

2023-2024

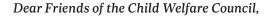
Annual Report
of the California
Child Welfare Council



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Letter From Cochairs



We are pleased to submit the fiscal year 2023–24 Annual Report of the California Child Welfare Council (Council) pursuant to Welfare and Institutions Code section 16540. This report highlights the Council's continuing work in behavioral health services and education, and the Council's next steps in shifting the systemic focus from mandated reporting to community supporting.

The Council examined ways to improve access to behavioral health services for youth in foster care. With the increase in the mental health needs of youth in the past several years, it was recommended that a centralized database be developed for services and interagency communication that includes community-based organizations. The Council learned about ways to expand mental health and behavioral services that support children and families in all aspects of their lives (Wraparound services), and about an emotional wellness app that is being developed by and for youth in foster care.

Education, particularly the status of students' postpandemic educational needs, was another issue the Council addressed. The Council learned about state funding for efforts to meet these needs and about county programs that have proven effective. The educational needs of nonminor dependents in extended foster care were discussed along with their needs for housing and public assistance. The Council also learned about developing higher-education opportunities for youth in secure treatment facilities to support successful transitions back into communities.

Supporting families to keep them out of the child welfare system whenever possible remained an important focal point of the Council's work. The Council discussed preventative legal services to help families get the financial assistance they need to maintain safe homes for their children and legal representation to help parents understand and navigate child welfare agency and court procedures. The Council continued to move forward with the systemic shift from mandated reporting to community supporting by reviewing recommendations for implementing this policy change.

The Council could not accomplish its mission without the collaboration of the three branches of government, foster youth and their families, and key stakeholders who provide services in the child welfare and foster care systems. With these partners, Council members, committees, and task forces identify effective strategies and resources to help prevent entry into the child welfare and foster care systems, and to improve outcomes for those in these systems.

We appreciate the members of the Council and individuals from a wide range of organizations who generously give their time and talent to further the Council's work. This work would not be possible without their commitment and leadership.

Sincerely,



Ms. Kim Johnson
Secretary
California Health and
Human Services Agency



Hon. Laurie M. Earl
Administrative
Presiding Justice
Court of Appeal,
Third Appellate District

Rended & Sachted

An Overview of the Child Welfare System

When children and families need to address child abuse and neglect, the primary governmental bodies that directly interact with them are California counties. County social services departments or agencies, through their child welfare divisions, administer and provide child welfare and foster care services under sections 300 et seq. (dependency child welfare cases), 727 et seq. (probation-placed child welfare cases), and 16500 of the California Welfare and Institutions Code

County child welfare agencies investigate reports of child abuse and provide case management and other services to help families stay together whenever possible. Each county maintains a hotline to receive reports of suspected child abuse, neglect, or both. Once a call or report is received, a child welfare social worker will evaluate the referral and find either that more information is needed or that it does not rise to the level of neglect or abuse and no further investigation will be required

In some counties, the family will be connected to differential or alternative response services when the information does not indicate a substantial risk of serious physical harm or illness to a child, but the family could benefit from additional services and supports that could prevent future entry into the system. If more information is needed, a child welfare social worker will go to the child's home and assess it for substantial risk of serious physical harm or illness

When possible, the agency worker engages 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 agency. This approach could lead to keeping the child with the family and connecting them to support services instead of court intervention

If the agency'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 the agency requests court oversight through the juvenile court system. Services are provided using a family-centered, trauma-informed, strengths-based approach. For children who have Indian heritage, agencies and courts work to verify the children's status as Indian children and to comply with the requirements of the Indian Child Welfare Act

Unless certain statutory exceptions apply, when children are removed from the care of their parents by the juvenile court, the agency provides family reunification services based on individualized case plans that will support a safe return of children to their parents. The agency is responsible for reporting to the court on the family's progress 6 and 12 months after a child's removal from the parents, with the court authorizing reunification when the parents have demonstrated the ability to safely care for their children. After 12 months, if the family has not reunified, the court may hold a permanency planning hearing to determine an alternative permanent family for the child through adoption or guardianship. Children who remain in foster care after they reach 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 may retain eligibility for Medi-Cal until they reach age 26

Child Welfare Council Vision, Mission, and Guiding Principles

The Child Welfare Council brings together the multiple agencies, organizations, and courts that serve the children, youth, and families in California's child welfare and foster care systems. Created through the Child Welfare Leadership and Performance Accountability Act of 2006,¹ the Council serves as an advisory body responsible for improving the collaboration and processes of agencies and the courts. The Council monitors and reports the extent to which child welfare and foster care programs and the courts are responsive to the needs of children in their joint care.

Vision

Every California child lives in a safe, stable, permanent home, nurtured by healthy families with the capacity to meet the child's needs and support the child's well-being, and is prepared for the transition into adulthood and becoming a contributing member of society.

Mission

We provide an effective, collaborative forum for the three branches of government, foster youth and their families, and key stakeholders to advocate for effective and promising strategies and adequate resources to improve outcomes for children, youth, and families involved with or at risk of involvement with the child welfare system.

Guiding Principles

- 1. Collaboration is essential among the three branches of government, foster youth and their families, and key stakeholders to achieving improved outcomes for children, youth, and families.
- 2. Accountability for child, youth, and family outcomes is shared between federal, state, and local governments and among multiple agencies, the courts, community partners, families, and youth.
- 3. Engaging families and youth in the development, implementation, and evaluation of services, programs, and policies is essential to achieving improved system outcomes.
- 4. Sharing data and information across governmental jurisdictions, agencies, and the courts promotes more informed program planning, development, and evaluation. At the local level, it enables the linkage of children, youth, and families to appropriate community services and supports.
- 5. Best and promising practices should be replicated statewide where appropriate and possible.

¹ Child Welfare Leadership and Performance Accountability Act of 2006 (Assem. Bill 2216; Stats. 2006, ch. 384). The Child Welfare Council's general authority is granted under sections 16540–16545 of the Welfare and Institutions Code. The Council's annual report is mandated by Welfare and Institutions Code section 16540.

