to mental health treatment for foster children is not compromised when they reside outside their county of court jurisdiction.

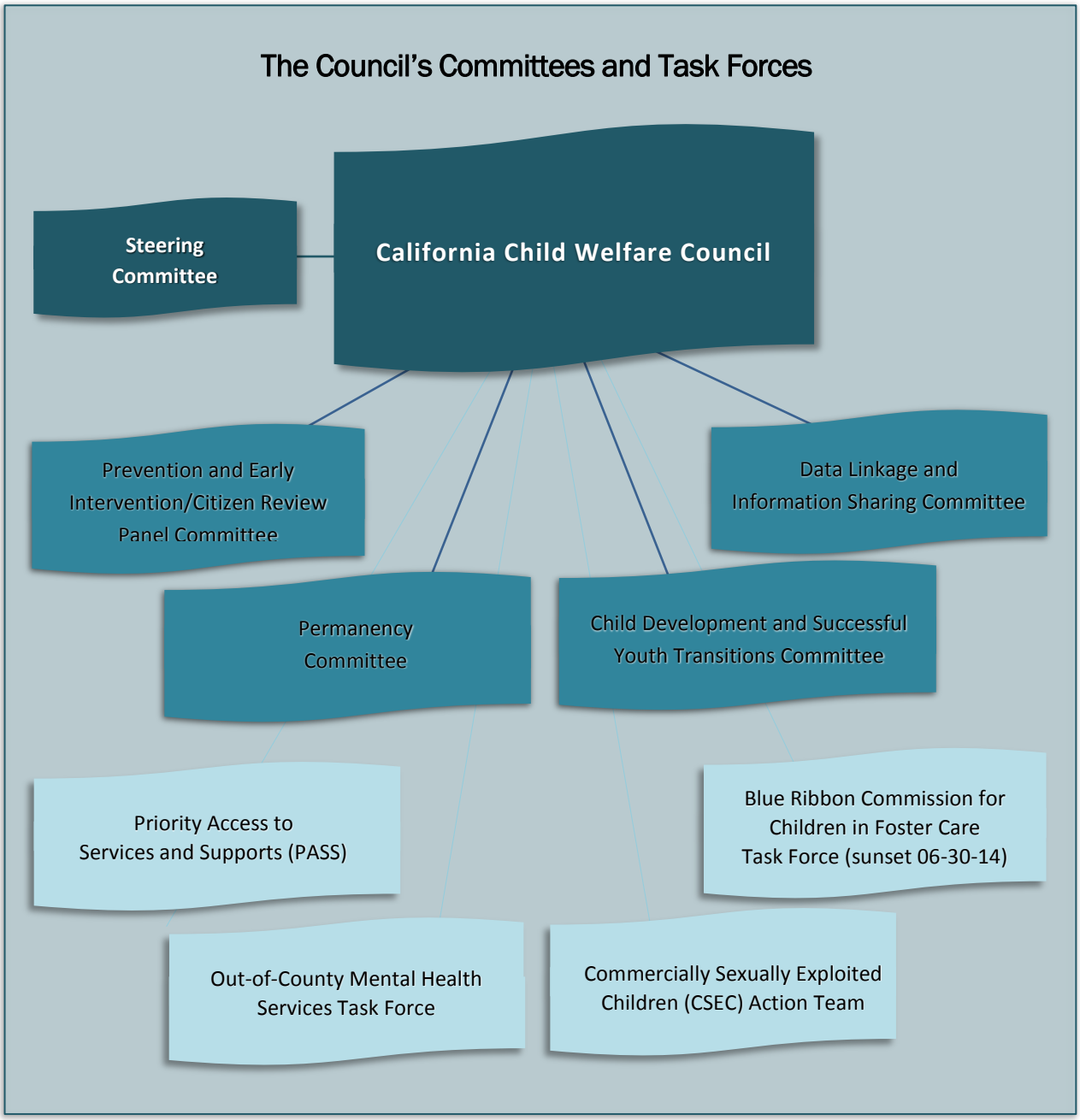
### *Commercially Sexually Exploited Children (CSEC) Action Team*

- Is developing an infrastructure for serving children who are victims or at-risk of becoming victims of commercial sexual exploitation, focusing on children in foster care.

## Steering Committee

- The Steering Committee provides Council staff with ongoing assessment of the work of the Council and its Committees and Task Forces, gives guidance to Council staff regarding Council agendas prior to approval by Council Co-Chairs, and advises Council staff regarding Council membership to promote active participation.

The chart on the following page illustrates this structure.




At the quarterly meetings during 2014-2015, the Council was kept informed regarding the significant accomplishments by each of its committees and task forces. Details regarding each meeting were captured in *Discussion Highlights*, which are available on the Council's website at:

**http://www.chhs.ca.gov/Pages/CAChildWelfareCouncil.aspx**

During fiscal year 2014-15, the Council continued to build on work begun in prior years, utilizing processes that enable multi-system collaboration and effective partnerships as envisioned in the statute that created the Council. These processes have proved to be essential in achieving continued improvement within the child welfare system.

# 2015 Study Topics

The following sections outline the topics studied by the Council during this fiscal year and the major collaborators involved in each.

## Education Tool Kit

The Education Toolkit expanded on the Partial Credits Toolkit that was developed last year by the Council's Child Development and Successful Youth Transitions Committee. It provides guidance to school personnel on how to help students in foster care attain their education rights. The Toolkit explains the legal requirements, includes step-by-step procedures for how to protect these rights, and provides tools that can be downloaded and modified to meet local district needs.

A Chapin Hall report released in February 2015 illustrates the need for the Toolkit, based on the following results of a survey of youth in foster care:

- 90% of the youth reported that they had to change schools because of a family move or foster care placement change, and about 33% changed schools seven or more times.
- 33% of the youth reported that they were out of school for one month or more because of a foster care placement change.
- 66.7% of the youth reported being suspended from school and 27.7% had been expelled.
- 33.5% of the youth had repeated a grade.

California's recent landmark legislation, the Local Control Funding Formula (LCFF), marks the first time any state has included foster youth in its school funding and accountability system. It focuses much needed attention on the education outcomes of foster youth. The LCFF not only brings the poor education outcomes of foster youth to the fore, it also spotlights the opportunity for our schools to better serve students in foster care. Early implementation of LCFF has shown some significant advances for foster youth in some districts that have devoted increased resources, including staff, to meeting the educational needs of students in foster care.

However, many districts have been slow to address foster youth as a distinct subgroup of at-risk students, failing to offer the differentiated supports and services that foster youth need due to their histories of trauma, lack parent advocates, and greatly increased school mobility. The Foster Youth Education Toolkit is designed to draw attention and maintain commitment to the educational needs of students in foster care. It also provides information and tools to assist school districts in meeting the promise of LCFF for California's foster youth by ensuring that they receive the full benefits of the laws designed to protect them.

Graynisha Skinner, a former foster youth, shared her story, which underscores the need for the Foster Care Education Toolkit, and also its usefulness in ensuring that in the future no foster youth will have to experience her struggles to enroll in school and transfer credits. She serves as an inspiration to foster youth for learning about her graduation rights, graduating, and attending college.

Read Graynisha's story on the next page.

## *Graynisha's Story*

*I recently graduated from high school and I'm so proud of myself for finishing. Neither of my parents graduated from high school. I'm enrolling in community college; first in my family to go straight from high school graduation into college. I want to be a probation officer and help other youth who have struggled like I have. I never thought any of this would happen given all my struggles in school. I changed high schools 10 different times.*

*I want to share a few experiences about how important it is for school districts to protect the rights of youth like me. When I first went into placement, I only had 12 credits towards high school graduation; I thought I would never finish.*

**Immediate Enrollment**

- I tried enrolling in a continuation school so I could make up my credits faster and they refused to enroll me 3 different times before finally putting me on a waiting list.
- I was out of school for months and wasn't earning credits towards my diploma.
- This violated my right to immediate enrollment and made me want to give up.

**School of Origin**

- At one point, I tried to reunify with my mother and return to my school of origin.
- No matter what my mom did to help me get enrolled in school, they refused to let me in.
- Everyone at the school even remembered who I was but still refused to let me go there.
- They told me to come back at the beginning of the semester.
- After two months, I knew I had to get back into school so I made a really hard decision – go back into placement so I could get back into school.

If the school had respected my right to return to my school of origin, I might have been able to stay with my Mom.

**Partial Credits**

- After changing high schools 10 different times, I knew my credits were a mess.
- I was forced to change schools mid semester and three different high schools failed to give me the credits I had earned.
- It took an attorney from the Alliance to get me these credits.
- This put me back on track and gave me hope that I could get my diploma.

**AB 167/216 Graduation**

- I recently graduated using AB 167/216. This allowed me to graduate with only 130 credits.
- Learning about my graduation rights gave me hope and motivated me to stick with it.
- I recently learned more about my rights, including my right to immediate enrollment, to stay at my school of origin and my right to partial credits.
- If I had known about these rights earlier, I could have tried to advocate for myself better.

*If the schools had respected my rights, I wouldn't have had such a hard time graduating.*

*It is so important for schools to follow the rights of youth like me. I hope schools use the* ***Foster Youth Education Toolkit*** *to make sure no other youth has to struggle like I did.*

## Ending Commercial Sexual Exploitation of Children and Preventing Victimization

The Action Team to End Commercial Sexual Exploitation of Children (CSEC) partnered with the California Department of Social Services (CDSS) to implement California's newly-created CSEC Program statewide, which is designed to promote improved prevention and services for CSEC. The Action Team is supporting the following actions:

1. Clarification to Welfare &Institutions Code §300 (b)
   - Legislation added language to §300 (b) to recognize that commercially sexually exploited children are within the child welfare system's jurisdiction.
   - Two critical All-County Letters were recently released with instructions on how to apply, and capture the data elements for, the newly enacted state CSEC Program (SB 855).
2. Implementing Recent Federal Legislation
   - HR 4980, the Preventing Sex Trafficking and Strengthening Families Act. California's SB 794 is the state's bill to comply with HR 4980.
   - S. 178 - Justice for Victims of Trafficking Act includes new funding for combatting sex trafficking.
3. Prioritizing additional projects to support state, county and providers' efforts to prevent and serve CSEC.

