



Annual Report of the California Child Welfare Council

2021-2022

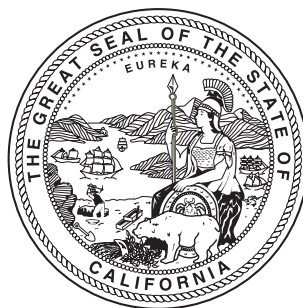


Table of Contents

Letter From Cochairs	3
An Overview of the Child Welfare System	4
The Child Welfare Council and Its Vision, Mission, and Guiding Principles.	5
Committees of the Child Welfare Council	6
Steering Committee	6
Prevention and Early Intervention (PEI) Committee	6
Permanency Committee	6
Child Development and Successful Youth Transitions (CDSYT) Committee	6
Data Linkages and Information Sharing (DLIS) Committee.	7
Commercial Sexual Exploitation of Children (CSEC) Action Team	7
Behavioral Health Committee	7
Office of Youth and Community Restoration (OYCR) Committee	7
Summary of 2021–2022 Activities and Accomplishments and Future Planning	8
Family Finding and Permanency.	9
Prevention.	12
Behavioral Health	15
Improving Education Outcomes for Youth in Foster Care	17
Supporting Survivors of Commercial Sexual Exploitation	18
Data on Substance Abuse and Child Welfare.	19
Child Welfare Council Members.	20
Attachments: 2022 Committee Reports	22
<i>Prevention and Early Intervention Committee</i>	
<i>Permanency Committee</i>	
<i>Child Development & Successful Youth Transitions (CDSYT) Committee</i>	
<i>Data Linkages and Information Sharing (DLIS) Committee</i>	
<i>Commercial Sexual Exploitation of Children (CSEC) Action Team</i>	
<i>Behavioral Health Committee</i>	
<i>Office of Youth and Community Restoration (OYCR) Child Welfare Council Committee</i>	

Letter From Cochairs

Dear Friends of the Child Welfare Council,



Dr. Mark Ghaly
Secretary of the
California Health and
Human Services Agency

We are pleased to submit the 2021–22 Annual Report of the California Child Welfare Council (Council) under Welfare and Institutions Code section 16540. Since the last report, the Council has continued its mission to improve outcomes for children, youth, and families involved with, or at risk of involvement with, the child welfare system. During this past year, the Council has navigated the period of transition from working under restrictions caused by the COVID-19 pandemic to achieving a hybrid of in-person and virtual collaboration.

The Council accomplishes its mission by providing a collaborative forum for the three branches of government, foster youth and their families, and key child welfare and foster care system stakeholders that provide benefits, services, and advocacy to families and children. Together, 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.



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

This report highlights the Council’s work on family finding, prevention, and the inclusion of people with lived experience in the child welfare and foster care systems. Family finding—efforts to place children with family members when they are removed from their homes—lessens the trauma to children. Supporting families who are at risk of entry into the child welfare and foster care systems lessens trauma to families and is proving to be a cost-effective use of resources. The voice of lived experience must inform policymaking decisions so programs and services identify and address the needs of the families and children we seek to serve.

We extend our deep appreciation to the members of the Council and the wide range of organizations and individuals who have so generously given their time and talent to further the Council’s work. The Council cannot accomplish its mission without the commitment and leadership of these individuals.

Sincerely,

Dr. Mark Ghaly
and Hon. Laurie

An Overview of the Child Welfare System

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., 727 et seq. (in probation-placed cases), and 16500 of the California Welfare and Institutions Code. The county child welfare agency 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 will evaluate the referral and may find that either more information is needed or that it does not rise to the level of neglect or abuse. This conclusion is often referred to as being “evaluated out.” In some counties, the family will be connected to differential response or alternative response services because 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 entry into the system at a later time. If more information is needed, a child welfare social worker will go to the child’s home and assess 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 keeping the child safe while supporting the parents in ameliorating the issues that brought them to the attention of the agency. This approach could be to keep the child with the family and connect them to support services instead of having the court intervene. 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 court oversight is requested 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 comply with 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 on the progress of the family to the court 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 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 may retain eligibility for Medi-Cal until they reach age 26.

The Child Welfare Council and Its 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 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.

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.

5. Best and promising practices should be replicated statewide where appropriate and possible.
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

Members of the Child Welfare Council are expected to select and serve on one of the Council's advisory committees alongside experts in specialized fields, foster youth, program stakeholders, state and county child welfare and foster care staff, child advocacy organizations, and members of the judiciary. With membership comprising representatives from the multiple systems, committees strive to identify how effective collaboration can occur. Committees are asked to advise the Council, assemble information, and make recommendations to the 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 (PEI) Committee

The primary objective of the statewide 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.