- 6 Maximizing and using multiple funding sources flexibly across systems provides resources needed to meet the comprehensive and complex needs of children, youth, and their families
- 7. Recommendations will be culturally appropriate, strength-based, evidence-informed, and outcomes-driven to ensure that all children, youth, and their families are treated fairly and equally without regard to age, race, gender, sexual orientation, and ethnicity

Committees of the Child Welfare Council

Steering Committee

The Steering Committee advises the Council membership, cochairs, and staff on policy issues and systemic processes that should be addressed. The Steering Committee helps develop agendas for the Council's quarterly meetings by identifying presentations that will aid the Council in its work

Prevention and Early Intervention Committee

The primary objective of the statewide Prevention and Early Intervention (PEI) Committee is to advocate for needed resources, policies, and practices to promote child, parent, and family well being, and prevent child abuse and neglect

Permanency Committee

The Permanency Committee identifies barriers to permanent resolutions and recommends best practices to achieve speedy permanency for all children in foster care

Empowerment Committee

The Empowerment Committee (formerly the Child Development and Successful Youth Transitions Committee) explores issues related to the physical health, mental health, and educational and social development needs of all children and youth in the child welfare system, from the very young to those transitioning to adulthood, and makes recommendations on how to address those needs. It also identifies successful policies and practices at the local and state levels so they can be replicated in more jurisdictions

Data Linkage and Information Sharing Committee

The Data Linkage and Information Sharing (DLIS) Committee supports the integration of information across child-serving agencies—child welfare, health care services, education, vital statistics,

and juvenile justice—to inform policy and practice at the individual and systems levels. Linked data provides staff, caregivers, and courts with crucial means to ensure continuity of care for the child welfare population. The committee also assists in the development of tools that measure outcomes across systems at the state and local levels. This information is critical for continuous quality improvements in child welfare services that adapt to the changing needs of children, families, and caregivers

Commercial Sexual Exploitation of Children Action Team

The Commercial Sexual Exploitation of Children (CSEC) Action Team brings together community-based and grassroots organizations, public agencies, lived-experience experts, service providers, parent partners, judges, lawyers, and interested community members to address commercial sexual exploitation (CSE). The committee meets quarterly to expand awareness about CSE, identify challenges facing California's young people affected by CSE, share promising practices, and develop tools and resources. The committee's goal is to spur Council members across California to act to better serve youth who have been affected by exploitation, as well as their families

Behavioral Health Committee

The Behavioral Health Committee was formed out of a clear consensus of the Council that despite statewide efforts to improve access to behavioral health services for child welfare—involved youth and those at imminent risk of involvement, significant challenges still prevent youth and families from receiving comprehensive and integrated services and supports. Committee members include state agency leadership, representatives from the Governor's Office and California Legislature, children's behavioral health providers, county representatives, caregivers, and advocates. The committee is tasked with developing best-practice recommendations to guide policy and inform statewide efforts to address the behavioral health needs of children and youth more effectively in the child welfare system

Youth Justice Committee

The Youth Justice Committee (formerly, the Office of Youth and Community Restoration Committee) advises and provides recommendations related to policies, programs, and approaches that improve youth outcomes and reduce youth detention and recidivism. The committee works to reduce the number of youth transferred into the adult penal system. It identifies and supports trauma-responsive and culturally informed services and approaches that can help youth successfully reenter their communities

Summary of 2023-24 Activities and Accomplishments

Improving Access to Behavioral Health Services

Behavioral Health Initiatives and Child Welfare Efforts

Mental health and substance abuse disorders are the leading causes of disease in the United States ² Among comparable countries, the United States has the highest rate of death from mental health and substance abuse disorders ³ Before the COVID-19 pandemic, the mental health needs of youth were already on the rise, ⁴ and the pandemic exacerbated these needs ⁵

The Council examined current initiatives that affect behavioral health services for children and youth. These initiatives include California Advancing and Innovating Medi-Cal (CalAIM), the Children and Youth Behavioral Health Initiative (CYBHI), and the Family First Prevention Services Act (FFPSA) Different safety nets of services and supports with different payors present a challenge to integrating payors and building new community and team-based models of care S

Suggested Improvements9

- 1 A centralized statewide database for foster youth service and supports to match children with the services and supports they need;
- 2 Interagency communication, including community based-organizations, with data sharing that enables agencies to know their partners and work across different systems;
- 3 Streamlined contracting practices that include multiyear contracts;
- 4 Ensuring regional availability of a full array of services; and
- 5 Statewide technical assistance to reform funding and contract practices so they work well together

Readers are encouraged to view the presentation materials by using the link in the footnotes

² Integrating Behavioral Health Initiatives with Child Welfare Efforts, slide 5, www.chhs.ca.gov/wp-content/uploads/2023/10/BH-Initiatives-and-CW_for-posting-on-CWC.pdf.

³ *Ibid.* slide 6.

⁴ Ibid. slide 7.

⁵ *Ibid.* slide 8.

⁶ Cal. Child Welfare Council, agenda (Sept. 13, 2023), item at 9:45 a.m., California Advancing and Innovating Medi-Cal (CalAIM) and BH-Connect, www.chhs.ca.gov/wp-content/uploads/2023/09/CWC-Agenda-9.13.23-FINAL.pdf. Integrating Behavioral Health Initiatives with Child Welfare Efforts, www.chhs.ca.gov/wp-content/uploads/2023/10/BH-Initiatives-and-CW_for-posting-on-CWC.pdf. Presentation participants: Chris Stoner-Mertz, Chief Executive Officer, California Alliance of Children and Family Services; Alex Briscoe, Principal, California Children's Trust; Erika Cristo, Assistant Deputy Director, Community Services & Licensing and Certification, Behavioral Health, Department of Health Care Services.