The Action Team was involved in developing following products in support of all counties implementing basic services to CSEC and in support of enhanced services by counties that opt into the state CSEC program:

1. Screening Tool – supported and worked with WestCoast Children's Center on a screening matrix and explanatory memo
2. Learning Objectives
3. Guidance to Counties
   - Model Interagency Protocol Framework
   - CSEC Practice Guidance Toolkit – includes a Memorandum of Understanding template for counties to use when implementing the CSEC Program, a paper on the Holistic Needs of CSEC, and Core Competencies for serving CSEC.

The Action Team is also coordinating efforts with the Child and Family Policy Institute of California (CFPIC) to implement a federal grant, which funds Preventing and Addressing Child Trafficking (PACT), a multi-disciplinary approach to address trafficking within California's child welfare population.

***CDSS Administration observed that the Department's involvement with the CSEC Action Team is an excellent example of government working with all stakeholders to inform its policies and service delivery.***

## Family Reunification: Priority Access to Services and Supports (PASS)

The PASS Task Force has undertaken an ambitious effort to design a system of priority access that will work across multiple service delivery systems. The Task Force recognizes that it will take time to change behavior – people are asked to go outside of what they normally do. Dynamism can only happen when all stakeholders are included and can come to agreement on how to share responsibility for priority access.

The PASS initiative brings together the following four service delivery systems:

- Behavioral Health
- Housing
- Employment
- Corrections/Probation

Representatives from these four systems worked closely with the following stakeholders: county representatives, community partners, nonprofit agencies, parents formerly in reunification, and federal partners. The recommendations developed by each team reflect a shared commitment across sectors. The outcomes within each sector are interlocking, and therefore there is a strong sense of shared responsibility for change.

***Priority access is not about other service systems "helping child welfare." It recognizes that the State as a whole has responsibility to deliver services to parents that will enable them to reunify safely with their children.***

### *Behavioral Health Team's Recommendations*

- Identification
  - As early as possible, identify PARENTS' need for BH services and initiate the process with the appropriate parties (County BH, Managed Care Providers, etc.)
- Entry into Services
  - Embed the information needed to identify parents in reunification upon entry into the Behavioral Health system.
  - As the Reunification Plan is developed, Child Welfare and Behavioral Health partners will work together to align treatment plans, timelines, etc.
- Care Coordination
  - Utilize/enhance care coordination mechanisms in CW and BH systems (e.g., peer support, case managers, inter-disciplinary teams) to support parents in successfully achieving treatment milestones and to ensure progress is communicated to Child Welfare/Courts.
  - DHCS/BH and CDSS will develop and disseminate tools to ensure the CW and BH are able to prioritize parents in reunification for services and supports.

### *Housing and Community Development Team's Recommendations:*

- Developing access to current and future State Housing Programs through review of targeting, set-asides or direct funding approaches:
  - Reviewing HCD MHP program, new National Housing Trust Fund, and reaching out to State Tax Credit Program
  - Developing a better system level view and approach to funding and coordination at the local level
- Cross-education between systems:
  - Housing sector participation on Child Welfare Council
  - Benefit of housing first approaches, promote/educate use of emerging coordinated entry systems, and coordinated assessment tools
- Data and research development to support:
  - Reviewing case files database for better information on housing needs and supports
  - In continued national conversations concerning best housing intervention approaches and best leverage points among systems

### *Workforce Development Team's Recommendations*

- Expand awareness of and strategies for engaging parents in reunification and prioritizing access. An Information Notice will be sent to the entire California Workforce System proving guidance such as:

  1. Stabilizing Services
     - Meaningful Family Engagement

- Coordinated Assessment and Case Planning
- Service Delivery: health/ behavioral treatment; legal services, housing, parenting/ coping skills, public assistance/ income supports

2. Sustaining Services
   - AJCC Career Planning Services
   - Life Skills, Work Readiness
   - Skills Development: (credentials/degrees) and work-based learning (earn and learn) in high-demand sectors
   - Collaborative Coaching
   - Job Development and Job Placement
   - Job Retention Networks/Services
   - Support Services: child care, transportation, work supports

3. Accelerator Fund to Facilitating Multi-Disciplinary Teams
   - Child Welfare/Public Assistance
   - Housing
   - Corrections/ Probation
   - Behavioral Health Care
   - Workforce Development
   - Community-Based Organizations

- Identify parents in reunification as a target population in next Workforce Accelerator Fund. This commitment addresses a longstanding challenge – few resources are specifically dedicated to developing, prototyping, and piloting new strategies or "out of the box" ideas. The current CWIB Accelerator process will be used to create and prototype innovative strategies that *accelerate access to training and employment for parents in reunification, supporting* the Accelerator goal of identifying replicable practices at the county level to inform statewide policy and local service delivery.

### *Corrections/Probation Team's Recommendations*

The Corrections/Probation Team has already completed PASS flyers for probation officers and parole officers to give clients. The California Department of Corrections and Rehabilitation (CDCR) is also planning to develop a data linkages system with the CDSS so that parents with a reunification plan are identified in both systems and parole agents and child welfare social workers can coordinate efforts to support priority access to reunification services. Probation plans to release a fact sheet on best practices in reunification specific to probation. Next steps include:

- Distribute PASS fliers to parole and probation officers.
- CDCR to continue Data Match project with CDSS.
- CDCR and Probation to convene Forum/Roundtable; topics for discussion include:
  - Interactions at the front end of system.
  - Current best practices across state and counties.
  - The parent/mentor perspective and system challenges.

### *Moving the PASS Project Forward*

The above recommendations from the four PASS Teams reflect the need for critical thinking that will position all the participants in the PASS project to take on the deeper, underlying issues. Each of the PASS teams has more work to do, and the project will continue into the next fiscal year.

## Psychotropic Medications

The Council's Child Development and Successful Youth Transitions Committee formed a work group to give feedback and follow the progress of the state's Quality Improvement Project (QIP), which was addressing the issue of foster children's use of psychotropic medications. The work group wanted to bring attention to the seriousness of the problem and urgency for solutions, referring data that showed too many children are being prescribed too many drugs, for too long a period of time, and for purposes that do not align with the intended purpose of the drug.

The work group presented the following data to illustrate the problem:

- 8,080 Foster Children 0-17 filled a prescription for Psychotropic Medication
- Of Children Prescribed Psych Meds:
  - 51% given antipsychotics
  - 48% given antidepressants
  - 32% given stimulants
- More than 30% of children prescribed psych meds are given multiple medications long term
- 354 Foster Children on 2 meds in the same class long term
- Top Diagnoses 2012-13 (Note potential for misdiagnosing trauma and the predominance of off-label prescribing):
  - ADD/ADHD (3, 548 claims)
  - Mood Disorders (3, 336 claims)
  - Adjustment Reaction (2,425 claims)
  - Disturbance of Conduct, NEC (1,630 claims)
  - Disturbance of Emotion (1,341)

The following chart presents the theory of change that informed the QIP project:

| VISION | STRATEGIES | OUTCOMES |
|---|---|---|
| Children in foster care receive psychotropic medications only when:<br><br>· There is a comprehensive treatment plan that includes appropriate psycho-social interventions.<br>· Children, youth, families, counties, and courts understand their rights and choices and the benefits and risks.<br>· It is medically necessary and safely prescribed and monitored. | <u>Services and Supports</u><br>· Continuum of Care Reform<br>· Katie A/Specialty Mental Health Services<br><br><u>Informed Consumers and Partners</u><br>· Foster Youth Rights.<br>· "Questions to Ask" document.<br>· Prescriber Guidelines.<br>· Three-way sharing agreement with counties.<br>· Caseworker, resource family, and provider training.<br><br><u>Monitoring</u><br>· Matched administrative data<br>· Individual county reports<br>· Public data measures<br>· Treatment Authorization Request (TAR).<br>· Court authorization best practices.<br>· Metabolic monitoring protocols. | Increase in youth and family satisfaction with care plans.<br><br>Increase in claims for medically necessary, trauma informed, specialty mental health services.<br><br>Improved foster care placement stability.<br><br>Decline in use of psychotropic medications.<br><br>Decline in polypharmacy. |

The QIP issued the following products, which had been reviewed by stakeholders, and urged the Council to help with their dissemination:

- Guidelines for Prescribers
  - Guidelines, Prescribing Standards, Monitoring Parameters, Medication Support Services, and Prescriber Algorithm Tool (Decision Tree) completed.
- Recommendations to Improve Court Approval Process
  - Ongoing collaborating with Judicial Council regarding implementation plans for improvements to court approval process and training for court staff.
- Performance and Outcome Measures
  - Performance and outcome measures were approved by an Expert Panel.
- Foster Youth Mental Health Bill of Rights
  - Developed Foster Youth Mental Health Bill of Rights.
  - Development of youth friendly brochure.
- Questions to Ask
  - Developed Questions to Ask tool for use by youth and families when talking to social workers, medical and mental health practitioners, attorneys, and judges about medications.
- Wellness Workbook
  - Developing a guidebook for youth which will contain materials to assist youth in exploring their wellness needs and educate about intervention strategies and options.

## Out of County Mental Health Services

The Council continues to monitor the Department of Health Care Services' (DHCS) progress in furthering the Council's goal of improving access to timely and effective mental health services for all foster children placed outside their county of jurisdiction. DHCS's Behavioral Health Division is seeking commitments from the County Behavioral Health Directors Association, County Welfare Directors Association of California, and CDSS on the following components of a proposed policy:

- Screening and Assessment.
- Authorization of Services, which has a child and family focus and alignment with permanency goals.
- Services (Continuum of Care Reform and Treatment Foster Care).
- Payment and Financing.
- Capacity and Accountability.