Child Development and Successful Youth Transitions (CDSYT) Committee

The CDSYT Committee explores issues related to the health, mental health, and educational and social development needs of all children and youth in the child welfare system, from the very young through 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 Linkages and Information Sharing (DLIS) Committee

The 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 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 (CSEC) Action Team

The 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 grow 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 members across California to act to better serve those youth, along with their families, who have been affected by exploitation.

Behavioral Health Committee

The Behavioral Health Committee was formed out of a clear consensus of the Child Welfare 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.

Office of Youth and Community Restoration (OYCR) Committee

The OYCR 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 2021–2022 Activities and Accomplishments and Future Planning

During the 2021–22 fiscal year, the Child Welfare Council focused much of its time and efforts on the work of family finding and prevention. Health and Human Services Agency Secretary Mark Ghaly, cochair of the Council, asked the Council and its committees to develop policy recommendations for family finding to help ensure that children in foster care are placed with relatives and nonrelative extended family members as soon as possible. The Council and its committees have looked for ways to reevaluate and strengthen efforts to engage family members in this process. Secretary Ghaly also urged the Council and its committees to collaborate in identifying and recommending policies to help avert the entry of children and families into the child welfare system with preventative supports. Supporting at-risk families so they can remain out of the child welfare system lessens trauma to children and has proven to be cost-effective by reducing the need for longer-term financial supports and services.

With the appointment of Presiding Justice Laurie M. Earl, Court of Appeal, Third Appellate District as cochair of the Council on May 31, 2022, the Council began to reexamine its operations and long-term planning. Together, Secretary Ghaly and Presiding Justice Earl prioritized making the work of the Council and its committees more collaborative and reflective of the implementation of long-term policy changes in child welfare systems.

Hearing from people with lived experience as foster children, young adults, and parents was another dominant theme in the Council's work. The Council identified ways to increase the voice of lived experience among its membership, and committees were encouraged to invite those with lived experience to join in their activities and work. This focus also informed the activities and projects of the committees.

The Council continued its ongoing work of identifying effective policies and best practices by hosting presentations from experts with varied expertise. Topics included:

- Research data for terminations of parental rights and correlations to indicia of race or indigency;
- Examples of alignment in county systems to obtain legal and emotional permanency for children;



- Standards and funding for behavioral- and mental-health-care services and a recognition of the need to increase treatment for substance abuse and suicidal ideation; data on medically assisted substance abuse treatment and the need to improve community-based support for substance abuse disorder; and
- Research findings on the efficacy of economic supports and services in reducing child maltreatment.

The Council was affected by the COVID-19 pandemic beginning in 2020 and adjusted its meetings for remote participation. As public health restrictions gradually eased, meetings became hybrids of in-person gatherings and remote participation. Some committees were severely affected by their inability to meet and network during the pandemic, and as a result their growth and work stalled. Other committees managed to keep their work going, collaborating at first in virtual meetings and gradually in hybrid meetings.

Family Finding and Permanency

The Permanency Committee presented on the topic of family finding at the Council’s meeting on September 8, 2021.² The Committee discussed findings and recommendations of the Administration for Children and Families for achieving permanency for the well-being of children and youth.³

The presentation focused on the need to preserve and create family relationships and connections as permanency is achieved. Currently in California, only 30 percent of children are placed with relatives when they are removed from parents. Family relationships and connections are key to a child’s well-being and directly influence a child’s sense of permanency. Child and family service systems need to develop ways to measure *relational wealth*—a family’s interconnections with one another—which gives children inner strength and emotional security and improves their quality of life. When relational wealth is lacking, systems need to include options for what to do in its absence. It is important that parents

Relational wealth—a family’s interconnections with one another—gives children inner strength and emotional security and improves their quality of life.

and other family members participate in Child and Family Team (CFT) efforts, where a team that includes the child, family members, community supports, and a professional come together to offer insight and support for the child and family, to help identify and preserve or to create family relationships and connections.

² Cal. Health & Human Services Agency, *Family Finding Is Network Building: Continued* [PowerPoint slides] (Sept. 2021), www.chhs.ca.gov/wp-content/uploads/2021/11/Family-Finding-is-Network-Building-9-2021.pdf.

³ U.S. Dept. of Health & Human Services, ACYF-CB-IM-20-09 (issued Jan. 5, 2021), www.cwla.org/wp-content/uploads/2021/01/ACYF-CB-IM-20-09.pdf.