 $^{^{7} \} Integrating \ Behavioral \ Health \ Initiatives \ with \ Child \ Welfare \ Efforts, slide 1, www.chhs.ca.gov/wp-content/uploads/2023/10/BH-Initiatives-and-CW_for-posting-on-CWC.pdf.$

⁸ *Ibid.* slide 20.

⁹ Ibid. slide 80.

Expanding Wraparound Services

Through a presentation from the California Children's Trust, the Council learned about the possible expansion of Wraparound services ¹⁰ (comprehensive services that support children and families in all aspects of their lives) to provide mental health care to all children in foster care, not just those with a diagnosis. Every child who is removed from their home experiences trauma and should receive social and emotional support ¹¹ Mental health care should be provided to support healthy development, not merely to treat a diagnosed condition ¹²

The movement to expand mental health services for youth in foster care comes on the heels of a crisis in youth mental health. Before the COVID-19 pandemic, data showed a 104 percent increase in inpatient visits for suicidal ideation and self-injury for children ages 1–17 and a 151 percent increase for children ages 10–14; a 50 percent increase in mental health hospital days for children between 2006 and 2014; and a 61 percent increase in the rate of self-reported mental health needs since 2005 ¹³ The mental health needs of youth increased during and immediately after the COVID-19 pandemic ¹⁴

California ranks 44th among states in providing access to behavioral, social, and development services and screening ¹⁵ The state ranks in the bottom third of all states for its health spending of \$2,500 per child enrolled in Medicaid ¹⁶ Children represent 43 percent of the state's Medicaid enrollees, but only 14 percent of all expenditures ¹⁷ These statistics have particular relevance to children of color because 81 percent of children on Medicaid are children of color ¹⁸ The suicide rate for Black children ages 5–12 is twice the rate for their White peers ¹⁹ In the state's juvenile justice system, where youth of color are overrepresented, 80 percent of youth have unmet behavioral health needs ²⁰

Because access to care varies widely from county to county, mental health care services must be standardized ²¹ Regardless of the county they live in, every child should have a similar experience

¹⁰ Cal. Child Welfare Council, agenda (Mar. 6, 2024), item at 10:10 a.m., Path Forward to Expand Wraparound for All Children/Youth in Foster Care, www.chhs.ca.gov/wp-content/uploads/2024/o2/CWC-Agenda-3.6.24-Final-SNS-FB-MW-AAP-CW-Edits-v.3.pdf. Presenter: Alex Briscoe, Principal, California Children's Trust. Video recording of Mar. 6, 2024, meeting at 2:26:14. www.voutube.com/watch?v=V6EaXd1ZhdM.

¹¹ Video recording of Mar. 6, 2024, meeting at 2:32:53, www.youtube.com/watch?v=V6EaXd1ZhdM.

¹² Ibid. at 2:32:37.

¹³ Ibid. at 2:35:04.

¹⁴ Ibid. at 2:35:46.

¹⁵ Ibid.

¹⁶ Ibid. at 2:36:12.

¹⁷ Ibid. at 2:36:12.

¹⁸ Ibid. at 2:37:17.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid. at 2:33:37.

with ongoing measurement and monitoring of care, including staffing levels, costs, and outcomes ²² The mental health care workforce should include more people with lived experience, and funding should be available for certified peer specialists and community health workers ²³ Finally, county child welfare agencies should leverage matching federal funds ²⁴ When done to fidelity (services are performed to set standards), Wraparound services that combine clinical services with peer support are proven to increase a child's ability to remain at home and decrease hospitalizations ²⁵ For more information about specialty and nonspecialty mental health services and how they are funded, readers are encouraged to view the video recording of this presentation, which can be accessed through the link in the footnotes

FostrSpace

FostrSpace is an emotional wellness app that helps improve access to behavioral health services (mental health and substance use prevention) and outcomes for youth in the California foster care system ²⁶ The app is designed for foster youth by foster youth who worked with collaborators from the University of California, San Francisco ²⁷ It offers foster youth throughout California access to mental health care clinicians, personal care navigators, tailored resource directories, and peer support ²⁸ The federal Department of Health and Human Services selected FostrSpace as a recipient of funding through its Youth Resilience Challenge to increase digital access for youth ages 13 to 25 statewide and to expand advocacy training by partnering with youth-led organizations and utilizing community innovation ²⁹

Improving Educational Opportunities for Youth and Nonminor Dependents

Meeting Students' Post-Pandemic Educational Needs

The Council studied efforts to meet the post-COVID-19 pandemic educational needs of children in foster care ³⁰ Data from the Department of Education generally showed that disparities in the education system were ingrained before the pandemic, and they deepened and worsened during the

²² Ibid. at 2:34:00.

²³ Ibid. at 2:34:18.

²⁴ Ibid. at 2:34:32.

²⁵ *Ibid.* at 2:37:44-2:38:53.

²⁶ Cal. Child Welfare Council, agenda (Dec. 6, 2023), item at 11:45 a.m., Foster Space, www.chhs.ca.gov/wp-content /uploads/2023/11/CWC-Agenda-12.6.23-Final.pdf. Presentation participants: Marina Toulou-Shams, Professor, Department of Psychiatry and Behavioral Sciences, University of California, San Francisco; Juan Carlos Gonzalez, Post-Doctorate Fellow, Department of Psychiatry and Behavioral Sciences, University of California, San Francisco. Video recording of Dec. 6, 2023, meeting, www.youtube.com/watch?v=Q1ubuwaA-CI.

²⁷ Video recording of Dec. 6, 2023, meeting, at 2:13:22, www.youtube.com/watch?v=Q1ubuwaA-CI.

²⁸ *Ibid.* at 2:13:23-2:14:17.

²⁹ *Ibid.* at 2:14:31-2:16:02.