The proposed policy seeks to account for recent programmatic and fiscal changes impacting the child welfare, probation and mental health programs. The policy also considers the child's best interests for safety, permanency and well-being and recent program/fiscal changes including the Katie A Court Settlement and Core Practice Model; the Continuum of Care Report Recommendations; and 2011 Realignment.

The proposed policy remains to be fully vetted by the Council's Out-of-County Mental Health Services Task Force since further steps are needed to address stakeholder concerns. In addition, legislation that addresses the Council's equal access concerns, DHCS's proposed policy, and stakeholders' concerns was introduced this session (AB 1299 – Ridley-Thomas) and is pending. The Council will be closely following legislative and administrative actions to resolve the issue of foster children's access to mental health services when they reside outside their county of jurisdiction and may offer advisory recommendations for consideration by the policy makers.

## Dependency Drug Courts

The Council's Permanency Committee looked at counties with Dependency Drug Courts to learn about their effectiveness in promoting successful substance use disorder treatment of parents of children in foster care, thereby allowing them to successfully complete the terms of the court-ordered case plan and resulting in reunification of the family. Nationally, the data show that between 60–80% of substantiated child abuse and neglect cases involve substance use disorder by a custodial parent or guardian.

The Dependency Drug Courts utilize a multidisciplinary team approach to assess the family's situation and develop comprehensive case plans that address needs of children and parents. Success is defined in terms of shared outcomes across the three systems: Dependency Court, Child Welfare Services, and Substance Use Disorder Treatment. Safety outcomes include reduced re-entry into foster care and decreased recurrence of abuse/neglect; permanency outcomes include reduced time to reunification, reduced time to permanency, and reduce days in foster care; recovery outcomes include increased engagement and retention in treatment, increased number of clean drug tests, increased number of graduates, and decreased recidivism.

***For youth who age out of foster care, there is a false belief within the child welfare field and the general public that permanency is not possible.***

California has 39 Drug Courts, and there are 346 nationwide. The common ingredients include a system of identifying families; earlier access to assessment and treatment services; increased judicial oversight; increased management of recovery services and compliance; sanctions and incentives in response to participants' behaviors; and a collaborative approach across service systems and court. Common outcomes include higher treatment completion rates; shorter time in foster care; higher family reunification rates; lower termination of parental rights; fewer new dependency petitions after reunification; cost savings per family.

The following funding sources are being used to cover the cost of Dependency Drug Courts: Title IV-E Waivers, Title XIX Waivers, Affordable Care Act (Medi-Cal Expansion), and Realignment. It is recommended that counties wishing to expand Dependency Drug Courts should set up a data collection system, identify fiscal opportunities, and strengthen the collaborative leadership among courts, child welfare services, and substance use disorder treatment agencies.

## Guide to Funding Youth Permanency

The Council's Permanency Committee promoted "Funding Youth Permanency – A County Guide to Funding Child-Centered Specialized Permanency Services for Youth in Foster Care," which was developed by Families NOW to provide strategies that will increase opportunities for all foster youth to end up with permanent families. The Permanency Committee has long held a deep concern about the youth who age out of foster care without families. The more placement changes they have, the less likely they are to achieve permanency, and the longer they stay in foster care, the less likely they are to achieve permanence. There is a false belief within the child welfare field and the general public that permanency is not possible for these youth because they don't want families and they are too troubled, too unstable to succeed in a family.

While there is a lot of good news in child welfare – for example, the number of California children in foster care has been reduced by 46% since 1998. But there is bad news too – for example, the number of youth in foster care who turn 18 without a permanent family has remained constant at about 4,000 every year. The Guide is intended to show child agencies workers and advocate how we can do more to secure permanency for youth.

The Guide is based on the following premises:

- ***We know how to achieve permanent families for older children and teens in foster care, such as through the Youth Permanency Movement.*** This movement has strong California roots. It challenged prevailing beliefs such as: teens don't want parents, parents don't want teens, the apple doesn't fall far from tree, and the youth

is too unstable to have a family. It replaced "a family is no where" with "a family is now here." It changed organizational culture to "Do whatever it takes" by advocating non-traditional hours; involvement of youth; addressing youth's history of trauma, separation and loss; doing the grief work; and making youth permanency the job of everyone on the team supporting the youth. Pilot after pilot demonstrated that is permanency is not only possible, it is probable, and each demonstrated significant fiscal savings for their respective jurisdictions.

- ***Keeping these children and teens in foster care is very expensive; funding saved by achieving permanence far outweighs the cost of permanency services.*** The county level savings achieved when a youth moves into a permanent family, with savings accruing for *every* year the youth would have remained in care, are:
  - *Adoption from:*

    Group Home Level 14 **$103,540 annually**

    Foster Family Agency Home **$13,710 annually**
  - *Guardianship from:*

    Group Home Level 12 **$92,477 annually**

    Foster Family Agency Home **$11,442 annually**
  - Average 1-time per/youth cost of specialized permanency services = **$12,000- $15,000**

The Council is in a position to help the child welfare field – including members of county boards of supervisors, the judiciary, children's attorneys, department heads, and Court Appointed Special Advocates – overcome the barrier of common beliefs that permanency is not possible or that it is too expensive to achieve, and instead promote the legal and fiscal imperative to put the knowledge assembled in the Guide to work for foster youth.

## Young Children in Foster Care

The Council's Child Development and Successful Youth Transitions Committee formed a Young Children in Foster Care Work Group. It partnered with First 5 California to add information and assistance for foster parents and others involved in caring for young foster children to the First 5 website, which may be found at *http://www.first5california.com/parents/services-support.aspx?id=26.* The introductory message reads:

> Young children involved with child welfare have faced challenges in their young lives and need extra support so they can heal. Early childhood experiences can affect children's development and have a lasting effect on their lives. Infants and toddlers in child welfare are especially vulnerable. Relationships are critical to set them on a path for healthy development and brighter outcomes. For additional information on early childhood adversity and child welfare, links are provided to access:
>
> - Information about what trauma is, how it affects children, and recommendations for serving children who are exposed to complex or traumatic stress.
> - Quick facts on young children in foster care.
> - Information regarding the special care infants and toddlers in foster care require to develop their full potential; all partners who work with them have a role.
> - Videos and further knowledge on the impact maltreatment can have on the developing brain.
> - One of the largest online sources for issues addressing child welfare, the families and children they serve.

The website will be continually updated as new information and resource materials become available.

## Healthy Sexual Development of Foster Youth

The Council's Child Development and Successful Youth Transitions Committee formed a Work Group to explore how child welfare systems can better support and promote healthy sexual development of foster youth. This topic stemmed directly from the personal stories, statements, and concerns expressed by former foster youth on the barriers they have experienced within the current system, and the lack of policies and practices to address young people's healthy sexual development.

On February 5, 2015, the Work Group – in partnership with California Youth Connection, Humboldt County Department of Health and Human Services, California Association of Child and Family Services, Seneca Family of Agencies, and Center for the Study of Social Policy – hosted a day-long gathering devoted to exploring issues and creating recommendations that will make meaningful improvements in our ability to support youth's healthy sexual development. The "Big Questions" used to frame the discussion were:

- How does the child welfare system currently support the healthy sexual development of youth in foster care?
- What actions, policies, and practices do we need to create, clarify, or make visible to support sexual safety and well-being of youth in foster care?
- What strengths and needs of youth in the child welfare system will impact their healthy sexual development?
- What practices or policies act as barriers? What solutions and opportunities might break through them?
- How do race, class, sexual orientation, gender identity, and expression (SOGIE) affect healthy sexual development outcomes for youth?

There were 75 participants – representing current and former youth in foster care, foster parents, youth advocates, mental health clinicians, county social workers, state community care licensing managers and evaluators, state children and family services managers, and state education mangers – who set the agenda for the day by identifying 35 topics related to these questions. Participants gathered in small groups to contribute their thoughts, experiences, discoveries, and ideas related to each topic. Details of these rich discussions are captured in a *Book of Proceedings*.[1] Significant themes and recommendations for improving policies and practice to address them, taken directly from the opinions expressed by participants, included:

- **Self-esteem:** Youth report that self-esteem triggers decision making choices, and if they have low self-esteem they are more likely to make unwise choices about the way they handle their bodies.
- **Sex, dating, and masturbation:** Youth in group and foster homes report that they most often do not have opportunity to engage in age-appropriate sexual exploration, and normal sexual development is often discouraged through policies and practices. Youth who engage in consensual sex, dating, or masturbation are often met with punitive responses from caregivers, social workers, administrators, and other adults involved. This results in missed opportunities to provide youth a chance to safely talk about their relationships, and to learn about healthy and non-healthy interactions in intimate relationships, safe sex practices, and how to communicate their needs to a significant other.
- **Help for youth to recognize signs of abuse in a current relationship and to say "No":** Youth reported that they may not be aware of abusive relationships, such as being manipulated and isolated from family and friends. They find ways to excuse or dismiss signs of abuse, resulting in a loss of self-confidence.
- **Conflict between religious and cultural beliefs of adults and their ability to support the sexual orientation, gender identity, and expression (SOGIE) of youth in their care:** Youth reported that foster parents vary in their understanding and acceptance of youth who identify as lesbian, gay, bisexual, or transgender, and some do not accept orientations other than heterosexual. This may result in making the topic of identity taboo, which can be emotionally harmful to youth.

