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20. Leah Davis  
21. Hon. Leonard Edwards (Ret.)  
22. Hon. Susan Eggman, Ph.D.  
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24. William (Bill) Grimm  
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29. Kathryn Icenhower, Ph.D.  
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51. Daniel Webster, Ph.D.  
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EXECUTIVE SUMMARY

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

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

During fiscal year 2015-16, the Council built on work begun in prior years to further develop multi-system collaboration, process improvement, and effective partnerships necessary for continued improvement within the greater child welfare system. The following are a few highlights.
KEY HIGHLIGHTS

CHILD WELFARE DIGITAL SERVICES (CWDS)
The Council is keeping apprised of and providing feedback to this major technology project to update the current child welfare data base, Child Welfare Services/Case Management System (CWS/CMS). CWDS manages both CWS/CMS and the CWS-New System project.

By leveraging and adapting Business Practice Packages the project will jump start development of improved systems for intake, licensing, and case management.

LATEST RESEARCH
The Council kept informed about emerging knowledge in the field by hearing from researchers at the Children’s Data Network, California College Pathways, and Chapin Hall at the University of Chicago.

OTHER COLLABORATIONS
The Council looked at other projects designed to improve outcomes through better collaboration across systems. The California Chief Justice’s Keeping Kids in School and Out of Court (KKIS) initiative features court led multidisciplinary county teams working collaboratively to improve school climate and culture to improve educational outcomes; and the Breaking Barriers project involves partnerships to improve student access to and coordination of special needs services among education, behavioral health, health care, child welfare, and probation, based on individual county needs and priorities.

K – 12 EDUCATIONAL SUCCESS
The number of School Districts using the Council-sponsored Foster Youth Education Toolkit completed in 2014-15 continues to expand under the leadership of an advocacy organization and supported by philanthropy.

ENDING COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)
The Council’s CSEC Action Team continues to work with CDSS, the Judicial Council, advocacy organizations, and service providers to develop recommendations for the implementation of the statewide CSEC program. The Action Team formed an Advisory Board this year comprised of adult survivors of CSEC to provide expertise and guidance on statewide policy and legislation on CSEC issues.

FAMILY REUNIFICATION
The Council’s Priority Access to Services and Supports (PASS) project was formed to develop recommended approaches to ensure parents whose children have been placed in foster care have timely access to services needed to have them safely returned. The project is testing a protocol to promote parents’ timely access to mental health and substance abuse challenges when called for in the reunification plan.

PREVENTION SERVICES
The Council reviewed proposed child welfare funding strategies to increase support for prevention and also looked at core elements of prevention that could be incorporated into a prevention framework available for use throughout the state.

OUT-OF-COUNTY MENTAL HEALTH SERVICES
The Council monitored steps taken by a multi-disciplinary group including county, state, provider, and advocacy organizations that worked with the legislature to develop protocols for ensuring that foster children living outside their county of jurisdiction receive timely medically necessary mental health services. That bill was pending at the end of the fiscal year.

HEALTHY SEXUAL DEVELOPMENT OF YOUTH IN FOSTER CARE
This Work Group presented recommendations to incorporate this topic into existing training programs, child and family team discussions, the Foster Youth Bill of Rights, the Continuum of Care Reform, and regulations under development to implement the amended “Responsible and Prudent Parent” statute.
The Council and its Committees and Task Forces provide an opportunity to achieve interagency collaboration, creative problem solving, and systems improvement – and represents a successful example that is both significant and uncommon in government.

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

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

THE CALIFORNIA CHILD WELFARE COUNCIL BRINGS TOGETHER:

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

Well-functioning multi-system collaborations remain an elusive goal – one that nevertheless remains first and foremost in the council’s work.
PURPOSE AND STRUCTURE OF THE COUNCIL

The Child Welfare Leadership and Accountability Act of 2006 was codified in California Welfare and Institutions Code sections 16540 through 16545. Section 16540 establishes the Council, “which shall serve as an advisory body responsible for improving the collaboration and processes of the multiple agencies and the courts that serve the children and youth in the child welfare and foster care systems. The council shall monitor and report the extent to which child welfare and foster care programs and the courts are responsive to the needs of children in their joint care. The council shall issue advisory reports whenever it deems appropriate, but in any event, no less frequently than annually, to the Governor, the Legislature, the Judicial Council and the public.” The Council meets quarterly under the leadership of its Co-Chairs:

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

The Council is comprised of 52 members representing a broad spectrum of agencies, advocates and consumers involved in the child welfare system. The Council’s structure encourages participation by Council members and other stakeholders, both during these quarterly meetings and in between through the following standing committees and task forces. The Council has been gratified by the robust participation of a wide variety of nonmember stakeholders through their attendance at Council meetings and their active involvement in Council Committees and Task Forces.