³⁰ Cal. Child Welfare Council, agenda (Dec. 6, 2023), item at 9:50 a.m., Meeting the Post Pandemic Educational Needs of Children in Foster Care, www.chhs.ca.gov/wp-content/uploads/2023/11/CWC-Agenda-12.6.23-Final.pdf. Presentation participants: Steve Zimmer, then Deputy Superintendent, California Department of Education, and Dr. Mary Ann Dewan, Santa Clara County Superintendent of Schools and Chair, Kids in Common. Video recording of meeting at 3:20, www.youtube.com/watch?v=Q1ubuwaA-CI.

pandemic 31 During the COVID-19 pandemic, chronic absenteeism rates soared higher for students in foster care than those not in foster care 32 In 2022–23, of the 5,852,544 students enrolled in California schools, 31,722 were in foster care 33 The students in foster care had markedly lower standardized test scores in English language arts and mathematics than the students not in foster care. 34

In 2015, Assembly Bill 854 established the Foster Youth Services Coordinating Program (FYSCP) to be administered by the Superintendent of Public Instruction (California Department of Education) The FYSCP distributes grant funding to each county office of education (COE), or consortium of county offices of education, to operate an education-based youth services coordinating program to provide educational supports for students in foster care. Each COE develops a plan and budget to meet the needs of its county ³⁵ The FYSCP's annual budget has grown from \$27 million in 2015 to \$32 million for 2023–24. The goal is to expand access and delivery of educational services to foster youth and improve their educational outcomes

The FYSCP provides support to all students in foster care, prioritizing students residing in congregate care settings and those with high academic needs ³⁶ All county FYSCPs are required to have agreements with county child welfare agencies to leverage title IV-E funds and any other funds that may be used to address the educational needs of students in foster care or explain annually in writing why an agreement is not practical or feasible ³⁷

California has also made unprecedented investments in transformational public education initiatives that include the community schools ³⁸ The California Community Schools Partnership Program (CCSPP) is an equity and racial justice driven initiative designed to address worsening disparities in educational outcomes caused by the COVID-19 pandemic and direct institutional racism ³⁹ California adopted four national pillars of community schools: integrated support services, family and community engagement, collaborative leadership and practices for educators, and extended learning time and opportunities ⁴⁰

One of the requirements for grant applications under the CCSPP is the submission of an asset mapping and gap analysis. School and community members must identify gaps in programs,

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<sup>31</sup> Ibid. at 17:20-17:36.
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³² *Ibid.* at 9:30.

³³ Ibid. video recording of Dec. 6, 2023, meeting at 8:52, www.youtube.com/watch?v=Q1ubuwaA-CI.

³⁴ *Ibid.* at 9:26.

³⁵ *Ibid.* at 19:20-19:41.

³⁶ *Ibid.* at 20:00.

³⁷ Ibid. at 20:27.

³⁸ *Ibid.* at 23:52. Other initiatives are Transitional Kindergarten, California Youth Behavioral Health Initiative, and Golden State Pathways and CTE (Career and Technical Education) Investments.

³⁹ Ibid. at 28:06.

⁴⁰ Ibid. at 29:09.

services, and resources that inhibit student achievement and community coherence. 41 This process allows families and communities to elevate strengths that can be reinforced at school sites to help drive change. 42

Santa Clara County

In 2020, the Santa Clara County Office of Education (SCCOE) saw increases in incidents of self-harm among students, deaths caused by drug overdose, and diagnoses of major depressive disorder. Santa Clara County's 2023 Student Behavioral Health Report showed that the most common reported mental health issues of students during and after the COVID-19 pandemic were anxiety, depression, academic stress, emotional dysregulation, social skills challenges, PTSD (post-traumatic stress disorder), generalized anxiety disorder, and unspecified depressive disorder. SCCOE recognized the importance of treating the needs of the whole child and making investments in mental, social, and emotional health an integral component of school success. Information about SCCOE's efforts, including the use of alternatives to traditional forms of therapy and partnerships to address nutritional needs, digital access equity, and academic support needs, can be found in the video recording of the December 6, 2023 meeting.

SCCOE found that the pandemic left students with gaps in their learning. Rather than utilizing remediation to fill in gaps, the county is building bridges through an evidence-based method called learning acceleration. When a gap in learning is identified, instead of using remedial measures that keep students from progressing, educators accelerate learning in math, literacy, and language development to help students continue with their grade-level curriculum. Educators receive training to implement this program, and students have demonstrated success with learning acceleration. 48

SCCOE also works with the county Physical Health and Wellness Department to prevent fentanyl overdoses by promoting substance use education and prevention in its schools. With the help of students, it distributed naloxone and NARCAN for use in fentanyl overdoses in the community and hosted educational events for communities throughout the county.⁴⁹

SCCOE operates its Opportunity Youth Academy so youth can get their high school diploma at their own rate of learning. Students can enroll anytime during a school year. The school operates at a location where foster youth go to receive services and can feel a sense of community. The school has graduated hundreds of foster youth.⁵⁰

⁴¹ *Ibid.* at 32:53.

⁴² *Ibid.* at 35:30.

⁴³ *Ibid.* at 52:00-52:20.

⁴⁴ *Ibid.* at 51:30.

⁴⁵ *Ibid.* at 51:40-51:56.

⁴⁶ *Ibid.* at 52:41–53:09.

⁴⁷ *Ibid.* at 53:11-1:12:18.

⁴⁸ *Ibid.* at 1:12:30–1:14:15.

⁴⁹ *Ibid.* at 1:14:16-1:15:48.

⁵⁰ *Ibid.* at 1:15:50-1:16:32.

CalYOUTH (the California Youth Transitions to Adulthood Study)

The Council evaluated outcomes for nonminor dependents (NMD) between the ages of 18 and 21 in extended foster care (EFC). Researchers with the California Youth Transitions to Adulthood Study (CalYOUTH)⁵¹ partnered with the Transition-Age Youth Research & Evaluation Hub (TAY-Hub) of the California Child Welfare Indicators Project⁵² to gather and analyze data about the effectiveness of EFC programs.