At the Council’s meeting on March 2, 2022, Angie Schwartz, Deputy Director, Children and Family Services Division, California Department of Social Services (CDSS), shared key data about the structures and supports that have been put in place over the last several years to help ensure that children stay within their own families or connected to their families, relatives, and communities.⁴ These structures and supports will help children and families of color who are disproportionately represented in the child welfare system. (See Figure 1.)

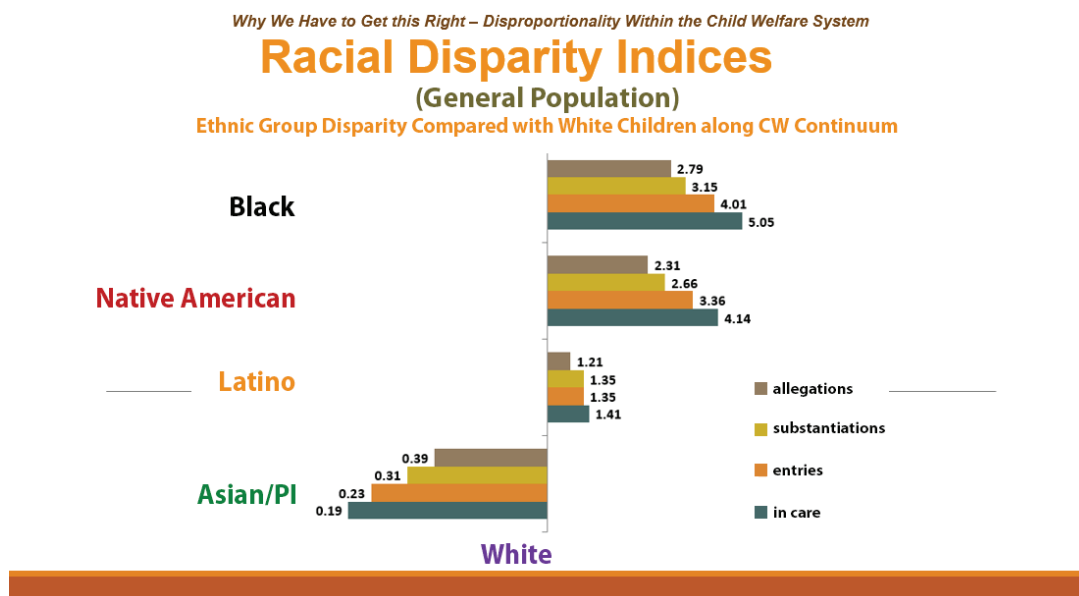


Figure 1. Racial Disparity Indices

This data reflects significant improvement in this area. For children entering foster care for the first time, first placements with a family member have increased 53 percent, and first placements with a relative or extended family member have increased 92 percent. For youth who were placed with a relative as their first placement, 75 percent were still in that home 12 months later. For children who were placed with relatives, 73 percent were placed with all their siblings. Placing children with family members, relatives, and extended family members creates much-needed stability for children and reduces the trauma caused by separation during their experience in the child welfare system.

The CDSS has developed various tools that can be used to assist families during their experience in the child welfare system, but the department is looking for opportunities to proactively strengthen structures and supports and to embody the voice of the parents, children, and caregivers in these methods. The department is also looking for the best way to utilize funds and to continually assess its system.

A discussion followed the presentation from Ms. Schwartz, which emphasized the need for prevention supports and services. Children at imminent risk of entering the child welfare system are already experiencing trauma because their families are stressed by factors that can include financial, health, and substance abuse issues. Financial supports such as rent payment assistance and community-based services from family resource centers can be better utilized. Collecting and using data will be important in developing strategies for prevention and family finding.

⁴ Cal. Health & Human Services Agency, Child Welfare System: By the Numbers [PowerPoint slides] (Mar. 2, 2022), www.chhs.ca.gov/wp-content/uploads/2023/03/3.2.22-Keeping-Families-Together.pptx.

Discussion also included the need to reevaluate the Child and Family Team process. Parents often are not present at meetings and not involved in the collaborative process. Parents, particularly fathers, are not provided with the proper resources or training they need when they are not heard and understood. Whether parents feel safe voicing their opinions at meetings and in collaborations is something that needs to be addressed. This is a process in which including the voice of lived experience in decisionmaking is particularly important. Another issue to examine is the fact that, in cases involving Indian children, a tribal representative is often missing from the CFT process.