**STANDING COMMITTEES**

*Prevention and Early Intervention/Citizen Review Panel Committee*
- Identifies and promotes services and support systems that prevent the need for families to enter the child welfare system.
- Serves as the Citizen Review Panel required of agencies receiving funds under the federal Child Abuse Prevention and Treatment Act (CAPTA).
Permanency Committee
• Identifies and recommends strategies to remove barriers that keep children in foster care so that they do not grow up in temporary homes but rather have permanent, nurturing families.

Child Development and Successful Youth Transitions Committee
• Identifies and advocates for services to ensure that the health, mental health, educational and social development needs of foster children can be met, and that older foster youth can be prepared for successful transition to adulthood.

Data Linkage and Information Sharing Committee
• Identifies and shares ways that data can be accessed across major child-serving agencies to provide essential information to those involved in the care of foster children and to measure foster children’s outcomes from the services they receive.

Priority Access to Services and Supports Task Force
• Examines how parents of foster children who have a reunification plan can receive priority access to services they need in order to have their children safely returned home, including services across multiple systems.

Out-of-County Mental Health Services Task Force
• Advocates for a system that ensures access to mental health treatment for foster children is not compromised when they reside outside their county of court jurisdiction.

Commercially Sexually Exploited Children (CSEC) Action Team
• Is engaged with system partners in developing an infrastructure for serving children who are victims or at-risk of becoming victims of commercial sexual exploitation, focusing on children in foster care.

STEAERING COMMITTEE
• The Steering Committee provides Council staff with ongoing assessment of the work of the Council and its Committees and Task Forces, gives guidance to Council staff regarding Council agendas prior to approval by Council Co-Chairs, and advises Council staff regarding Council membership to promote active participation.
At the quarterly meetings during 2015-2016, the Council was kept informed about the significant accomplishments by each of its committees and task forces. Details of each meeting were captured in Discussion Highlights, which are available on the Council’s website at http://www.chhs.ca.gov/Pages/CAChildWelfareCouncil.aspx.

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

**THE COUNCIL’S COMMITTEES AND TASK FORCES**

- **Prevention and Early Intervention/Citizen Review Panel Committee**
- **Permanency Committee**
- **Data Linkage and Information Sharing Committee**
- **Child Development and Successful Youth Transitions Committee**
- **Priority Access to Services and Supports (PASS)**
- **Commercially Sexually Exploited Children (CSEC) Action Team**
- **Out-of-County Mental Health Services Task Force**
2015-2016 STUDY TOPICS

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

K-12 EDUCATION SUCCESS

Last year, the Council’s Child Development and Successful Youth Transitions Committee supported the development of the Education Toolkit for Foster Youth, version 1.0, under the leadership of the Alliance for Children’s Rights. The Education Toolkit expanded on the Partial Credits Toolkit that was developed two years ago and provides guidance to school personnel on how to help students in foster care attain their education rights. The toolkit explains the educational legal requirements, includes step-by-step procedures for how to protect those rights, and provides tools that can be downloaded and modified to meet local district needs.

During this past year, the Alliance for Children’s Rights and other partners completed the Education Toolkit, version 2.0. This version includes a new section on addressing trauma-related needs of foster youth who are often affected by the initial abuse, neglect, or abandonment that brought them into the child welfare system: the trauma of being removed from their family; and the trauma of repeated home placement changes while in the system. The effects of trauma on learning may include decreased intellectual functioning, decreased reading ability, lower grade-point average, increased school absences, and decreased rates of high school graduation.

The new version also allows for the addition of foster youth goals in Local Control and Accountability Plans (LCAPs): a more user friendly evaluation tool; and information related to new and recently amended sections of the Education Code (Education Code §§ 51225.1, 51225.3) addressing credits and graduation for foster youth including the duty to determine eligibility retroactively, the removal of California High School Exit Examination references, and information regarding the impact of partial credits on a four year university application.

Education Toolkit 2.0 has been distributed via e-mail to more than 2,100 persons who have also been invited to participate in webinar trainings on its use. The recipients include all school foster care liaisons, County Foster Youth Services Coordinators, School District Directors of Student Services, the California Department of Education, the California School Boards Association, the California County Superintendents Educational Services Association, and the Association of...
California School Administrators. Training on Education Toolkit 2.0 was provided by experts from the Alliance for Children’s Rights, the California Department of Education, the California School Boards Association, and a team of 30 volunteer attorneys from Latham & Watkins, a law firm with a global reach. By the end of the fiscal year, more than 3,100 people had been trained.

In addition, training has been provided at the California School Board Association Conferences, the Foster Youth Education Task Force Ed Summit, the Los Angeles County Partnership Conference, the San Diego Foster Youth Summit, the John Burton Blueprint Conference, and over 50 school districts and county offices of education across the state.

The Bonita Unified School District Pilot Project is an example of a partnership that allowed use of the toolkit in a real life setting in order to learn even more about what districts need to build a meaningful foster youth education program. The Bonita Unified School District is located in Los Angeles County in the cities of San Dimas and La Verne, with 10,000 students including 500+ foster students served each year, 50% of whom reside in group homes. It has eight elementary schools, two middle schools, two comprehensive high schools, and one alternative/continuation high school.