Data shows that NMDs have better outcomes in earning a high school diploma, enrolling in college, completing a two-year or four-year college degree, working more hours per week, and saving more money than foster youth who do not participate in EFC.⁵³ Participation in EFC decreased the receipt of need-based public food assistance, food insecurity, the likelihood of homelessness, and the likelihood of being arrested, and increased the likelihood of feeling adequately supported.⁵⁴

How long young adults stayed in EFC varied significantly by county. Data indicates that the length of stay in EFC is influenced by caseworkers' expressed satisfaction with interagency collaboration and court personnel's support for EFC. Where caseworkers were more satisfied with interagency collaboration and court personnel showed more support for EFC, young adults stayed longer in EFC.⁵⁵

Housing options for NMDs include Supervised Independent Living Placement (SILP) and Transitional Housing Placement (THP).⁵⁶ A SILP allows an NMD to receive foster care payments while living in the same home as a parent or guardian.⁵⁷ In THPs, the young adult may live alone or with roommates in apartments or in homes where a staff member lives onsite to provide supervision and assistance.⁵⁸ THPs are offered almost exclusively by licensed nonprofit organizations.⁵⁹

Researchers found that young adults with a history of placement in group care or frequent placement changes, those with disabilities, and those with children had a greater chance of living in THPs than SILPs. ⁶⁰ But young adults who lived in THPs had higher rates of employment and

⁵¹ Cal. Child Welfare Council, agenda (Dec. 6, 2023), item at 11:05 a.m., CalYouth Project–Transition-Age Youth Research & Evaluation Hub (TAY-Hub), www.chhs.ca.gov/wp-content/uploads/2023/11/CWC-Agenda-12.6.23-Final.pdf. Presentation participants: Dr. Mark Courtney, Director, TAY-Hub, and Dr. Andrea Lane Eastman, TAY-Hub Project Co-Director. Video recording of Dec. 6, 2023, meeting, www.youtube.com/watch?v=Q1ubuwaA-CI.

⁵² Transistion-Age Youth Research & Evaluation Hub (TAY-Hub), https://ccwip.berkeley.edu/tay/.

⁵³ Video recording of Dec. 6, 2023, meeting at 1:39:20, www.youtube.com/watch?v=Q1ubuwaA-CI.

⁵⁴ Ibid. at 1:39:23-1:40:02.

⁵⁵ *Ibid.* at 1:44:47-1:45:15.

⁵⁶ *Ibid.* at 1:46:58.

⁵⁷ All County Letter (ACL) 17-83, Cal. Department of Social Services (CDSS), www.cdss.ca.gov/portals/9/acl/2017/17-83.pdf?ver=2017-09-14-131929-100.

⁵⁸ Cal. Department of Social Services (CDSS), www.cdss.ca.gov/inforesources/foster-care/transitional-housing -programs#:~:text=The%2oTHPP%2DM%2ois%2oa,is%2oset%2oby%2oeach%2ocounty.

⁵⁹ Video recording of Dec. 6, 2023, meeting at 1:47:28–1:47:33, www.youtube.com/watch?v=Q1ubuwaA-CI.

⁶⁰ Ibid. at 1:50:51.

enrollment in postsecondary education than those who lived in SILPs 61 Researchers also found that better outcomes correlated with a small number of housing providers who worked with certain counties and served the majority of NMDs 62

TAY-Hub (Transition Age Youth Research & Evaluation Hub)

The TAY-Hub project seeks to build upon the CalYOUTH project by engaging young people in the analysis of services for transition-age youth (TAY) and engaging the child welfare services community to disseminate findings ⁶³ TAY-Hub findings are included in reports on the TAY population, research memos and policy briefs, and peer-reviewed journal articles ⁶⁴

In 2022, TAY-Hub published findings about parenthood from the CalYOUTH study ⁶⁵ At age 17, less than 10 percent of TAY were parents, but by age 23, 45 percent of females and 13 percent of males were parents. At age 23, 86 percent of mothers and 54 percent of fathers lived with at least one of their children. This study showed a positive correlation between delayed pregnancy and involvement in dependency: 24 percent of parents at age 17 and 10 percent of parents at age 23 had at least one child who was a dependent of the court

The project plans to establish data-sharing agreements between the California Child Welfare Indicators Project (CCWIP) and public institutions that can provide data on TAY outcomes: California Department of Education, California Department of Justice, California Community College Chancellor's Office, and California Department of Public Health ⁶⁶ To encourage more research on the TAY population, the project is also awarding small grants ⁶⁷

Building Higher Education Pathways for Secure Treatment Youth in California

The Office of Youth and Community Restoration (OYCR) is working to ameliorate shortcomings in the education of youth in the California juvenile justice system. Forward Change conducted research and wrote a report with recommendations to expand educational opportunities. Secure treatment youth are now in longer-term local confinement, rather than facilities that were run by the Department of Juvenile Justice. Most are adults with high school diplomas or certificates of equivalency, and they need access to higher education ⁶⁹

⁶¹ Ibid.

⁶² *Ibid.* at 1:51:00-1:56:13.

⁶³ Ibid. at 1:56:20.

⁶⁴ Ibid. at 1:58:38.

⁶⁵ *Ibid.* at 2:00:04-2:00:59.

⁶⁶ *Ibid.* at 2:02:46-2:03:42.

⁶⁷ Ibid.

⁶⁸ Cal. Child Welfare Council, agenda (June 5, 2024), item at 9:45 a.m., Building Higher Education Pathways for Secure Treatment Youth in California: A Call to Action, www.chhs.ca.gov/wp-content/uploads/2024/05/CWC-Agenda-June-2024-Remediated-FB.pdf. Presenter: Arnold Chandler, Director, Forward Change. Video recording of June 5, 2024, meeting at 15:30, www.youtube.com/watch?v=qZ6SjggFUM4.

⁶⁹ Video recording of June 5, 2024, meeting at 18:47–19:34, www.youtube.com/watch?v=qZ6Sj9gFUM4.