At the Council’s meeting on June 1, 2022, the National Institute for Permanent Family Connectedness, Seneca Agencies, presented *Deepening the Understanding of “Family Finding and Engagement,”*⁵ which examined the recommendation of the federal Children’s Bureau to replace foster care as its primary intervention with in-home or temporary out-of-home care and utilize resource parents in a shared parenting role. To follow this recommendation would entail revisiting processes, policies, procedures, and practices that have intentionally or unintentionally isolated or disconnected children from their families, consistent with a national shift in thinking toward a model that helps families keep their children safe rather than one that protects children from their families.

The presentation featured attendance statistics about the Child and Family Team process (sometimes called *Child and Family Teaming*), showing that of all the CFTs tracked, children and biological mothers attend approximately one-half of meetings, resource parents attend more than one-third of meetings, biological fathers attend less than one-third of meetings, and siblings attend less than 13 percent of meetings. (See Figure 2.) Child and family serving systems must increase the involvement of families in decisionmaking through the CFT process because family relationships and connections are key to a child’s well-being and influence a child’s sense of permanency.

Child and Family Teaming <ul style="list-style-type: none"> Data shows us that we have opportunities for more robust involvement and engagement of the parent, child, caregiver and other important family supports 	Key Roles in Attendance	Percent of Meetings (n=99,939)
	Child Welfare Social Worker	88.7%
	Bio Mother	56.3%
	Child	46.9%
	Resource Parent	38.7%
	Bio Father	28.9%
	Other Family	23.9%
	Sibling	12.8%

Figure 2. Child and Family Teaming

⁵ Bob Friend, National Institute for Permanent Family Connectedness, Seneca Agencies, *Deepening the Understanding of “Family Finding and Engagement”* (June 2022), www.chhs.ca.gov/wp-content/uploads/2022/05/Deepening-the-Understanding-of-Family-Finding-and-Engagement-CWC-6-2022.pdf.

The California Department of Social Services informed the Council about the funding of the Center for Excellence in Family Finding, Engagement and Support in the May 2022 state budget revisions. Funding is a one-time optional block grant to be expended over five years for families to receive support and engagement activities. Counties choosing to apply for this program would be required to match the state grant with local funding if they participate. The funding was undoubtedly influenced by the work of the Child Welfare Council's Permanency Committee and the data from the California Department of Social Services, as presented to the Council at its meeting on March 2, 2022. This presentation, entitled "Keeping Families Together,"⁶ focused on the need to keep families together by avoiding unnecessary removals and keeping children within their communities and families to avoid greater trauma and to improve outcomes in permanency and well-being. The success of these efforts can be seen in reductions in referrals, substantiations, and entries into foster care; increased placement stability; and improved physical and mental health of children. At the March 2022 meeting, the Permanency Committee focused on useful tools for engagement in family connectedness.



Prevention

At the Council's meetings on September 8, 2021, and December 1, 2021, CDSS's Deputy Director Angie Schwartz presented an overview of Parts I and IV of the Family First Prevention Services Act (FFPSA) (Pub.L. No. 115-123).⁷ The FFPSA marks a change in the child welfare system's reactionary approach to child neglect and abuse. Agencies are expanding efforts on prevention and early intervention to increase the number of children who can remain safely at home with their families and thereby reduce the number of children entering the foster care system. In its implementation of the FFPSA, California aims to create an integrated statewide system that supports families to provide safe, stable, and nurturing relationships and environments for children.

Part I of the FFPSA, the first entitlement program for prevention services, allows states to access title IV-E funds for three types of preventive services: mental health treatment, substance abuse

⁶ Cal. Health & Human Services Agency, *Child Welfare System: By the Numbers* [PowerPoint slides] (Mar. 2, 2022), www.chhs.ca.gov/wp-content/uploads/2023/03/3.2.22-Keeping-Families-Together.pptx.

⁷ Cal. Dept. of Social Services, *Federal Family First Prevention Services Act (FFPSA) Overview and Focus on Part IV Implementation* (Sept. 8, 2021), www.chhs.ca.gov/wp-content/uploads/2021/11/FFPSA-Part-IV-CWC-Training.pdf.

treatment, and in-home parent-skills-based programs. Eligible persons include children at imminent risk of entering foster care, expectant and parenting foster youth (EPY), and parents or relatives of candidates for foster care or EPY. Part I also offers an opportunity to align prevention services with active efforts—timely efforts intended to maintain or reunite Indian children with their families, required under the Indian Child Welfare Act.