Challenges reported by the School District in the implementation of the Education Toolkit included not being able to anticipate when foster youth would have placement changes; lack of a consistent education decision-maker for individual foster youth; and keeping caretakers, parents, and providers informed about a foster youth’s educational progress. Teachers identified the need for training, policies, and practices to support “trauma-informed teaching” and the need to access non-academic services and supports on behalf of individual youth.

LESSONS LEARNED FROM THE PARTNERSHIP:

- Trauma-informed education practices for high schools and middle school teachers had a meaningful impact.
- Confusion about who holds the education rights of individual foster youth is a huge barrier; there is a need to involve the courts and children’s attorneys to address the problem.
- The Education Evaluation template needs to be more user friendly.
- Use of social work interns is a cost effective way to increase staff.
The next steps for the project include the development of an Education Toolkit 3.0 that builds on the lessons learned from Education Toolkits 1.0 and 2.0. In addition, the focus will expand to the education needs of three- to five-year-olds. The experiences under the LCAP policies will be used to inform other topics to be included. In addition, a work group will examine ways to address the confusion related to identifying who holds foster youth Education Rights.

**ENDING COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN AND PREVENTING VICTIMIZATION**

The Action Team to End Commercial Sexual Exploitation of Children (CSEC) partnered with the California Department of Social Services (CDSS), the Judicial Council of California, and numerous other stakeholders to implement California’s newly-created CSEC Program, which is designed to promote improved prevention and services for CSEC.

The CSEC Action Team was established in 2013 as a special workgroup of the California Child Welfare Council and now includes over 50 members who serve in multidisciplinary and geographically diverse work groups. The Action Team works with other efforts on behalf of CSEC, including the federal Preventing and Addressing Child Trafficking (PACT) Grant, Alameda County’s Human Exploitation and Trafficking (H.E.A.T.) project, and CDSS’s Child Trafficking Response Unit. The Action Team provided input and guidance to the CSEC 101 training that started in January 2015 and the CDSS-issued Model Framework and Practice Guidance Toolkits released by CDSS in the spring of 2015.

In June 2015, 35 counties submitted county plans to CDSS in order to opt into the CSEC Program, and in September the Community Colleges Chancellor's Office started CSEC 101 training for foster parents, Foster Family Agency (FFA) parents, and group home staff. By the end of 2015, 13 CSEC Program counties were selected for Tier I baseline funding, while 22 additional counties were selected for enhanced Tier II funding and submitted interagency CSEC protocols. In December, the Action Team hosted a CSEC Convening, sponsored by CDSS and the Judicial Council, for multidisciplinary teams from 21 of the Tier II counties, with over 210 participants, including 12 organization types and more than 25 Community-Based service providers. That same month the Action Team released a resource guide entitled Improving California’s Multi-System Response to CSEC: Resources for Counties.
In 2016 the Action Team continued to collaborate with CDSS, counties, and provider organizations to support the implementation of the CSEC Program, and provided training and education for Action Team members and their networks at quarterly meetings. In June, the Action Team announced the formation of an Advisory Board comprised of adult survivors of child sexual exploitation. This 12-person board provides input to the Action Team as well as other stakeholders regarding extant and developing policy intended to serve exploited and at-risk youth. Topics include identification of services for sexually trafficked youth, prevention and intervention strategies, and training curriculum for professionals working with this population. The Action Team is grateful for the opportunity to institutionalize survivor leadership in the form of an Advisory Board and is excited about working together in a deliberate and thoughtful way to inform practice and improve outcomes for children. The members were selected through a competitive application process and represent a diversity of identities, perspectives, and experiences from across California.

FAMILY REUNIFICATION: PRIORITY ACCESS TO SERVICES AND SUPPORTS (PASS)

The Priority Access to Services and Supports (PASS) project represents the Council’s focus on the Family Reunification component of the Child Welfare Services program, when there is a court order for the child welfare agency to make reasonable efforts to ensure parents are provided the services needed to regain custody of their children in foster care pursuant to a court-approved case plan. Building on the work of past years, in January the PASS Behavioral Health Workgroup approved a strategy to “facilitate priority access, coordination, and quality of care to appropriate behavioral health services and supports for parents in reunification.” Ventura County was considered and confirmed as the beta test site for that strategy by the PASS co-chairs and PASS Behavioral Health Workgroup based on their history of local innovation and collaboration across child and family systems of care; their strong commitment by the leadership of County Departments of Child and Family Services (CFS) and Ventura County Behavioral Health (VCBH) to improving services and quality of care to families served; and the willingness by the leadership of Gold Coast Health Plan and Beacon Health Services (the Behavioral Health Managed Care Organization in Ventura) to collaborate.