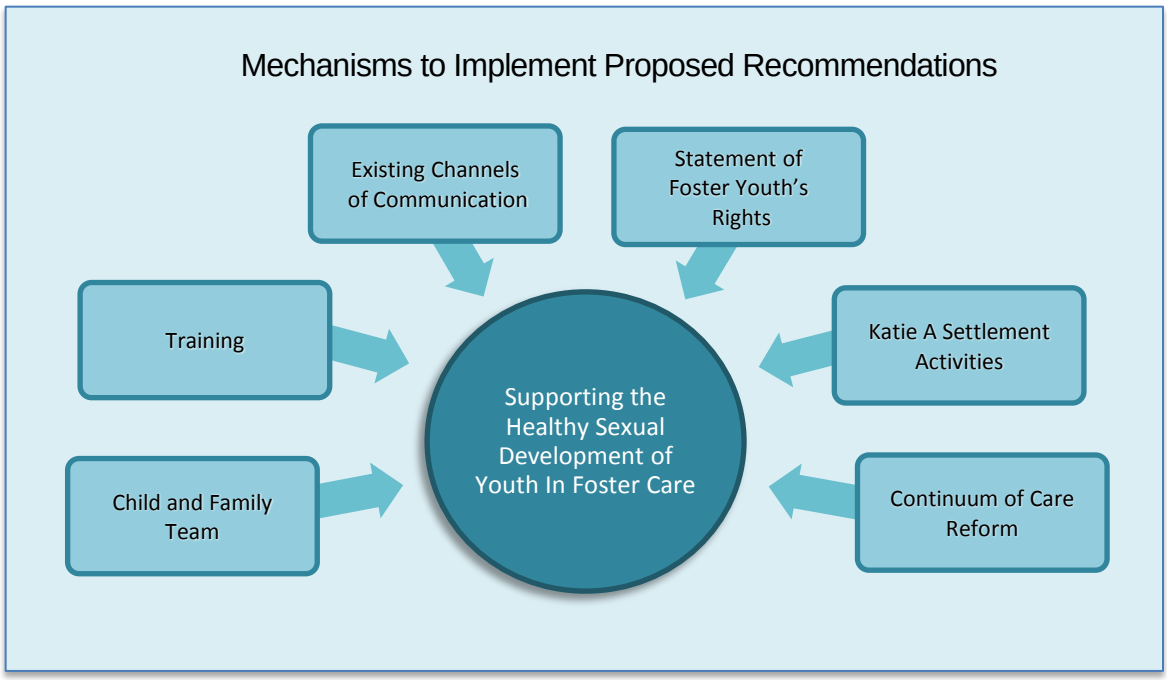
[1] Available at *www.chhs.ca.gov/Pages/CAChildWelfareCouncil.aspx*

- **Youth who are fathers or mothers:** Foster youth who are parents reported concerns about learning parenting skills that will break the cycle of abuse, while at the same time wanting to maintain and develop healthy relationships. Additionally, foster youth who become fathers are often not included in planning and raising their children.
- **Confidentiality:** Foster youth's information in a court report is shared with the judge, parents, parents' attorneys, youth's attorneys, and foster parents. For this reason, foster youth stated they prefer that social workers keep information related to sexual development at a general level in court reports, with more detailed information in the case record, which should be sealed immediately upon emancipation.

From these themes and findings, participants identified the following practical recommendations in order to maximize feasibility, increase impact and minimize barriers to implementation:

1. Utilize existing practices and policies – such as Child and Family Team, Continuum of Care Reform, Katie A Settlement, and other initiatives – and incorporate best practice guidelines that promote positive self-esteem, as a critical element of supporting healthy sexual development of youth in foster care.
2. Create robust guidance on how the intent of the "Prudent Parent" statute can be used in support of healthy sexual development, such as clarifying how group home staff, foster parents, and kinship caregivers can address various issues relating to sexuality.
3. Consider hiring youth mentors as a resource to support youth as they raise issues related to romantic relationships and sexual identity.
4. Use existing curricula, such as training programs developed by the California Youth Connections YOUTH Training Project, to clarify the answers to questions such as: (1)Whose role it is to talk with youth about past abuse, and what will that individual do with the information; (2) What do caregivers need to know about youth's past history of abuse, and if, when, and how to talk with youth about it; and (3)Ways to help youth become survivors of past abuse and understand the impact on current relationships and healthy sexual development.
5. When developing best practice guidelines and training opportunities for foster youth and relevant stakeholders, include a broad array of specific suggestions, topic areas, and perspectives that may be incorporated. The following graphic illustrates how the recommendations can come together to improve supporting the healthy sexual development of youth in foster care.

### *Implementing the Recommendations*



The Work Group will hold follow up meetings with the Community Care Licensing Division and the Children and Family Services Division of the California Department of Social Services for the purpose of determining how the recommendations can be incorporated into existing Department policies.

## Latest Research

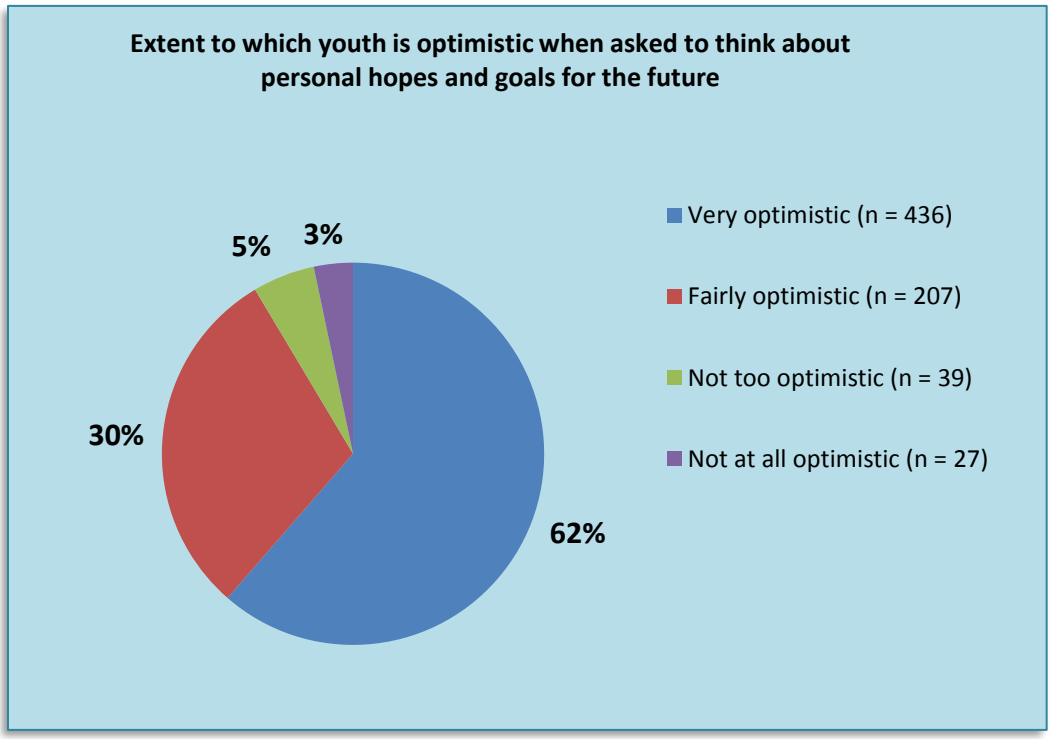
The Data Integration and Information Sharing Committee hosted three major presentations to share latest research findings with the Council on the following topics: (1) Youth Transitions to Adulthood Study: An evaluation of the California Fostering Connections to Success Act; (2) The Invisible Achievement Gap: Education Outcomes of Students in Foster Care in California's Public Schools; and (3) Implementation Science/Translational Social Work: How Practice and Research Can Inform Each Other. Highlights of each of these studies are presented below.

### *Youth Transitions to Adulthood Study*

This study was conducted by Chapin Hall at the University of Chicago. The goal of the study was to conduct an evaluation of the impact of California Fostering Connections to Success Act (AB 12) on outcomes for foster youth, and the data to be presented comprised the baseline, in other words, what the youth looked like prior to entering AB 12 services so that changes over time could be measured against where the youth started.

The study included:

- Survey data from transition-age foster youth on current living situation, social supports, perception of preparedness for adult responsibilities, mental health status, education, employment, criminal justice system involvement, pregnancy and children, desire to stay in foster care, and optimism about the future. The range of optimism reported by the youth was:



- Survey data from child welfare workers on availability of training and services, satisfaction with collaboration with other systems, challenges to effective AB 12 implementation.

| Challenges Identified by Child Welfare Workers | |
|---|---|
| Not enough placement options | 81% |
| Not enough services | 66% |
| Lack of clarity in policies and procedures of extended care | 59% |
| Lack of coordination between county CW agencies and other systems (e.g., education, housing, employment, health) | 48% |
| Available services are not appropriate to needs of county's youth | 46% |
| Lack of support by foster care providers | 38% |
| Lack of support by county administrators | 25% |
| Lack of interest from youth approaching age 18 | 25% |
| Lack of support by court personnel | 15% |
| Lack of support by county caseworkers | 12% |

The complete study results may be found at: *http://www.chapinhall.org/research/report/findings-california-youth-transitions-adulthood-study-calyouth*.

### *The Invisible Achievement Gap – Education Outcomes of Students in Foster Care in California's Public Schools*

This study was sponsored by the Stuart Foundation and conducted under the auspices of the Center for the Future of Learning at WestEd in partnership with the University of California's Center for Social Services Research, the California Department of Education, and the California Department of Social Services. The key findings included:

- **Time in Foster Care –** More than 43,000 (or about one of every 150 K-12) public-school students in California spent some period of time in child welfare supervised foster care.
- **Reason for Removal –** Of these students in foster care, 78% were removed from birth families due to neglect, 11% due to physical abuse; 4% sexual abuse; and 7% for other reasons.
- **Grade Levels –** Of these students in foster care, 40% were in Elementary School; 23% were in Middle School; and 36% were in High School.
- **An At-risk Subgroup –** Nearly one in five students in foster care were classified with a disability compared to 7% of all K-12 students and 8% low SES students.
- **School Mobility –** Among students who had been in foster care for less than one year, 48% had changed schools during the academic year.
- **School Type –** Enrollment in a nontraditional school often suggests that students were unsuccessful in a traditional school setting and therefore were transferred to an alternative setting to better meet the students' needs.
- **Achievement Gap –** Proficiency in English language arts for students in foster care was negatively correlated with grade level.