Part IV of the FFPSA imposes additional limits on congregate care by prohibiting the use of title IV-E funds for congregate care placements longer than two weeks unless certain exceptions apply. The law also aims to improve the quality and oversight of intensive and trauma-based services. In addition, the law gives states the funding to provide services to former foster youth who have aged out of foster care, up to age 23.

At the Council’s meeting on December 1, 2021, the Prevention and Early Intervention Committee presented its FFPSA implementation recommendations,⁸ which were developed at the request of the CDSS. One of these recommendations is to develop state and county baseline data for pre-FFPSA implementation on key indicators of child and family well-being, including measures on disparities (unequal outcomes for different racial or ethnic groups in child welfare systems) and disproportionality (the overrepresentation of a racial or ethnic group in child welfare systems compared to its percentage in the total population). The discussion that followed included comments about the need to investigate the causes as well as the outcomes of disparity in the treatment of and outcomes for black and brown children. Members of the Council agreed that the inclusion and meaningful participation of people with lived experience in the child welfare system may help to improve outcomes.

The Council completed its discussion of these recommendations at its interim meeting on January 20, 2022. It approved the recommendations with an amendment to the Evidence-Based Practices section to reference the larger prevention plan submitted by the state and the need to develop and provide research support for culturally relevant services so they may ultimately become eligible for FFPSA match.

At its meeting on June 1, 2022, the Council benefitted from a presentation on the effectiveness of economic and concrete supports in prevention strategies from Chapin Hall at the University of Chicago.⁹ Researchers there examined the intersection of family economic insecurity, income, and child welfare involvement and found that nearly 85 percent of families investigated by child protective services earn below 200 percent of the poverty line. The study revealed that the strongest predictors of investigated neglect reports were things such as difficulty paying rent, the use of food pantries, and the shutting off of utilities. (See *Figure 3, p.15.*)

⁸ Cal. Child Welfare Council, *Family First Prevention Services Act Recommendations for California’s Implementation* (Nov. 8, 2021), www.chhs.ca.gov/wp-content/uploads/2021/11/FINAL-PEL_FFPSA-Implementation-Recos_Novo82021.pdf; Cal. Child Welfare Council, *FFPSA Implementation Recommendations* [PowerPoint slides] (Dec. 1, 2021), www.chhs.ca.gov/wp-content/uploads/2021/12/FFPSA-Implementation-Recommendations.pdf.

⁹ Clare Anderson, Yasmin Grewal-Kök, *Economic & Concrete Supports: Prevention of Child Welfare Involvement* [PowerPoint slides], Chapin Hall at the U. of Chicago (updated May 2022 for Cal. Child Welfare Council), www.chhs.ca.gov/wp-content/uploads/2022/06/CA-CWC-06.01.22-Chapin-Hall-final-deck.pdf.

The Intersection of Family Economic Insecurity & Child Welfare Involvement

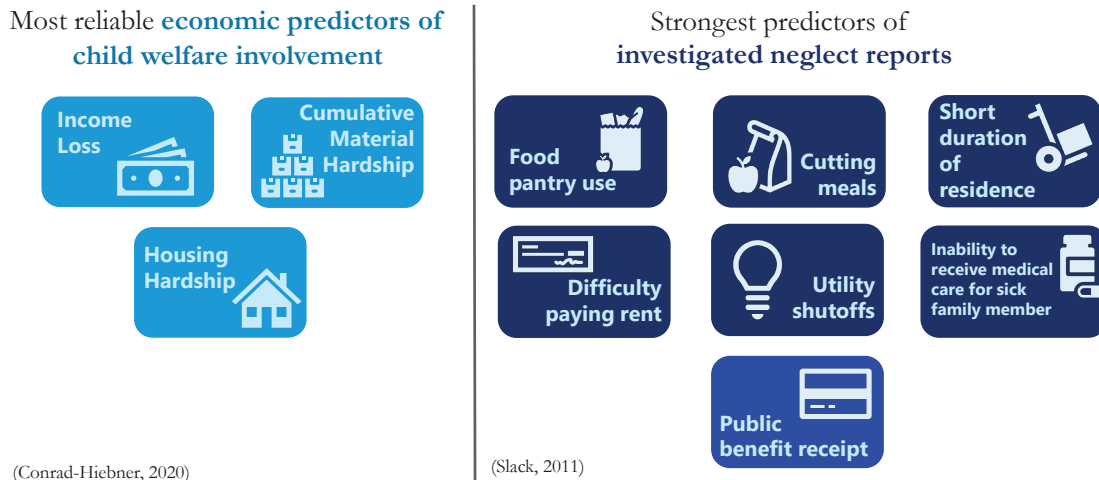
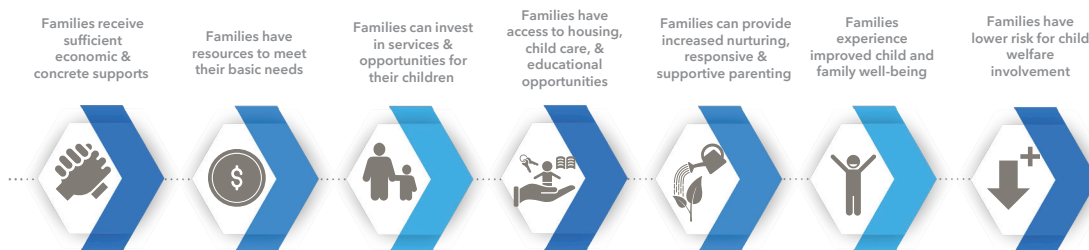