Failing in school is a predictor of juvenile detention, which increases the likelihood of disengaging from higher education and being incarcerated as an adult ⁷⁰ There is emerging data that pursuing higher education while incarcerated increases the likelihood of a young adult finding a pathway to opportunity and decreases the likelihood of recidivism ⁷¹

It is important that young adults receive decisionmaking and developmental supports so they choose educational opportunities and persist in those efforts ⁷² A key incentive is to connect education to employment opportunities with good earnings and success ⁷³ Other incentives are (1) dual enrollment for youth under 18, so they can simultaneously earn their high school diplomas and college credits; (2) complete pathways to degrees so they can earn degrees with no requirements to be completed in the future; and (3) the ability to transfer credits to other degrees or programs ⁷⁴

The most effective instructional approach is in-person teaching, but weekly online courses will offer a wider choice, and correspondence classes will be necessary when students miss enrollment windows ⁷⁵ Instructors should receive training in safety procedures, youth development strategies, trauma-informed practices, self-care, classroom management, and individualized instruction ⁷⁶

Students should have tablets or laptops and broadband internet access, academic and financial aid advising, tutoring and supplemental instruction, and transition planning and reentry support 77 Additional supports should include dedicated classroom space for college instruction, quiet areas for homework, desks in cells, alternative attire for attending online college classes, and courses to prepare them for college 78

As soon as students enter a secure track facility, a multidisciplinary reentry team should work with them to plan a successful transition into a secondary school or postsecondary school environment when they step down into a less restrictive setting or are released. This is particularly important if the student will need to transition into a new school district. Students may also need support for housing and a stipend ⁷⁹ The ultimate goal is for students to attain vocational diplomas or Associate of Arts degrees that are connected to a localized labor market analysis with indicators of employment and earning potential, or to transfer to a four-year university to pursue a bachelor's degree ⁸⁰

⁷⁰ *Ibid.* at 19:40-20:32.

⁷¹ *Ibid.* at 20:50-21:04.

⁷² *Ibid.* at 23:40-24:37.

⁷³ Ibid.

⁷⁴ *Ibid.* at 24:58–28:02.

⁷⁵ *Ibid.* at 28:05–29:33.

⁷⁶ *Ibid.* at 29:40.

⁷⁷ *Ibid.* at 29:50-31:32.

⁷⁸ *Ibid.* at 31:37–33:22.

⁷⁹ *Ibid.* at 33:25–34:43.

⁸⁰ *Ibid.* at 34:44–35:46.

Moving From Mandated Reporting to Community Supporting

Fiscal Recommendations for Community Pathways

The Prevention and Early Intervention (PEI) Committee presented its fiscal recommendations for building community pathways (support systems) to help keep families from entering the child welfare system ⁸¹ These recommendations were made to further explain the PEI Committee's Community Pathway Recommendations that the Council approved in March 2023, ⁸² and they laid the foundation for the work of the Mandated Reporting to Community Supporting Task Force, which is discussed below. The primary priorities of the fiscal recommendations are to ensure that funds are efficiently used to establish an infrastructure focused on utilizing existing resources, that private funding and public funding are leveraged and blended, and that the drawdown of title IV-E and other federal funds, including Medi-Cal, is maximized. The secondary priorities are to include in community supports smaller community-based and grassroots organizations and those that serve under-resourced communities and underserved populations, and to support them with funding, training, and technical assistance ⁸⁵

The fiscal recommendations, 84 which the Council approved, are:

- 1 California's Health and Human Services (HHS) Agency should ensure that public funding is available across all HHS divisions and departments, and is maximized through identification and notice of funding that can be leveraged and/or blended These actions should be articulated and enacted through policies and protocols that facilitate fiscal integration
- 2 California's Department of Health Care Services (DHCS) should include families at imminent risk of child welfare and juvenile justice involvement as a population of focus under CalAIM (California Advancing and Innovating Medi-Cal). Access to available benefits for at-risk families is an effective leveraging of cross-systems funding that will enhance sustainability of Community Pathways
- California's Department of Social Services (CDSS) should base the Family First Prevention Services (FFPS) "payer of last resort" definition on the Family First Prevention Services Act (FFPSA) legislation and guidance from the federal Administration for Children and Families (ACF). Title IV-E funding should be used to match support for the implementation of evidence-based practices if not already funded by private or public dollars
- 4 CDSS should allow for the use of a federally approved interim claiming system for FFPSA title IV-E funding until the proposed Coordination, Advocacy, Resources, Education, and Support (CARES) system is available in October 2026

⁸¹ Cal. Child Welfare Council, agenda (Mar. 6, 2024), item at 11:30 a.m., Vote on Fiscal Recommendations on PEI Community Pathway Recommendations, www.chhs.ca.gov/wp-content/uploads/2024/02/CWC-Agenda-3.6.24-Final-SNS-FB-MW-AAP -CW-Edits-v.z.pdf. Presentation participants: Kathryn Icenhower, CEO, SHIELDS for Families; David Swanson Hollinger, Deputy Director, Children and Family Services Agency, County of Ventura.

 $^{^{82}\ \} Video\ recording\ of\ Mar.\ 6,2024,\ meeting\ at\ 49:49,\ www.youtube.com/watch?v=V6EaXd1ZhdM.$

⁸³ *Ibid.* at 55:16.

⁸⁴ Ibid. at 57:22-1:08:23.