- **Drop-out and Graduation –** Students with three or more placements were more than twice as likely to drop out as students with one placement, although this single-year dropout rate is still twice as high as for low SES students and all students in the state.

Conclusions from the study findings are that students in foster care constitute an at-risk subgroup that is distinct from low socioeconomic status students regardless of the characteristics of their foster care experience. Yet, despite relative disadvantage overall, significant variations among students in foster care still emerged. Findings should not be interpreted causally, but still provide information for policymakers and administrators that may help improve the academic success of students in foster care. The complete study results may be found at: *http://www.stuartfoundation.org/docs/default-document-library/IAGpart2.pdf?sfvrsn=4.*

## *Implementation Science/Translational Social Work*

Two studies funded by the William T. Grant foundation and conducted by the University of Southern California's School of Social Work were presented to the Council. They were designed to look at the gap between research and practice, noting that 90% of publicly-funded child welfare, mental health and juvenile justice systems do not use evidence-based practices, and only half of all children in child welfare receive care consistent with any one national standard and less than 10% receive care consistent with all 10 national standards required by the U.S. Department of Health and Human Services/Administration for Children and Families. Implementation research is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services.

### *Study #1: Social Networks and Implementation of Evidence-Based Practice in Public Youth-Serving Systems (This study was conducted in California and Ohio and hence is known as the CAL-OH Study)*

*Objective*

- Determine whether community development teams (CDTs) are more effective than services as usual in "scaling up" implementation of Multi-dimensional Treatment Foster care (MTFC)

*Lessons Learned*

- Systems leaders develop and maintain networks of information and advice based on roles, responsibility, geography, and friendship ties.
- Social networking is central to implementation of EBPs through two mechanisms,
  - Acquisition of information and advice related to EBPs
  - Pooling of resources among agencies
- Both mechanisms involve collaboration between organizations
- Successful implementation of evidence-based practices requires consideration of and *utilization of existing social networks or development of new networks* of high status systems leaders that often cut across service organizations and their geographic jurisdictions *for sharing of information and resources.*

### *Study #2: Innovation and the Use of Research Evidence in Public Youth-Serving Systems*

*Lessons Learned*

1. Use of Research Evidence does inform policy and practice.
2. Systems leaders use three other types of evidence when considering whether to seek and apply research evidence in making decisions:
   - Evidence of resources necessary and available for making use of research evidence (supply);,
   - Evidence of the need for research evidence, usually obtained from local conditions of client and service needs (demand); and

- Personalized evidence gained from experience (i.e., is the research evidence consistent with practice experience).

3. Priority is given with respect to how evidence is accessed, evaluated and applied. For instance,
   - Systems leaders are most likely to rely on the internet for information, followed by interactions with program developers, training manuals, or attendance at conferences, workshops and professional association meetings.
   - *Above all, they are most likely to use the evidence to support existing decisions than to make new decisions.*
4. There are two specific obstacles to use of research evidence.
   - The first is the disconnect between "global" and "local" evidence. Global evidence is external, lying outside the agency or jurisdiction. It is based on standards for scientific rigor and the emphasis is on generalizability or transferability or findings from one state or county to another. Local evidence is Internal, originating within the agency or jurisdiction, and may include administrative data. It is based on personal experience (either involvement in data collection and analysis or familiarity with population studied) and the emphasis is on uniqueness of population and its needs.
   - The second is the disconnect between the producers and consumers of research evidence. Evidence constructed on the basis of Randomized Controlled Trials has poor external validity because these trials often cannot mirror real world conditions. Much evidence is produced in the absence of engagement with consumers beforehand, resulting in limited utility and relevance to local conditions. This is why EBPs are often used without fidelity, when they are used at all. Consequently, the methods we use to generate evidence are often not properly aligned with the nature of current policy problems. When you need answers now, waiting for a researcher to submit a proposal, get funding to conduct a study, publish the evidence, seek confirmation of the findings, etc., is just a frustrating experience.
5. Research evidence can better inform policy in timely and useful ways, such as:
   - Through research-policy partnerships.
   - Through the use of local as well as global evidence.
   - Through the development of better methods for producing and disseminating research.

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. The following pages present a summary of each Committee's progress during 2013-14.

## 1. Prevention and Early Intervention Committee

### *Purpose*

The *Prevention and Early Intervention Committee/Statewide Citizen Review Panel (PEI-CRP)* has two major goals:

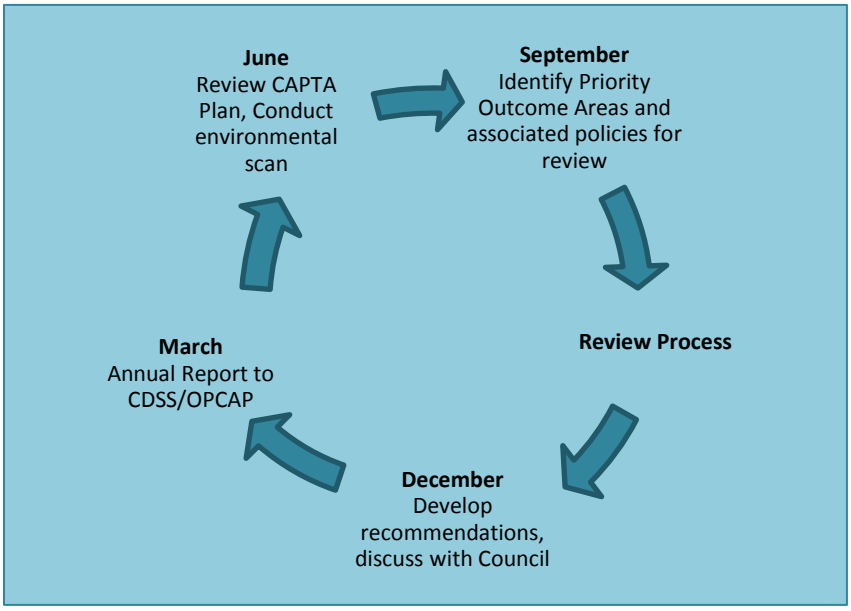
Goal 1: Promote increased uniformity in prevention practice by bringing research-informed prevention practices to scale on a statewide basis.

Goal 2: Promote federal reform of child welfare financing through education and awareness.

### *2014-15 Activities and Accomplishments*

The Prevention and Early Intervention (PEI) Committee of the California Child Welfare Council also functions as a statewide Citizen's Review Panel (CRP). The roles and responsibilities of Citizen Review Panels are defined by law and by the needs of individual states. Panels are required to review the state's CAPTA Plan, which includes the child abuse and neglect reporting system, child welfare system, and confidentiality. Panels are also charged with examining the policies, procedures, and practices of state and local agencies to evaluate the extent to which child protection system agencies are effectively meeting their child protection responsibilities. CRPs may also review additional policies, procedures, and practices that they consider important to ensure the protection of children.

The policy review and recommendation process is based on an annual rotating cycle and can be modified as required to align with priorities of the Child Welfare Council and PEI Committee, as informed by CDSS Office of Child Abuse Prevention (OCAP) staff. It begins in June with review of the state's CAPTA Plan, which informs identification of priority outcome areas, by September. Policy review is initiated as soon as an outcome area is identified. Preliminary findings are presented to the Child Welfare Council in December, and recommendations are finalized in the Annual Report submitted to OCAP by the following March.



*Federal Reform of Child Welfare Financing*

The PEI-CRP continues to disseminate the recently approved *Federal Reform of Child Welfare Financing Toolkit*. The Committee developed the toolkit to educate the public, stakeholders, and policymakers about the potential benefits to California of federal child welfare finance reform. Casey Family Programs provided 2,000 printed copies of the toolkit for members upon request. Subsequent to the Council's approval of the Toolkit, Chair Kathy Icenhower and members of the PEI-CRP met with Secretary Dooley and CDSS Director Lightbourne, resulting in :

1. An agreement to bring together persons of influence to define the "California voice" with respect to finance reform; and
2. Plan to identify key California leaders to actively participate in the ongoing national conversation regarding reform.

California is the largest consumer of Title IV-E funds; in addition, it provides an increasing general fund investment. A key for California is recognizing the state's unique needs that would not likely be well served by current finance reform proposals, and thus expanding conversation to include options that would better serve the state.

Of particular interest to the PEI-CRP is the opportunity to incorporate work on substance use disorders and mental health as a child abuse and neglect prevention issue. The 1115 waiver expands the ability to pay for substance use disorders services, and could be further supported in a federal child welfare finance reform scenario.

## *Concerns or Challenges*

The PEI-CRP works in close partnership with the Office of Child Abuse Prevention (OCAP) and there is a pending change in leadership. With new leadership may come new strategic directions and thus opportunity to revisit aligned activities between the OCAP and the PEI-CRP.

## *2015-16 Goals and Objectives*

During 2015/2016 the PEI-CRP has formed two subcommittees that will focus on:

1. A **review of prevention policy** to identify core elements of practice that are a fit for California. Identification of the core elements of evidence-based prevention practice could serve to unite prevention providers for a greater collective impact. It could also serve to inform policy and resource decisions regarding prevention practices. The *Prevention Policy Subcommittee* will conduct a systematic inquiry to determine (1) what drives, or influences prevention policy in California; (2) what key questions should be answered about how California and other jurisdictions currently handle prevention policy; and (3) What are the essential core elements of evidence-based prevention practice? The PEI will include a report of its findings and recommendations in its annual report to CDSS.

2. A review of **prevention cost/benefit policy** to determine whether a cost/benefit analysis of prevention practices in California could set the stage for improving return on investment of federal, state, and county funds. Identification of cost effective, evidence-based (or research-informed) prevention practices could serve to promote greater uniformity of prevention practice among community-based organizations, networks, family strengthening organizations, family resource centers and others, leading to improved outcomes. The Prevention Cost/Benefit Subcommittee will engage in discussion to determine (1) whether a policy review in this area would be beneficial, and if so in what ways; and (2) what key questions should be answered during the course of the review. The PEI will include a report of its findings and recommendations in its annual report to CDSS.