Figure 3. The Intersection of Family Economic Insecurity & Child Welfare Involvement

A family stress model illustrated the progression from economic and material hardship to psychological distress; to increased conflict and hostility; to less nurturing, responsive, and supportive parenting; and to a higher risk for child abuse and neglect. When economic and concrete supports such as Temporary Assistance for Needy Families (TANF) and childcare are reduced, the risk of child welfare involvement increases. Conversely, a family investment model illustrated that economic and concrete supports positively affect child and family well-being. When families have resources to meet their basic needs, families can provide increased nurturing, responsive, and supportive parenting, and families have lower risk for child welfare involvement. (See Figure 4.)

Family Investment Model



(Conrad, 2020) (Maguire-Jack, 2021)

Figure 4. Family Investment Model

Examples of economic supports in the study include minimum wage increases, the earned income tax credit, public benefits (TANF), child support payments, and unemployment benefits. Concrete supports include Medicaid, supportive housing, paid family leave, childcare, SNAP (Supplemental Nutrition Assistance Program), and WIC (Women, Infants & Children) assistance.

Behavioral Health

At the Council's meeting on September 8, 2021, Deputy Secretary of Behavioral Health Stephanie Welch, California Health and Human Services Agency, provided an update on the Children and Youth Behavioral Health Initiative.¹⁰ This initiative addresses the growing prevalence of mental health issues among children and youth without a commensurate increase in the availability of treatments. The goal of this initiative is to make services available to all children and youth under the age of 26. The initiative will fund \$4.4 billion over the course of five years to transform the behavioral health system for all children and youth in California.

The Children and Youth Behavioral Health Initiative also allows the state to focus on children struggling with substance use and substance misuse (using a substance for a purpose that is inconsistent with legal or medical guidelines). Rates show significant increases in the need for help with emotional and mental health conditions, serious emotional disturbance, and youth mental health hospitalizations. (See Figure 5.) Treatment of depression in adolescents and young

Trends in Children and Youth BH

Children and Youth Struggle with Substance Use

According to a 2017 report by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

- Over **5%** of children ages **12 to 17** had a **substance use disorder** in the last year.
- Over **13%** of young adults ages **18 to 25** had a **substance use disorder** in the past year.
- By 11th grade, about **1/2 of California students** have used **alcohol** and almost **40%** have used **marijuana**.
- Only **10.8%** of young people **who need treatment received it**.



Figure 5. Trends in Children and Youth BH

adults has increased, while suicide and suicidal ideation and behaviors have been increasing in the state's youth. The needs are higher for behavioral and mental health services for children and young people in both the child welfare and juvenile justice systems. Children and youth need behavioral health professionals, services, and programs that can focus on their mental health needs and substance use disorders before these conditions negatively affect all areas of their lives.

¹⁰ Cal. Health & Human Services Agency, *Creating a World Class Children and Youth Behavioral Health System* [PowerPoint slides] (Nov. 2021), www.chhs.ca.gov/wp-content/uploads/2021/11/Creating-a-World-Class-Children-and-Youth-Behavioral-Health-System.pdf.

The Behavioral Health Committee presented *Universal Array of Services for Child Welfare Involved Youth and Youth at Imminent Risk of Involvement*,¹¹ the committee's recommendations for improving access to behavioral and mental health services, at the Council's meeting on December 1, 2021. These recommendations were a continuation of the recommendations adopted earlier in the year. The presentation called attention to the significant disparity in services available to children and youth by county and to the insufficient funding in the behavioral health system to furnish the needed array of services: prevention and early intervention, community-based supports, tiered therapeutic placement options, and crisis services.