- 5 CDSS and DHCS should ensure the provision of specialized fiscal training and technical assistance to counties implementing Community Pathways and interested community partners to promote the use of alternate funding, including CalAIM
- 6 CDSS should continue to maintain a focus on funding mechanisms that enhance opportunities for community-based organizations and nontraditional partners to participate in Community Pathways

Recommendations for Transitioning to Community Supporting

The Mandated Reporting to Community Supporting (MRCS) Task Force presented its recommendations for shifting the focus from mandated reporting of child neglect and abuse to community support to help families stay together and stay out of the child welfare system ⁸⁵ This shift is driven by the disproportionate impact of mandated reporting on families of color who experience poverty at higher rates than other segments of the population. Too often, these families of color may appear to be neglecting the needs of children, but a closer look reveals that this inability to provide housing, medical, and other basic needs is rooted in financial hardship

Rather than removing children from their homes, community support can help parents care for their children so children can remain in the home. Staying out of the child welfare system keeps children from experiencing the trauma of being removed from their homes and keeps families from entering the cycle of poor outcomes once they enter the child welfare system ⁸⁶ This approach will further the goal of ensuring that only families who truly need intervention because of serious safety concerns will enter the child welfare system ⁸⁷

General neglect is a catch-all allegation that is often driven by the absence of economic opportunity and resources, along with bias and racism, and can involve domestic violence, substance abuse, and unmet mental health needs ⁸⁸ Data suggests that 45 percent of all allegations of maltreatment are related to general neglect that can be mitigated by community supports ⁸⁹ To minimize the role that bias and racism play in reports of general neglect, parents and children with lived experience should work with child welfare system stakeholders to evaluate reporting and develop protocols for improvement ⁹⁰

Data suggests that mandated reporting of general neglect results in over-reporting. In 2023, there were 433,571 children with an allegation of abuse and/or neglect, and only 11 percent of them had

⁸⁵ Cal. Child Welfare Council, agenda (June 5, 2024), item at 10:10 a.m., Community Pathway Recommendations, Community Supporting Task Force Recommendation, www.chhs.ca.gov/wp-content/uploads/2024/05/CWC-Agenda-June -2024-Remediated-FB.pdf. Presentation participants: Kathryn Icenhower, CEO, SHIELDS for Families; David Swanson Hollinger, Deputy Director, Children and Family Services Agency, County of Ventura; Dana Blackwell, Senior Director, Strategic Consulting, Casey Family Services; Roger De Leon, Parent Advocate; Daniel Webster, Principal Investigator, California Child Welfare Indicators Project. Video recording of June 5, 2024, meeting at 52:47, www.youtube.com/watch?v=qZ6Sj9gFUM4.

⁸⁶ Video recording of June 5, 2024, meeting at 1:00:38–1:01:56, www.youtube.com/watch?v=qZ6Sj9gFUM4.

⁸⁷ *Ibid.* at 1:02:40-1:02:52.

⁸⁸ Ibid. at 1:23:09.

⁸⁹ Ibid.

⁹⁰ Ibid. at 1:25:20-1:25-52.

allegations that were substantiated ⁹¹ Most mandated reporting came from reporters in education, and of the children they reported, only 1 in 25 children had a substantiated allegation ⁹² In the United States, one in three children will be subject to an investigation of child abuse by the time they turn 18. In California, one in two Black and Native American children will be subject to an investigation by the time they turn 18 ⁹³

The recommendations⁹⁴ of the MRCS Task Force are:

- 1 Require the Child Welfare Council, through its Prevention and Early Intervention Committee, to establish a Mandated Reporting Advisory Committee (MRAC)
- 2 Require the MRAC to work with the California Department of Social Services (CDSS) to continuously monitor disparities in the child welfare system
- 3 Require CDSS to ensure the implementation of AB 2085 in all California counties and tribes until such time that recommendation #5 is implemented and general neglect is removed as a mandated reporting requirement
- 4 Encourage the Legislative Analyst's Office to continue analyzing disparities in the mandated reporting system
- 5 Support the amendment of the Child Abuse and Neglect Reporting Act (CANRA) to remove the reporting requirement of general neglect for mandated reporters while continuing to require mandated reporting on instances of severe neglect and child abuse (including physical and sexual abuse)
- 6 Support the amendment of the CANRA to revise and clarify the definition of severe neglect to be aligned with the definition of severe neglect in the California Structured Decision Making (SDM) Tool
- 7. Encourage CDSS, in collaboration with the MRAC, to implement a two-year pilot project that provides a mandated reporter with immunity from liability as defined in Penal Code section 11166(c) when there is a demonstrated use of a child abuse and neglect decisionmaking process that indicates a child's safety is not at risk and a report is not required
- 8 Support the amendment of the CANRA to require that all mandated reporters in California receive standardized training on child abuse and neglect to increase consistency of appropriate referrals to child protective services and decrease disproportionate referrals due to race, ethnicity, or income status
- 9 Require the CDSS Office of Child Abuse Prevention (OCAP) to develop, with participation of individuals with lived expertise, a standardized curriculum for mandated reporters

⁹¹ *Ibid.* at 1:26:35.

⁹² Ibid. at 1:27:25-1:27:44.

⁹³ Ibid. at 1:28:17.

⁹⁴ Mandated Reporting to Community Supporting Task Force Recommendations (June 5, 2024), www.caltrin.org/wp-content/uploads/2024/05/MRCS-TF-Recommendations_June_2024_CWC_Final-.pdf.

- 10 Encourage CDSS, in collaboration with the MRAC, to develop a mandated reporter webpage specific to child abuse and neglect reporting to ensure the information is current, comprehensive, and provides alternatives for mandated reporters to promote child safety and family well-being
- 11 Require CDSS to incorporate an assessment of the capacity of community supports and services that are available and accessible to mandated reporters to meet local needs of families in all 58 counties as a priority in the Family First Prevention Services Continuous Quality Improvement process
- 12 CDSS shall be required to ensure counties' Comprehensive Prevention Plans (CPP) incorporate information and education specific to mandated reporters regarding the implementation of and access to community pathways and/or community resources available to support families in their communities
- 13 Require CDSS to ensure recommendations from the MRCS Task Force and any subsequent policy reforms related to mandated reporting are enacted, and efforts necessary to ensure continued transformation of the mandated reporting system are advanced
- 14 Ensure the creation and implementation of a statewide narrative change initiative

For a full discussion of these recommendations, readers are encouraged to read the full report 95 of the MRCS Task Force and watch the video of the presentation using the link in the footnotes

Supporting Families With Preventative Legal Services

Providing legal services is one way to help families stay out of the child welfare system 96 Preventative legal advocacy helps families address legal issues that, if left unresolved, can result in child welfare involvement 97 This includes pre-petition legal representation for families after they have come to the attention of child protection services but before a petition has been filed in court 98

Pre-petition legal representation can prevent traumatic separation of children from their families when conditions that appear indicative of neglect stem from poverty-related issues ⁹⁹ For example, job loss that leads to a family's eviction and unstable housing could trigger other problems such as disrupted school attendance for a child and substance abuse relapse for a parent. Preventative legal services might help prevent an eviction or assist a family in finding subsidized housing. If a

⁹⁵ www.caltrin.org/wp-content/uploads/2024/05/MRCS-TF-Recommendations_June_2024_CWC_Final-.pdf.