**NOTE**: The Prevention Policy workgroup will be concurrently identifying candidate core practice elements to consider for California. The Prevention Cost/Benefit workgroup will focus on the identified core elements whenever possible.

## 2. Permanency Committee

### *Background and Purpose*

Identifying and removing barriers and recommending best practices to achieve speedy permanency for all children in foster care (child welfare and probation supervised).

### *2014 – 2015 Activities and Accomplishments*

- The Permanency Committee addressed implementation of two reunification recommendations adopted by the Child Welfare Council.
  - The expansion of dependency drug courts. The Permanency Committee established a workgroup to encourage the expansion of dependency drug courts. Judge Elizabeth Lee is the chair of that workgroup.
  - Recommendation 5: Resources to support permanency are enhanced by strategic investment and reinvestment in programs that reduce costs by achieving permanency for youth in foster care and shortening time to permanency for children entering foster care. Gail Johnson Vaughn, one of our committee members, completed a manual on this topic
- The Permanency Committee has heard presentations on the IV-E waiver demonstration projects in San Francisco, Los Angeles, and San Diego.
- The Permanency Committee also heard two presentations on CCR reform from CDSS.

### *Concerns and Challenges*

- The Permanency Committee originally comprised 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 folks to participate on the Committee. Youth voice in particular has been lost.
- Additionally, rotating/inconsistent attendance limits the Committee's ability to take on additional tasks that individual member's have an interest in pursuing, as there is not enough bandwidth 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.

### *2015-16 Goals and Objectives*

- Develop priorities in a new permanency committee Work Plan.
- Continue implementation efforts of reunification recommendations.
- Re-focus efforts on permanency for older youth.
- Continue to monitor the implementation CCR and RFA reform.

## 3. Child Development and Successful Youth Transitions Committee

### *Background and Purpose*

This Committee was formed to address issues related to child and youth well-being for the purpose of: (1) exploring issues 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 make recommendations on how to address them; and (2) gathering information on what works and recommend replication of proven policies and practices in one jurisdiction for expansion to other jurisdictions. The Committee's approach to making progress under this broad scope is to select specific topics of concern and form work groups to study the issues and issue reports with actionable recommendations for the Council's review and approval.

### *2014-15 Activities and Accomplishments*

The CDSYT Committee accomplishes its established goals through a work group structure. During 2014-15, the areas of focus were foster youth education, expanding on the effort to ensure partial credits are awarded when a foster youth changes schools and that their education rights are honored; monitoring the development of an improved policy for prescribing psychotropic medications for foster youth; meeting the developmental needs of young children in foster care; and supporting the healthy sexual development of foster youth.

- The Partial Credit work group completed 36 training sessions on the model policy developed in the previous year. The training audiences included statewide associations, County Offices of Education, School Districts, Child Welfare Agencies, Youth, Caregivers, and Education Rights Holders. An Education Toolkit was developed as an outgrowth of the Partial Credits Toolkit in support of California's recent landmark legislation, the Local Control Funding Formula (LCFF), which marked the first time any state has included foster youth in its school funding and accountability system and focused much needed attention on the education outcomes of foster youth. LCFF not only brought the heartbreakingly poor education outcomes of foster youth to the fore, it also spotlights the opportunity for our schools to better serve students in foster care. Early implementation of LCFF has shown some significant advances for foster youth in some districts that have devoted increased resources, including staff, to meeting the educational needs of students in foster care. However, many districts have been slow to address foster youth as a distinct subgroup of at-risk students, failing to offer the differentiated supports and services that foster youth need due to their histories of trauma, lack parent advocates, and greatly increased school mobility. The Foster Youth Education Toolkit is designed to keep attention on the educational needs of students in foster care and to assist school districts in meeting the promise of LCFF for our foster youth by ensuring they receive the full benefits of the laws designed to protect them. The Toolkit provides comprehensive information on the education rights of foster youth along with step-by-step procedures and easy-to-use implementation tools to help districts engage in best practices for foster youth education. The Foster Youth Education Toolkit will equip school districts throughout the state with the tools they need to take the next step in implementing LCFF for foster youth. The Committee plans to continue to build on its education agenda through a newly-created Education Work Group.
- The Psychotropic Medication Work Group engaged in reviewing and monitoring the work of the Quality Improvement Project – a collaborative effort led by the California Department of Health Care Services in collaboration with providers, advocates and stakeholders – to ensure appropriate, timely, safe use of psychotropic medications by foster children. Three new products were developed with Work Group members participating in the process: (1) California Guidelines for the Use of Psychotropic Medications for Children and Youth in Foster Care; (2) Foster Youth Bill of Rights; and (3) Questions to Ask. The documents have been widely disseminated to Counties and community providers.
- The Young Children in Foster Care Work Group was formed to address the fact that infants and toddlers in foster care have undergone challenges in their young lives and need extra support to promote healing. Relationships are critical to set them on a path for healthy development and brighter outcomes. The Work Group partnered with California First 5 to add a special section on its website that provides links to:
    - A description of what trauma is, how it affects young children, and recommendations for serving young children who are exposed to complex or traumatic stress.
    - Quick facts on young children in foster care.
    - Special care needed by infants and toddlers in foster care in order to develop their full potential.
    - Videos and further knowledge on the impact maltreatment can have on the developing brain.
    - One of the largest online sources for issues related to child welfare, foster families, and young children in foster care.
- The Healthy Sexual Development of Youth in Foster Care Work Group was formed to explore the topic of how child welfare systems can better support and promote healthy sexual development of foster youth. This topic stemmed directly from the personal stories, statements, and concerns expressed by former foster youth regarding the barriers they have experienced within the current system, and the lack of policies and practices to address young people's healthy sexual development. In partnership with California Youth Connection, Humboldt County Department of Health and Human Services, California Association of Child and Family

Services, Seneca Family of Agencies, and Center for the Study of Social Policy, the Work Group hosted a day-long gathering devoted to exploring issues and creating recommendations that will make meaningful improvements in our ability to support youth's healthy sexual development. The following themes emerged as areas for improvement.

- Building self-esteem.
- Sex, dating, and masturbation: Help for youth to recognize signs of abuse in a current relationship and to say "No."
- Conflict between religious and cultural beliefs of adults and their ability to support the sexual orientation, gender identity, and expression (SOGIE) of youth in their care.
- Youth who are fathers or mothers.
- Confidentiality.

The Work Group utilized existing practices and policies as the foundation for its recommendations, e.g., Child and Family Team, Continuum of Care Reform, and the Katie A Settlement, and suggested that best practice guidelines that promote positive self-esteem be incorporated into the policies and activities to implement them, such as;

1. Create robust guidance on how the intent of the "Prudent Parent" statute can be used in support of healthy sexual development, such as clarifying how group home staff, foster parents, and kinship caregivers can address various issues relating to sexuality.
2. Consider hiring youth mentors as a resource to support youth as they raise issues related to romantic relationships and sexual identity.
3. Add existing curricula, such as training programs developed by the California Youth Connections YOUTH Training Project to social worker and foster parent training.
4. When developing best practice guidelines and training opportunities for foster youth and relevant stakeholders, consider the array of specific suggestions, topic areas, and perspectives identified by the Work Group members in their report.

### *Concerns and Challenges*

The Committee relies on in-kind resources from a wide range of experts in addition to the time and expertise provided by its members, and all contributions to the Committee's work must be balanced with the competing demands of participants'' full time jobs. In addition, the Committee's recommendations are advisory and may not align with the priorities of the public agencies responsible for the topics studied by its various work groups.

### *2015-16 Goals and Objectives*

For fiscal year 2015-16, the Committee is planning to fully launch its Education Work Group; explore employment opportunities for youth in foster care; collaborate with state and county agencies as well as private providers on how to expand available housing for transitioning and former foster youth; and work with state and county agencies, advocates and community agencies on implementation of the recommendations of the Work Group on Supporting Healthy Sexual Development of Youth in Foster Care.

## 4. Data Linkage and Information Sharing Committee

### *Background and Purpose*

Data can inform services at the individual and systems levels. To this end the Committee works towards linking data across major child-serving agencies (child welfare, education, vital statistics, health, mental health and substance use) to give caregivers, social workers, multidisciplinary teams and courts the ability to ensure continuity of care for children, youth and families. The Committee also helps develop essential tools to measure outcomes across systems at the state and local levels. This is critical to improving access to and the quality of services.

### *2014 – 2015 Activities and Accomplishments*

The Committee focused on working towards data linkages and information sharing across major child serving agencies, including child welfare, education, health, and mental health, in order to give caregivers, social workers, multidisciplinary teams and the courts the ability to ensure continuity of care and services. In addition, the committee continued efforts to assist with development of 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. Additional activities included:

- Provided a forum for successful data linkages and information sharing efforts to be presented, discussed, and disseminated.
- Supported current efforts within the California Department of Social Services to improve service delivery through information sharing. Provided an update on mental health coordination activities with child welfare (Katie A.) and supported data sharing agreements between CDSS and other state agencies which include a global agreement with the Department of Health Care Services and counties.
- Presented innovative data sharing projects which include the Cal-PASS Plus foster youth data dashboard which will help improve the success of foster youth along the education-to-workforce pipeline and Code for America efforts to develop digital approaches to delivering key public services across health, economic development and safety.
- Provided information on state and local-level educational data sharing efforts including new foster youth data functionality in the California Longitudinal Pupil Achievement Data System (CALPADS).
- Provided information on potential data masking techniques for reporting of small cell sizes to protect confidentiality in reporting of sensitive information.
- Presented and discussed the results of studies which provided key information about youth transitioning to adulthood and risk factors for involvement in Child Protective Services.
- Continued collaboration with Office of Systems Integration and Stewards of Change.
- Continued collaboration with the Legislature. Committee members consulted with the Assembly Human Services Committee and staff as it considered legislation on interoperability and information sharing.
- Continued efforts to advance the California HIE federal audacious goal – Personal Health Records for Children in Foster Care.
- Continued to work with state agencies, the courts, counties, philanthropy, and academia to promote data linkages that further knowledge about California's children and families.