Subsequent to the initial PASS beta test mapping meeting by agency management staff, training sessions were held with court staff and the child welfare Emergency Response staff, and Ventura’s PASS project went live on Monday March 28, 2016. While the project had skeptics at its onset, there was now optimism of
success. However, the PASS project’s leadership cautioned that, as other counties adopted the PASS Behavioral Health approach, there would be challenges for counties that have multiple behavioral health contracts, but at the same time they were confident that the intentional approach used by the project team could overcome these challenges.

In December Council members viewed *Tough Love*, a documentary by Stephanie Wang-Breal, which tells the story of two families’ experiences with child welfare family reunification services, one in New York City and the other in the state of Washington. The approach to child welfare in these two settings differed from each other and from the way California approaches child welfare, particularly in the areas of client engagement, support services, and court involvement. However, the stories were useful in portraying the following challenges involved in serving parents with a family reunification goal:

- The complexity of challenges facing families;
- The vulnerability of parents and children;
- The enormous number of children involved in reunification cases, and the problems inherent in trying to coordinate efforts;
- The desire on everyone’s part to get things right; and
- The fact that there is no silver bullet that will fix everything right away.

**PREVENTION SERVICES**

The Council’s Prevention and Early Intervention/Citizen Review Panel Committee made significant progress towards updating the Differential Response Framework by casting it more broadly as statewide prevention practice. One of the tools developed is the Prevention Practice Core Elements—A Cross-Walk, which lays out how the identified core elements of practice apply to the full continuum of prevention activities. These core elements should be framed within the context of a comprehensive prevention strategy for California.

The proposed overarching strategy is universal community-based support available to everyone through self-referral. Community-based prevention also encompasses at-risk children and families who do not rise to the level of child welfare intervention, yet need an enhanced community response that should be available through self-referral. Once the level of risk rises to meet criteria for child abuse and neglect, focused prevention could take place in two tiers: (1) Assessment
by child welfare and referral out to community partners; and (2) supervision of high risk families that require ongoing CWS supervision to ensure safety, jointly served by CWS and community partners.

OUT OF COUNTY MENTAL HEALTH SERVICES

The Council continues to monitor progress by the Department of Health Care Services in furthering the Council’s goal of improving access to timely and effective mental health services for all foster children placed outside their county of jurisdiction. The Department of Health Care Services, Department of Social Services, County Behavioral Health Directors Association, County Welfare Directors Association of California, National Center for Youth Law, and California Association of Child and Family Services formed a small group outside of the Council to work with legislative staff on AB 1299 (Ridley-Thomas) on a statutory solution to the issue. The Council continues to monitor efforts toward the legislative resolution and subsequent implementation.

HEALTHY SEXUAL DEVELOPMENT OF YOUTH IN FOSTER CARE

The Healthy Sexual Development of Youth in Foster Care work group of the Child Development and Successful Youth Transitions Committee built on the work initiated in the last fiscal year that started with a convening of 75 people representing current and former foster youth, foster parents, youth advocates, mental health clinicians, county social workers, state community care licensing managers and evaluators, state children and family services managers, and state education managers. They gathered and formed small groups to contribute their thoughts, experiences, discoveries, and ideas related to 35 topics they had identified to support the healthy sexual development of youth in foster care.

Key among the proposals emanating from the convening was a recommendation to create guidance on how the intent of the “Reasonable and Prudent Parent Standard” statute might be used to promote the healthy sexual development of youth in foster care. Senate Bill 794 (Chapter 425, Statutes of 2015) added new training and staffing requirements pertaining to the Reasonable and Prudent Parent Standard and amended the definition to include the encouragement of emotional and developmental growth of the child, thus bringing the California Welfare and Institutions Code in alignment with federal standards. The intent of the new law is to support caregivers in the exercise of common sense and good
judgment to assess circumstances and events in which a foster child may participate.

In October 2015, work group members presented at the California Foster Parent Conference and gathered information to inform suggested approaches to ongoing, open, age appropriate discussions between foster parents and foster youth about sex, sexual orientation, gender identity, and reproduction. The highly experienced foster parents stated that they welcomed the opportunity to discuss the topic openly and wanted more information on how to support the healthy sexual development of youth in their care.

Work group members are now members of the CDSS planning committee to implement the new Reasonable and Prudent Parent Standard and will bring perspectives gained to those deliberations.

**OTHER COLLABORATIONS**

As part of its goal of promoting multi-agency collaboration in child welfare, the Council has looked at other collaborations in related fields to learn from those efforts and to look for areas of collective impact. Two examples that were examined in this fiscal year were the California Chief Justice’s Keeping Kids in School and Out of Court (KKIS) initiative and the Breaking Barriers project.