Prevention and early intervention include:

- Early childhood education and developmental screenings;
- Therapeutic preschools or preschool classrooms;
- Skills training and resources from kindergarten through grade 12 (whole-school approaches);
- The use of family resource centers;
- Drop-in centers for youth ages 12–25 to reduce suicide, suicidal ideation, substance use disorders, and homelessness; and
- Family finding to increase the number of children and youth in permanent legal placements with family members or caring adults in their lives.

Community-based supports include:

- Outpatient and intensive outpatient mental health and case management services;
- Individualized and intensive home- and community-based interventions that promote permanency and reduce the risk of placement disruption; and
- Interventions to prevent the development of substance use disorders or meet the care needs related to these disorders in children, youth, and adolescents.



¹¹ Cal. Child Welfare Council, *Universal Array of Services Visioning Document* [PowerPoint slides] (Dec. 1, 2021), www.chhs.ca.gov/wp-content/uploads/2021/12/Behavioral-Health-Committee-Universal-Array-of-Services-Visioning-Document.pdf. Presenters were Behavioral Health Committee cochairs Karen Larsen (2021–2022), Ken Berrick (past cochair), and Chris Stoner-Mertz (2022; present cochair).

Tiered therapeutic placement options include:

- Therapeutic foster care, which is designed to provide home-based, unconditional, flexible, and individualized support for foster youth who struggle with persistent, complex challenges; and
- Intensive-services foster care for youth who have emotional and behavioral health needs that exceed the capacity of traditional resource family homes, but who will still benefit from a home-like care setting.

At the Council’s meeting on March 2, 2022, the Council approved the policy recommendations in the *Universal Array of Services* document introduced by the Behavioral Health Committee in December 2021.¹² These recommendations were organized into four categories: (1) improving access to services, (2) defining and establishing the continuum of behavioral health services and supportive placements that should be provided for children and youth involved in the child welfare and probation systems, (3) implementing outcomes-based accountability and performance improvement measures, and (4) developing strategies to support effective implementation.

While developing these recommendations, the Behavioral Health Committee worked concurrently with the California Advancing and Innovating Medi-Cal (CalAIM) Foster Care Model of Care Workgroup. The workgroup seeks to determine what delivery system and payer will be responsible for meeting the unique behavioral health needs of youth in the child welfare system or at risk of involvement in the system. With counties facing the need to place and support youth returning from out-of-state placements, the Behavioral Health Committee’s work during the summer and fall of 2021 focused on reaching wide, informed consensus on the continuum of behavioral health services and supportive placements for youth. The work of the Behavioral Health Committee and the Child Welfare Council has been invaluable to the continued work of implementing the objectives of CalAIM statewide. The Behavioral Health Committee continues to work with the California Department of Health Care Services to implement the recommendations in the *Universal Array of Services* document.

Improving Education Outcomes for Youth in Foster Care

At the Council’s meeting on December 1, 2021, Alaina Moonves-Leb, senior staff attorney at the Alliance for Children’s Rights, and Mark Rodgers, senior director of Student Services at the Bonita Unified School District (Los Angeles County), presented *Best Practices Guide for Developing a District System to Improve Education Outcomes for Youth in Foster Care*.¹³ The Best Practices Guide is the result of a four-year partnership between six school districts in Southern California and staff members of the Alliance for Children’s Rights. It is designed to help school districts create systems and practices to implement the right of youth in foster care to have school credits identified, calculated, and issued.

¹² Cal. Child Welfare Council, *Universal Array of Services for Child Welfare Involved Youth and Youth at Risk of Involvement*, www.chhs.ca.gov/wp-content/uploads/2022/02/UniversalArrayPaperfor030222_ada.pdf. Presenters were Karen Larsen, chief executive officer of the Steinberg Institute, and Chris Stoner-Mertz, cochair of the Behavioral Health Committee.

¹³ Alliance for Children’s Rights, *Best Practices Guide for Developing a District System to Improve Education Outcomes for Youth in Foster Care* (Sept. 2021), https://allianceforchildrensrights.org/wp-content/uploads/2021/09/Education_DistrictBestPracticesGuide_Final.pdf.

Education outcomes for youth in foster care are the lowest of any student population in the state. In the 2019–2020 school year, the graduation rate for all students statewide was 84.3 percent, while the graduation rate for youth in foster care was 58.2 percent. Statistics such as this indicate that new supports are needed for youth in foster care. Topics covered in the Best Practices Guide include identifying youth in foster care, improving school stability, offering immediate enrollment and education placement in the least restrictive environment, issuing partial credits, encouraging graduation, and using local data to monitor education outcomes.