### *Concerns and Challenges*

There continues to be limited funding available to promote interoperability and information exchange and many uncertainties remain. Realignment from the state to the county level continues to pose challenges for achieving uniform information-sharing policies and practices. Procurement for a new child welfare case management system is in process; the Committee will continue to work on ensuring that the new system incorporates national data standards and an interoperable design.

### *2015-16 Goals and Objectives*

The Committee will continue to clarify and disseminate State policy on the importance of data integration and information sharing:

- Provide a forum to discuss the opportunities and challenges to data linkage projects, data integration, and information sharing.
- Engage with other Council subcommittees regarding questions and needs they may have for data that would inform and enhance their respective goals and objectives.
- Disseminate the Council's 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.
- Participate in the statewide interoperability planning taking place through the California State Systems Interoperability and Integration Project, including support to project subcommittees.
- Consult with the Assembly Human Services Committee and staff as it considers legislation on interoperability and information sharing.
- Emphasize the urgency of interoperability given the critical nature of this time period in terms of data systems and data exchanges.

The Committee will continue to examine policy and practice barriers to information sharing and make recommendations to the Council on measures to overcome the barriers. This includes continuing to discuss information sharing barriers – at both the local and statewide levels – and developing recommendations to overcome the barriers. It also includes discussing ways to dispel misconceptions and myths regarding data linkage and information sharing.

The Committee will identify common technology standards and strategies to maximize the sharing of information resources. This includes investigating opportunities to enhance information sharing opportunities, even learning from those occurring outside of health and human services. It also includes providing localized support, guidance and technical assistance to local courts and counties to overcome barriers to information sharing and advance interoperability.

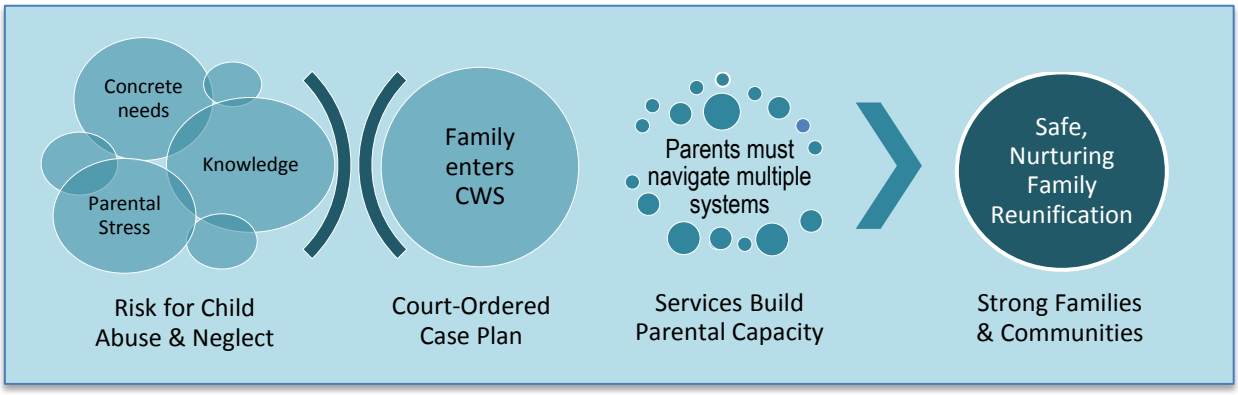
The Committee will discuss ways to coordinate and leverage existing state investments in data and information resources, including identifying funding sources for data linkages, and also continuing to support the State's "audacious" HIE goal of Personal Health Records for Children in Foster Care. The Committee will provide technical assistance/consultation to other Council Committees and task forces regarding data issues and collaborate to increase the visibility of the Child Welfare Council across the state.

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. Initially, two task forces were formed: the *Prioritization Task Force* and the *Out-of-County Mental Health Work Group*. In June 2013, the Council formed another ad hoc group: the *Commercially Sexually Exploited Children Action Team*. The following pages summarize the achievements, challenges, and goals for these ad hoc groups.

## 1. Priority Access to Services and Supports (PASS) Task Force

### *Purpose*

The Council established the PASS project to develop and implement protocols that will give parents priority access to services needed to remedy the problems that led to removal of their children by the Court. Prioritized access to targeted services and supports is vital for families who have a court-ordered reunification plan, in order for them to demonstrate that they can safely care for their children. The state has a moral obligation as well as a fiscal incentive to see that these parents succeed in reunification.




The four PASS Agency Teams focus on the following service areas:

(1) Behavioral Health
(2) Housing
(3) Employment
(4) Corrections and Probation

### *2014-15 Activities and Accomplishments*

*Behavioral Health Team – led by the California Department of Health Care Services*

- Hosted a Priority Access Policy Forum in December 2014 that brought together state, county, and federal leaders in behavioral health and child welfare.
- Drafted an Operational Plan that calls for:
  - ***State Leadership and Oversight***. DHCS and CDSS have committed to providing guidance to, and identifying and reducing barriers for, County Mental Health Departments and Medi-Cal Managed Care Plans to provide priority access to mental health and substance use disorder treatment and recovery services for family reunification (FR) parents of children in foster care.

- ***Improve Timeliness and Develop Priority Access Mechanisms.*** DHCS will work with County Mental Health Departments and Medi-Cal Managed Care Plans to improve timely identification of behavioral health service needs and establish priority access to behavioral health services.
- ***Enhance Behavioral Health Care Service Capacity and Coordination.*** DHCS will work with County Mental Health Departments and Medi-Cal Managed Care Plans to ensure that:
  (1) A continuum of evidence-based programs and practices for MH and SUD services are available on a priority and streamlined basis to FR Parents; and
  (2) FR Parents in reunification have the support they need to navigate complex service systems.

*Housing Team – led by the California Department of Housing and Community Development*

- Asked for and was granted a seat on the Child Welfare Council.
- Conducted a Forum with federal, state, and county partners to inform planning in October 2014.
- Developed an Operational Plan for the following:
  - **Strategy 1:** Improve access to affordable housing for Child Welfare (CW) Families in State-administered housing programs.
  - **Strategy 2:** Encourage and promote targeting of locally-controlled resources to improve access to housing for CW families.
  - **Strategy 3:** Promote state-local collaboration and best practices across child welfare and housing systems.
  - **Strategy 4:** Use data and research to understand housing needs and promote solutions for CW families.

*Employment Team – led by the California Workforce Investment Board*

- Explored partnership with the Kresge Foundation to further PASS activities.
- Partnered with the Employment Development Department to award $3 million for grants to develop and implement projects that accelerate employment for California job seekers. The new funding was intended to support projects that accelerate skill development and employment for individuals with barriers to employment, including the long-term unemployed, low-income workers, disconnected youth, veterans, individuals with disabilities, ex-offenders, parents involved in family reunification, and CalWORKs participants. No funding was awarded to specifically support reunification families.

*Corrections/Probation Team – led by the California Department of Corrections and Rehabilitation (CDCR) and Chief Probation Officers of California (CPOC)*

- Increased awareness of PASS related to criminal justice by:
  - Developing an informational flyer for the field describing PASS, its link to criminal justice, and reunification resources.
  - Memorandum and outreach literature guiding parole agents in the field to facilitate priority access to services for CW families.
  - Memo/fact sheet on Best Practices in Family Reunification specific to probation.
- Developed a process for data linkage to identify eligible offenders to provide seamless access to available reunification services:
  - Discussions are underway to develop a new data sharing interagency agreement between CDCR and CDSS.
  - Identify inmates or parolees with reunification to services earlier by building in a child reunification data element into Automated Reentry Management System.

### *Concerns or Challenges*

Planning for implementation of priority access is a **dynamic, rich, and educational** process. More is learned about both the technical and adaptive challenges facing the state and counties, as well as what is possible each time the Agency Teams come together. The PASS Inter-Agency Leadership Team has continued to pursue two tracks:

- **Policy Track** identifies systemic barriers to full implementation of priority access
  It was anticipated, and has proven to be the case, that there are barriers or challenges in the area of governing rules or legislation, and also in the area of interoperability of data. The PASS Leadership Team will present identified barriers to the Council for review and discussion.
- **Operations Track** looks at how we can develop and support a priority access system.

Some technical solutions are already in place – things that can be done administratively. However, there are adaptive issues that continue to require the PASS Leadership Team to go deeper. These issues constitute barriers to making fundamental change, which is necessary in order to operationalize priority access at the state and local levels. Adaptive issues are complex and require time and attention; they can be underlying, causal, and cultural.

PASS leaders are committed to taking the time that it takes to do priority access right. It does take time because people are asked to go outside of what they normally do. One major adaptive issue facing the PASS Leadership Team is federally defined priority populations that do not include or specifically call out parents in reunification.

Priority access is not possible with a "business as usual" approach or mentality. Dynamism can only happen when the conversation is expanded; conversations must be inclusive of a wide variety of stakeholders to benefit from full perspective and explore all avenues for sharing responsibility for priority access.

### *2015-16 Goals and Objectives*

The PASS Project is working to create a future in which…

***Parents in Reunification*** **are:**

1. Readily identified as a priority population within each system (behavioral health, housing, employment, corrections/probation).
2. Immediately fast-tracked through eligibility and into services.
3. Supported through case management and peer support to achieve success within the specified timeframe and become successful parents to their children.

***The State of California*** has achieved the nation's highest reunification success rate and reduced costs dramatically not only in child welfare but across multiple systems.

***Thousands of youth*** turn 18 each year and enter the world with the support of their family and a greatly increased change of succeeding as adults.

In the coming year, the PASS Agency Teams will continue working to fully operationalize priority access within their identified departments. They will also support county partners in pilot testing strategies that will facilitate reunification parent's access to needed services and supports.