KKIS was launched by the Chief Justice as the California Blue Ribbon Commission on Children in Foster Care reached the end of its charge, to ensure that relevant issues and recommendations from that body would be carried forward into the initiative. The initiative participants, multidisciplinary teams from 32 counties, are working on this goal by seeking improvements for all students in California through reducing suspensions, expulsions, and chronic absenteeism, and improving school climate and culture, while, at the same time, focusing particular attention on the needs of students subject to juvenile court jurisdiction in the child welfare and juvenile justice systems.

Twenty-one of those KKIS County teams were hosted at regional convenings in Anaheim in December 2015 and in San Francisco in February 2016. Those events gave participants the opportunity to get to know their neighbors and to begin making the relationships across county lines that could lead to improved services to the children and youth they are serving, particularly those in the juvenile dependency and delinquency systems.
Among the issues raised by some of the county teams was the issue of out-of-county placements in foster homes or group homes, where a child with special needs, learning issues, or mental health challenges is placed by one county into another, and the new county does not have the services needed by the child, resulting in the child either not receiving the needed services or being required to travel for hours to the originating county for services. This type of issue can benefit from the county teams being able to pick up the phone and call their county counterparts in the sending or receiving county to work out the problems. KKIS initiative members see possibilities for building those partnerships further during the implementation of California’s Child Welfare Continuum of Care Reform.

Like KKIS, the Breaking Barriers project also addresses education issues, but differs in that its focus is on the coordination of services to children with special education needs. System barriers that interfere with optimal access to needed services include separate eligibility criteria used by behavioral health and social services systems, which do not support a cross-system approach. A group of 30 like-minded advocates involved in special education came together to address the need to “break barriers” to a service array needed by children with special needs as well as others who experience difficulty accessing services. Thus, rather than by design, the Breaking Barriers project grew out of a common recognition that there are a set of identified problems and identified needs that can be fixed so that an array of service providers can come together and collectively improve the way we serve these children.

The mission of Breaking Barriers is to seek alignment of community and organizational resources to improve educational outcomes; children and families’ social, emotional and behavioral health; and health and community wellness. The increased level of local control stemming from the realignment of Health and Human Services and Public Safety programs; the Local Control Funding Formula for Education; and Health Care Reform provides the opportunity to connect systems and benefit from their cumulative experience in system reform. Initial strategies under development include integrated programs for very young children; coordinated quality improvement procedures; single points of contact and case management across systems; information sharing processes with privacy protections; transdisciplinary professional development curricula; interagency alternative dispute resolution processes; alternate funding strategies and/or redirection of existing funding.
CHILD WELFARE DIGITAL SERVICES

The Council has been tracking the progress of the development of a new system to replace the Child Welfare Services/Case Management System (CWS/CMS), which was launched in 1998, with numerous upgrades over the years. CDSS has established the Child Welfare Digital Services (CW-DS) project to oversee both the new system (CWS-NS) as well as the current CWS/CMS system. The CWS-NS project will provide a new technology platform and set of digital services that will be rolled out incrementally over the next few years. These digital services will provide a more intuitive user experience and new capabilities not currently provided by the existing legacy systems. The scope of the project includes Intake, Licensing and Resource Family Approvals, Case Management, Court Processing, Eligibility and Financial Management, and Governance. The highest priority is to satisfy the customer through early and continuous delivery of valuable software.

Building the new system incrementally increases the opportunity to deliver business functionality earlier and provides less dependence on a single vendor. The process includes active county involvement through user research, design, development, and testing; support for county project and organizational change management with on-site implementation teams; regional training teams; and digital service (product) support. The user-centered design will facilitate the building of services that are simple and intuitive enough for users to succeed the first time, unaided.

LATEST RESEARCH

The Council keeps apprised of the latest research in the field of child welfare services through presentations by the academic community. This year the Council learned from the Children’s Data Network at the University of Southern California in partnership with the Child Welfare Indicators Project at the University of California, Berkeley; the California College Pathways study by the John Burton Foundation and the Educational Results Partnership; and the second round of findings from the CalYOUTH Study conducted by Chapin Hall at the University of Chicago.

Children’s Data Network

The Children’s Data Network serves as a facilitator for integrating data from child welfare and mental health agencies to support research and evaluation; the ultimate authority for the use of the data always resides with individual agency.
The research agenda is driven by the involved agencies and funders. The Network supports outcomes and accountability reporting (through a master identification number) and provides scientific advisors and affiliated researchers, along with Institutional Review Board (IRB) and Agency Board approvals. Linked administrative records provide a rich resource for data-driven policy and program decisions. Yet, integrating data from different public agencies also presents ethical, political, operational, and scientific challenges. Understanding potential hurdles, sharing best practices, and developing a knowledge base can help realize the vast potential data linkage holds for improving outcomes for children and families.

The vision of the Children’s Data Network is to move from its current “proof of concept” to the establishment of “standard operating procedures,” and finally to transitioning the work to public agencies, such as has been done in Western Australia and Denmark.

**NEAR-TERM**

“Proof of concept” projects through individual agency data sharing agreements with Children’s Data Network.