*California high school graduation rates in 2019–2020 school year:
For all students statewide, 84.3%
For youth in foster care, 58.2%*

Supporting Survivors of Commercial Sexual Exploitation

The Commercial Sexual Exploitation of Children (CSEC) Action Team discussed the availability of a webinar, “Supporting Youth: Survivors’ Perspectives on Housing, Harm Reduction & Youth Engagement,”¹⁴ at the Council’s meeting on June 1, 2022. The webinar, done with the California Department of Social Services, focuses on harm reduction, youth engagement, and housing, three critical issues for trafficked and sexually exploited children, youth, and adults. Harm reduction, behaviors or strategies that reduce the impact of risk or harm to oneself or others, aims to reduce, not eliminate, risky behaviors. Harm reduction gives people time to process things, such as decisions about changes and choices, in their own ways. Hiring and training survivors of trafficking and exploitation to work in support services and housing helps youth to engage. An important facet of housing is options. Some people may do better in a group home environment, whereas others will do better in a family setting, so an option to try both could be important. The voice of survivors in this webinar sends a powerful message to keep the perspective of survivors at the center of approaches to issues and services.

The work of the CSEC Action Team and the CDSS informed the Governor’s one-time allocation of \$25 million in the state’s 2022–23 budget for the development and implementation of innovative pilot placement programs for youth who have been victims of sex trafficking or are at risk of commercial sexual exploitation. This funding enables the CDSS to enter into contracts with organizations to develop and implement programs that involve intensive services using trauma-informed practices and harm-reduction strategies; specialized trainings for caregivers, families, and other support persons; peer and survivor mentors or support groups; support from a secondary caregiver for mentoring and respite; and help for youth who are missing from care or are not yet ready to be supported by services at existing placements. The funding also requires the CDSS to perform a service gap analysis for youth who have been exploited and specify services to be funded. The work of the CSEC Action Team will undoubtedly help the CDSS in the service gap analysis.

¹⁴ Cal. Child Welfare Council, *Supporting Youth: Survivors’ Perspectives on Housing, Harm Reduction & Youth Engagement* (Jan. 14, 2022), webinar, <https://tinyurl.com/2p6ups4s>.

Data on Substance Abuse and Child Welfare

The Data Linkages and Information Sharing Committee shared developing recommendations for tracking substance use disorders in child welfare services¹⁵ at the Council's meeting on March 2, 2022. These recommendations were developed with new neuroscience information about addiction. California is below the national average in reporting alcohol and drug abuse, which hampers

California is below the national average in reporting alcohol and drug abuse, which hampers efforts to help families. There is also a need for improved community-based supports for substance abuse disorders.

efforts to help families with their needs. In addition to improved reporting, California also needs to improve community-based supports for substance abuse disorders. The goals were to identify existing data collection systems and gather examples of reporting by counties; set tracking priorities by affected populations, outcomes, and treatment provision and impact; and develop recommendations for data entry (mandatory field designations), data field development, and outcomes tracking and reporting.

¹⁵ Cal. Child Welfare Council, *Emerging Recommendations: Data Workgroup for Tracking Substance Use Disorders (SUD) in Child Welfare Services* [PowerPoint slides] (Mar. 2, 2022), www.chhs.ca.gov/wp-content/uploads/2022/02/CWC_Mar22_Presentation.pdf. Presenters were Daniel Webster, cochair of the Data Linkages and Information Sharing Committee, and Howard Himes, director (ret.) of the Napa County Health and Human Services Agency and former member of the Child Welfare Council.

Child Welfare Council Members

July 1, 2021–June 30, 2022

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Ms. Nancy Bargmann

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Ms. Dana Blackwell

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Mr. Daniel Webster
*Principal Investigator, California Child Welfare
Indicators Project, University of California, Berkeley*

Mr. Jevon Wilkes
Executive Director of the California Coalition for Youth

Mr. Steve Zimmer
*Deputy Superintendent of Public Instruction,
California Department of Education*

CWC 2022 Committee Reports

For reference, following are links to original, unedited 2022 reports submitted by the committees of the Child Welfare Council:

- ◉ *Prevention and Early Intervention Committee*
- ◉ *Permanency Committee*
- ◉ *Child Development & Successful Youth Transitions (CDSYT) Committee*
- ◉ *Data Linkages and Information Sharing (DLIS) Committee*
- ◉ *Commercial Sexual Exploitation of Children (CSEC) Action Team*
- ◉ *Behavioral Health Committee*
- ◉ *Office of Youth and Community Restoration (OYCR) Committee*