## 2. Out-of-County Mental Health Services Task Force

### *Background and Purpose*

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).
- 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 subsequent 12 years, various measures have been put in place by the Department of Mental Health (now housed within the Department of Health Care Services) and the Legislature to further facilitate access to mental health services by foster children who reside 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.

In December 2010, the Council approved the formation of a Work Group 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.
4. Outcomes and accountability.

The Work Group presented a report of its activities and accomplishments to the full Council at its December 2011 meeting and recommended that the Katie A Settlement Implementation Committee would be the appropriate vehicle for addressing the following components of out-of-county mental health services system: statewide use of screening and assessment tools at intake, case management practices, treatment planning and coordination of care, and outcomes and accountability.

### *2014-15 Activities and Accomplishments*

The resolution of how foster children with a medical necessity for mental health treatment who are living outside their county of court jurisdiction can readily access mental health services continued to present challenges during the fiscal year. Working with the County Behavioral Health Directors Association, County Welfare Directors Association of California, Chief Probation Officers of California, California Department of Social Services, the California Department of Health Care Services drafted a policy to improve access to timely and effective mental health services for all foster children place outside the county of child welfare and/or probation mental health jurisdiction, in another county. The elements of the draft include:

1. Transfer policy whereby the mental health authorization, treatment, and payment is transferred to the host county mental health plan should be aligned with permanency goals. Transfers must be done in a child-focused and family-focused manner, which requires a policy with flexible parameters.
2. The tenets and suggested practices of the Katie A. Settlement Agreement and the proposed Continuum of Care Reform (CCR) efforts with respect to Child and Family Teams should be embedded in this policy.
3. Both child welfare and mental health systems need to work collaboratively to build trauma-informed systems of care.

4. Child welfare and mental health systems will include youth and family voices and choices in decisions about their care.
5. The policy must ensure that crossing county boundaries does not compromise service delivery.

The draft policy took into account the recent programmatic and fiscal changes impacting the child welfare, probation and mental health programs, i.e., Katie A Court Settlement and Core Practice Model; the Continuum of Care Report Recommendations; and 2011 Realignment.

### *Concerns and Challenges*

Concerns noted by Council members include the provision in the draft policy that calls for Child and Family Teams to have a significant role, but not all counties have Child and Family Teams. There was also concern about the competing decision-making authority between the Child and Family Team and a youth's social worker or probation officer; it is not clear who would have the final say. There was also concern about possible confusion as to which "plan" would drive the case plan objectives – the child welfare/probation case plan or the mental health treatment plan. Further, each system (child welfare and mental health) uses language and terms in different ways, which should be straightened out in the final policy.

Council members also noted that while a Child and Family Team can identify a need, the members of this team do not set up the mechanics of payment for services to address that need. In addition, counties vary in how they define "medical necessity," which is a criterion that must be met for authorizing mental health services, e.g., some counties use the Child and Adolescent Needs and Strengths (CANS) tool and others do not.

### *2015-16 Goals*

The Department of Health Care Services, in collaboration with state and county partners, service providers and advocates will implement an Out-of-County Mental Health Services policy for youth in foster care that has been approved by decision makers.

## 3. Commercially Sexually Exploited Children (CSEC) Action Team

### *Background and Purpose*

In 2011, a group of California organizations and providers urged CWC to adopt as a major issue the commercial sexual exploitation of children (CSEC) and its intersection with child welfare. In response, CWC started a new workgroup of the Child Development and Successful Youth Transitions Committee that focused on the issue of children in the child welfare and foster care system being commercially sexually exploited, or at risk of being exploited. The work group spent the next two years studying the issue, drafting a report on the problem in California, and recommending a statewide multidisciplinary response.

In June 2013, the Council released the workgroup's report, *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*, which provided context about CSEC and made recommendations to the CWC on how California should respond to the problem. The Council unanimously adopted the report's recommendations, and established and appointed members to the Commercially Sexually Exploited Children (CSEC) Action Team to further explore the issue of domestic CSEC in California, identify promising prevention and intervention practices, and make recommendations to the State on how to better address the problem.

During the two years since the CSEC Action Team's inception, awareness of CSEC and the intersection between child sex trafficking and the child welfare system has increased dramatically. The CSEC Action Team continues to conduct research and to develop guidance on coordinated, interagency approaches to ensure that CSEC and children at-risk of becoming CSEC are identified, protected, and receive the services they need to overcome trauma and thrive.

The CSEC Action Team is led by Co-Chairs Diana Dooley, Secretary of Health and Human Services, and Leslie Heimov, Executive Director of the Children's Law Center of California, along with Project Director Kate Walker and Assistant Project Director Elizabeth Laferriere of the National Center for Youth Law.

### *2014-15 Activities and Accomplishments*

The state-funded Commercially Sexually Exploited Children Program (CSEC Program) was established by the Legislature in 2014 with the strong backing of the CSEC Action Team. The CSEC Program provides support for counties to more effectively serve identified and at-risk CSEC through a coordinated, interagency approach to case management and service planning. In the program's first year, the CSEC Action Team focused its efforts on identifying key learning objectives for the required training and producing much-needed resources to ensure the smooth and effective implementation of the CSEC Program and related policy changes. Those resources included the following:

- Interagency Protocol Framework
  - *Model Interagency Protocol Framework:* incorporates the legal requirements of the CSEC Program, including required participants and the MDT approach, and also offers additional guidance on protocol development based on promising practices
  - *Background and Purpose*: offers the history of the CSEC Action Team and the CSEC Program
  - *Appendix and Acknowledgements:* defines critical theories and terms discussed in all of the CSEC Action Team's resources
- CSEC Practice Guidance Toolkit
  - *MOU Template for the CSEC Program:* expands upon the Framework and can be used as a structural reference for counties when developing their interagency protocols
  - *Holistic Needs of CSEC:* serves as a reference point for identifying what needs should be considered in case planning
  - *Core Competencies for Serving CSEC*: outlines the skills, knowledge, and behaviors that will help providers identify, serve, and protect children and youth who have been sexually exploited or are vulnerable to exploitation

All of these important documents are the result of many months of collaborative dialogue and expert consultation. They are available online and will be assembled in one complete publication in the coming months.

The California Department of Social Services (CDSS), through several pieces of guidance released in 2015, recommended that counties use the above resources to fulfill the requirements of the CSEC Program. Not only will these documents be useful to counties in California, it is hoped that other jurisdictions throughout the nation will also benefit from the CSEC Action Team's work.

### *Concerns and Challenges*

The CSEC Action Team is fortunate to host a range of diverse experts among its membership of nearly 60. All members add significant value to the body's efforts and their input is consistently sought on all different projects based on area of expertise. Due to the large number of members and the range of experiences, a significant amount of staff time is spent coordinating meetings with and feedback from members, all of whom have busy schedules and additional responsibilities. The limited supply of funding sources constrains the ability of the CSEC Action Team to increase staffing. Additionally, because members of the Action Team are scattered throughout the state, it can be difficult to engage the members and elicit timely feedback. The Action Team is currently strategizing on more effective approaches to convening.

### *2015-16 Goals*

The CSEC Action Team is still maturing and building the most effective internal structure for supporting its highly collaborative efforts. It will continue to prioritize meeting the requirements of its grants and will work to identify and secure new funding to keep its important work going.

This year, the CSEC Action Team has dedicated significant time to discussing and narrowing down its future project priorities. The following priorities will be used to guide its efforts going forward, although not all priorities will be addressed in this upcoming year:

- *CSEC Program County Convening:* platform for county teams to share their approach to CSEC as well as challenges and promising practices from the development and implementation of their interagency protocols. Final deliverable will include a white paper that summarizes the convening and proposes recommendations for the next iteration of the CSEC Program.
- *Community Services for CSEC:* this project will follow up on an earlier environmental scan of CSEC services across the state with more in-depth interviews to identify, categorize, and highlight community services for CSEC.
- *Survivor Advisory Board:* this initiative will develop and support a survivor advisory board of approximately 12 members that will provide regular input to CDSS and the CSEC Action Team's activities and resource development.
- *Other priorities include:* developing court and placement guidance, creating more training opportunities, and exploring and instituting preventative services.

# Appendix A: Overview of California's Child Welfare System and Services

California counties are the primary governmental bodies that directly interact with children and families to address child abuse and neglect. The county social services department or agency, through its child welfare division, administers and provides child welfare and foster care services under Sections 300 et seq. and 16500 of the California Welfare and Institutions Code (WIC). The county child welfare division investigates reports of child abuse and provides case management and other services to help families stay together whenever possible.

Each County maintains a hotline to receive reports of suspected child abuse and/or neglect. Once a call or report is received, a Child Welfare Social Worker (CSW) will evaluate the referral and find that more information is needed or that it does not rise to the level of abuse and will be closed. If more information is needed, a CSW will go out to the child's home and assess for risk and safety factors.

When possible the CSW works with the family to find the least intrusive approach to keep the child safe while supporting the parents in ameliorating the issues that brought them to the attention of the child welfare division. If the CSW's assessment of the problem indicates that formal court intervention is needed, the child may either be removed from or remain in the home while court oversight is requested through the Juvenile Court Dependency system. Child Welfare Services are provided using a family-focused, needs-driven approach.

When children is removed from the care of their parents by the Juvenile Court, the CSW provides Family Reunification services based on individualized case plans that will support safe return of children to their parents (with specified exceptions in situations involving severe abuse of children under age three). The CSW is responsible for reporting on the progress of the family to the Court six and 12 months after a child's removal from the parents, with the Court authorizing reunification at any point the parents have demonstrated the ability to safely care for their children. After 12 months, the court may hold a permanency planning hearing to determine an alternate permanent family for the child through adoption or guardianship. Children who remain in foster care after they turn 18 years of age, may be eligible for extended foster care services up to age 21 as well as transitional housing and other services up to age 24 and retain eligibility for Medi-Cal until they reach age 26.