**MIDDLE-TERM**

Establishment of universally agreed upon “standard operating procedures” for working with already linked, de-identified data.

**LONG-TERM**

Consider transition into public agency oversight of data sharing; this is the model implemented in Western Australia and Denmark.
The California Data Network researchers have found openness across the board in working with the Departments of Social Services and Health Care Services on data linkages, and have found that Institutional Review Board oversight is used to ensure that privacy is protected in the link to the University of California. Open source software (not proprietary) is being used that is complementary to both departments.

**California College Pathways**

The California College Pathways project provides foundation resources and leadership to campuses and community organizations to help foster youth succeed at community colleges, vocational schools, and four-year universities. The statewide partnership includes:

- Current and former foster youth scholars
- California Community Colleges
- California State University system (CSU)
- University of California system (UC)
- Campus foster youth support programs
- Foster Youth Success Initiative (FYSI)
- California Department of Social Services
- California Department of Education
- John Burton Foundation (project manager)

The program focuses on helping foster youth achieve four important milestones: (1) Equip with essential resources; (2) Enroll in college and/or training program; (3) Earn a college degree or certificate; and (4) Embark on a career path. Over a person’s lifetime the difference in income between a college graduate and non-college graduate can add up to several hundred thousand dollars. Fastest-growing industries such as health care, education, and business support services require a bachelor’s degree or above. There are fewer options for those without college degrees now, and there will be even fewer in the future. Occupations losing the most jobs are clerks, cashiers, telemarketers, packagers, and farmers. In addition, there is more competition for jobs that pay less and have less security.

The vision for California College Pathways is: Foster youth in California graduate college ready to thrive in the 21st century workplace at rates equal to, or better than, the general population.
Its mission: California College Pathways helps foster youth turn their dreams into degrees by expanding access to college and career opportunities. Goals for 2018 are: (1) 1,000 foster youth in California will earn a college degree or certificate; and (2) Foster youth will achieve important educational milestones at rates equal to, or better than, the general student population.

**CalYOUTH Study**

In 2014-15 the Council hosted a presentation on initial findings from the multi-year CalYOUTH study of young people transitioning to adulthood from foster care, and this year it hosted a presentation on the second round of findings of youth who opted to stay in foster care until age 21.

CalYOUTH is a five-year (2012-17) ongoing study designed to evaluate the impact of extended foster care on youth outcomes. The study seeks to answer the following questions:

- Does extending foster care past age 18 influence youth outcomes during the transition to adulthood?
- What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care?
- How do living arrangements and other services that result from extending foster care influence the relationship between extending care and youth outcomes?

To help answer these questions, the study is collecting and analyzing data from transition-age youth and child welfare workers providing services to foster youth, and analyzing government program data. Interviews are conducted with the same youth at ages 17, 19 and 21. This CalYOUTH Wave 2 Youth Survey reports their responses at age 19. Themes arising from the second interviews include:

**Youth Who Stayed in Care Reported Better Outcomes.** Remaining in care was associated with a wide range of positive outcomes, including being more likely than those who had left care to be enrolled in school, reporting more social support, experiencing fewer economic hardships, and receiving more supportive services.
One Size Approach Does Not Fit Wide Range of Needs. Extended care should provide young adults with developmentally-appropriate living arrangements and connect them to formal and informal supports that recognize their wide range of needs. The CalYOUTH participants were diverse with respect to demographic characteristics and their needs pertaining to the transition to adulthood. Reflecting the rapidly changing US population, CalYOUTH participants were primarily people of color. If extended care is to effectively engage these young people, it must be sensitive to culture and community.

Potential to Improve Extended Care. While most youth in care were satisfied with the services they received and their interactions with professionals associated with the system, a sizable minority expressed dissatisfaction. Only about half of the youth said the independent living services they received prepared them “well” or “very well” to live on their own, budget money, pay bills, buy food, and cook, leaving a sizeable portion of young adults feeling unprepared.

Optimistic in Spite of Challenges. The study provided encouraging evidence of the resilience of older adolescents in foster care. Many participants reported feeling overwhelmingly optimistic about their futures.

The study will continue for two more years at which time the youth will be interviewed for a third time. Areas to be explored in this final round are analysis of other risk and protective factors associated with the young adults’ outcomes using youth and worker survey data and analysis of selective outcomes (employment, postsecondary education, need-based government assistance) and predictors of outcomes using administrative data on the population of transition-age youth in care before and after the extended foster care program was enacted.

The following pages present a summary of each Committee and Task Force’s progress during 2015-2016, and because this annual report documents our tenth year since the Council was formed, we include interviews from a sampling of the extraordinary people who do not sit on the Council, but have done exceptional work on the committees and task forces that reaches beyond the Council and has benefitted the whole state.
THE WORK OF STANDING COMMITTEES

As described on the previous page, the Council accomplishes much of its work through four standing Committees: Prevention and Early Intervention; Permanency; Child Development and Successful Youth Transitions; and Data Linkage and Information Sharing.