⁹⁶ Cal. Child Welfare Council, agenda (Mar. 6, 2024), item at 10:30 a.m., Pre-Filing/Preventative/Family Strengthening Programs, www.chhs.ca.gov/wp-content/uploads/2024/02/CWC-Agenda-3.6.24-Final-SNS-FB-MW-AAP-CW-Edits-v.3.pdf. Presentation participants: Sheri Freemont, Managing Director, National and Judicial Engagements, Casey Family Programs; Emilie Taylor Cooke, Preventative Legal Advocacy Fellow, Barton Child Law & Policy Center, Emory University; Katie Joh, Chief Executive Officer, Dependency Advocacy Center; Ana Nevarez, Mentor Parent, Dependency Advocacy Center; Andi Mazingo, General Counsel & Director of Legal Services, A New Way of Life Reentry Project; Leslie Heimov, Executive Director, Children's Law Center of California. Video recording of Mar. 6, 2024, meeting at 1:31:23, www.youtube.com/watch?v=V6EaXd1ZhdM.

 $^{^{97}\ \} Video\ recording\ of\ March\ 6,\ 2024,\ meeting\ at\ 1:36:29,\ www.youtube.com/watch?v=V6EaXd1ZhdM.$

⁹⁸ Ibid. at 1:36:44.

⁹⁹ Ibid. at 1:37:00.

petition has already been filed, pre-petition legal representation, before a court appoints counsel at a hearing, could help a parent through the investigation phase and help develop a safety plan that avoids removal of a child from the home or facilitates a quick return home for the child 100

The Dependency Advocacy Center in San Jose provides preventative legal services with funding from the county and the California State Bar Interest on Lawyers' Trust Accounts (IOLTA) fund and Equal Access Fund (EAF) ¹⁰¹ Like dependency legal representation, preventative legal representation uses an interdisciplinary representation model, which involves teams of attorneys, social workers, and parent mentors with lived experience. ¹⁰²

A New Way of Life Reentry Project in Los Angeles supports formerly incarcerated women with housing and legal representation to help them reunify with their children in juvenile dependency cases ¹⁰³ The organization also offers preventative legal services that help women understand the child welfare system; obtain social services, benefits, and mental health and medical care; comply with court orders; complete court-ordered services; and request custody orders from the juvenile or family courts ¹⁰⁴

In its family support and advocacy program, the Children's Law Center of California (CLC) has found that the most prevalent factors putting families at risk of entering the child welfare system include housing instability, domestic violence, and child custody issues ¹⁰⁵ CLC uses family support teams of one attorney and two parent support case managers. Each team can serve approximately 25–35 clients at a time. Teams connect clients to needed services such as birth plans, infant child-care classes, and safety plans. CLC's legal advocacy includes educating clients about their rights, supporting them through a child welfare investigation, and referring them to civil legal services for help with restraining orders, custody orders, probate court issues, and evictions ¹⁰⁶

Permanent Foster Care Rates Structure

At the time of the March 6, 2024, meeting, there was great interest in the state budget that was still being finalized and how it would impact the child welfare system. The CDSS presented an update on the proposed foster care payments permanent rates structure 107 to replace the interim rates structure that has been in place since 2017 108 The proposed permanent rates structure is not based

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100 Ibid. at 1:41:35.
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¹⁰¹ Ibid. at 1:48:58.

¹⁰² Ibid. at 1:49:41.

¹⁰³ Ibid. at 2:01:52.

¹⁰⁴ Ibid. at 2:04:44.

¹⁰⁵ Ibid. at 2:07:11.

¹⁰⁶ Ibid.

¹⁰⁷ Cal. Child Welfare Council, agenda (Mar. 6, 2024), item at 9:40 a.m., 2024 Budget Updates Regarding Child Welfare, www.chhs.ca.gov/wp-content/uploads/2024/02/CWC-Agenda-3.6.24-Final-SNS-FB-MW-AAP-CW-Edits-v.3.pdf.

Presenter: Angie Schwartz, Deputy Director, California Department of Social Services. Video recording of Mar. 6, 2024, meeting, www.youtube.com/watch?v=V6EaXd1ZhdM.

¹⁰⁸ Video recording of Mar. 6, 2024, meeting at 14:44–49, www.youtube.com/watch?v=V6EaXd1ZhdM.

on the type of placement a child is in, but on a child's assessed level of need, including care, supervision, services, and supports 109 Readers are encouraged to visit the CDSS website for the latest information 110

¹⁰⁹ *Ibid.* at 15:30–15:45.

 $^{^{110}\} California\ Department\ of\ Social\ Services\ (CDSS), www.cdss.ca.gov/inforesources/cdss-programs/foster-care/foster-care-audits-and-rates/foster-care-rate-reform-proposal.$

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Mr. Jevon Wilkes

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Mr. Steve Zimmer

Deputy Superintendent of Public Instruction, California Department of Education

Child Welfare Council 2024 Committee Reports

These are links to original, unedited 2024 reports submitted by the committees of the Child Welfare Council

- Behavioral Health
- Commercial Sexual Exploitation of Children
- Data Linkages and Information Sharing
- Empowerment
- Permanency
- Prevention and Early Intervention
- Youth Justice