PREVENTION AND EARLY INTERVENTION COMMITTEE

Purpose

The Prevention and Early Intervention Committee identifies and promotes services and support systems that prevent the need for families to enter the child welfare system. The responsibility of a Citizen Review Panel, mandated under federal law, has been incorporated into the Committee, and serves in a statewide capacity as one of California’s three panels.

2015-2016 Activities and Accomplishments

Since taking on the responsibilities of the statewide Citizen Review Panel, the Council’s Prevention and Early Intervention Committee has focused on a review of policies and systems that are needed to not only facilitate prevention of child abuse and neglect, but also promotion of health and well-being for all children and families. The Prevention and Early Intervention Statewide Citizen Review Panel’s efforts to date have focused on two broad areas:

1. Statewide quality and uniformity of prevention practice
2. Adequate resourcing/financing of prevention efforts

MICHELLE ALLEN
Parent Partner

Michelle Allen is a member of the Parents Anonymous California Parent Leadership Team. She has been a member of the Council’s Prevention and Early Intervention (PEI) Committee for a year and a half. She chose that committee because prevention is very important to her and she believes that “parent voice” should be included in all aspects of child welfare.” She finds that the PEI Committee members are welcoming of her and the perspective that she offers to the work.

While on the committee she has been involved in the development of the Prevention Framework which identifies services and supports needed by parents so that they can safely care for their children. The model calls for providers to listen to parents – both mothers and fathers – and to understand the cultural factors of families they serve, especially low income families. She finds her work with the committee very satisfying because “the PEI Committee has embraced the opportunity to have parent voice in all its products, and I appreciate being heard. The collaborations that the PEI Committee has promoted and the relationships that have been built have resulted in high-quality, useful products.”

“The PEI Committee has embraced the opportunity to have parent voice in all its products, and I appreciate being heard.”

And she is happy with the intersection of her outside work with that inside the Council: “I share with my colleagues what I have learned at the Council about the many new child welfare policies and programs currently being implemented across the state so that we can both contribute to their development and keep our clients informed about upcoming developments.”

Her suggestions for the Council: “I encourage the Council to continue to include as much parent voice as possible in everything it does.”
The PEI-CRP is continuing its work towards these goals by making a set of recommendations to support more uniform prevention practice. To that end they have developed a cross-walk of the core elements of major prevention platforms being implemented in California counties. Also, the PEI-CRP continued to look at the resourcing of prevention and considered the benefits of a cost benefit analysis for California. As a next step the committee will engage in a review of California’s significant investment in prevention programs.

Since California is the largest consumer of federal IV-E funds and faces an increasing general fund investment, a focus on finance reform continues to be important. A key for California is recognizing that the state’s unique needs would not likely be well served by current finance reform proposals, and thus expanding the conversation to include options that would better serve the state. To that end, the Toolkit on Federal Child Welfare Finance Reform has been widely disseminated throughout California, and to child welfare leadership in at least twelve additional states.

Committee staff for Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR) of the U.S. Senate Committee on Finance have formally discussed at a high level a child welfare legislative proposal. Titled the “Family First Act,” the legislative proposal incorporates provisions previously introduced in legislation by both members and has been described by staff as a compromise for both members signaling their interest and intent on a bipartisan process moving forward. As currently outlined, the legislative proposal would have two sections – one to provide funding for prevention services as well as other legislative changes, and one to outline federal policy around placement setting for children in foster care.

Per CAPTA requirements, each year the PEI-CRP presents recommendations to the Director of the California Department of Social Services, following review and discussion with the Child Welfare Council. The recommendations support the fundamental belief that children do best in safe, stable, and permanent families and that federal funding system for child welfare must adequately support this goal. The PEI-CRP further believes that there are core elements of prevention practice that should be made uniform across California counties in order to improve the lives of children at-risk.
In the next phase of its work, the PEI-CRP will look closely at the role of trauma-informed systems and practice that address the impact of early, adverse childhood experiences. Of particular concern is the role of substance use disorders as a contributor to child abuse and neglect. It is anticipated that the core elements of practice will incorporate a focus on promotion of child, family, and community health and well-being, thus building resilience while mitigating risk.

PERMANENCY COMMITTEE

Background and Purpose

Identify and remove barriers, and recommend best practices to achieve speedy permanency for all children in foster care.

2015 – 2016 Activities and Accomplishments

The Permanency Committee addressed implementation of one of the permanency objectives through reunification recommendations adopted by the Child Welfare Council: i.e., the expansion of dependency drug treatment courts. The Permanency Committee, through Judge Len Edwards, conducted a survey of counties with dependency drug treatment courts to identify successful sustainability strategies. Results of the survey are being analyzed and will be forthcoming.

With regard to its goal of decreasing time to permanency including reunification, adoption and guardianships, the Committee addressed its objective of increasing

“We are having an impact; permanency outcomes are improving. Youth who had little chance of achieving permanency are now in permanent families; policies are shifting at the state and county level; the tide is turning.”

Gail sees her life’s work as removing barriers that cause children to languish in foster care and age out without the support of a permanent committed family. She uses every vehicle she can to accomplish this goal, and sees the council as “an incredible assembly of people who can make a difference for these children.” Specifically, her work with the council has resulted in a significant influence on the Permanency Committee work plan to include:

Improving permanency outcomes for older children and teens in foster care, including the development of a Guide for Counties on Funding Specialized Youth Permanency Services (she was the primary researcher and author);

Improving access to mental health professionals with specialized training and experience in adoption/permanency clinical issues, including exploration of creating an Adoption Competency Mental Health Certification Program in CA and input to understanding the barriers that prevent the availability of adoption competent clinicians and recommendations for removing those barriers;

Leveraging the committee’s relationship with San Diego County Health & Human Services Agency to support the county’s implementation of their first specialized permanency program (launched May 2016). (Continued below)
And according to Johnson Vaughan, this work is making a difference. “We are having an impact; permanency outcomes are improving. Youth who had little chance of achieving permanency are now in permanent families; policies are shifting at the state and county level; the tide is turning. Awareness of the need for adoption/permanency competent mental health professionals is growing.” Although the All County Information Notice (ACIN) has just gone out on the successful legislation she worked on to identify barriers to the provision of mental health services by mental health professionals with specialized clinical training in adoption or permanency issues to children receiving those medically necessary specialty mental health services (AB1790-Dickinson), some counties are already beginning to make shifts.

As for how her work with the Council intersects with her work with Families Now: “The two are inexorably intertwined. I consider CWC a major component of Families NOW’s strategy to improve and sustain permanency outcomes. Doing this work in the context of the Council adds validity to our efforts and outcomes, and brings some of the best permanency minds together in a structured way. I am so grateful!”

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And her recommendations for improvement: “The biggest challenge I see on the Permanency Committee is the fact that our committee members are pretty over-committed with their day jobs, so the work on accomplishing our work plan goes slowly. I don’t know how to get around that. The Council does not have a budget for staff support of its Committees and Task Forces. While informal arrangements have been made with state agencies to cover this function, the Council could be improved by having dedicated and trained staff for each of these groups.

meaningful engagement and relationship building between youth and families and all juvenile court stakeholders by supporting provision of 4 sets of a 2-day training series, free to participants, entitled “Interdisciplinary Education on Permanency and the Courts.” The training was organized by committee co-chair Bob Friend, supported by a grant award from the Judicial Council of California to the National Institute for Permanent Family Connectedness (NIPFC), Seneca Family of Agencies. Over 220 participants were trained in locations including Redding, Fresno, Riverside and Los Angeles between September 2015 and April of 2016. Attendees included judges; attorneys for children and parents; CASA; County Counsel; public child welfare staff; workers, supervisors and managers for County Social Services as well as Probation; staff and managers from Foster Family Agencies and from group homes/residential facilities; foster parents; and child/parent advocates.

Faculty included:

- **Pat Bresee**, Commissioner, San Mateo County Juvenile Court (retired);
- **Kelly Beck**, attorney and senior NIPFC trainer/consultant;
- **Joey Cordero**, Chair, Fatherhood Initiative in San Francisco, and parent who successfully reunified with his child via San Francisco Human Services Agency;
- **Erick Alvarez**, student, who also works with the Youth Engagement Program to bring the perspective of young people who received foster care services and who
advocates to improve the experience of children and youth currently being served:

- **Mike Mertz**, Director of Staff Development, Seneca Family of Agencies, senior trainer/coach, NIPFC;
- **Bob Friend**, NIPFC Director.

*The faculty group was assisted on a one-time basis by:*

- **Debra Avenmarg**, Deputy County Counsel, Humboldt County;
- **David Meyers**, Chief Operating Officer, Dependency Legal Services;
- **Jennifer Trimble**, attorney, Dependency Legal Services in Stanislaus County.
- **Anthony Trendacosta**, judge, Los Angeles County Superior Court, who admirably filled for Commissioner Bresee on short notice for the Fresno training.

*Feedback from the training sessions has been uniformly positive. Additionally, the committee received reports on:*

- Title IV-E Waiver Demonstration Projects from Sylvia Deporto and Mary Shepherd; and
- Continuum of Care Reform Implementation, a co-committee presentation with Child Development and Youth Transitions) from Karen Gunderson and an update presentation from Greg Rose; and
- Core Practice Model behaviors related to teaming from Melissa Connolly. And finally, Parents Anonymous® Inc. and the California Parent Leadership Team are working on a review of Parent Partner models, research and outcomes to support positive results for the Continuum of Care Reform and other Permanency efforts statewide.

**Concerns and Challenges**

Two challenges limited the committee’s ability to achieve its goals:

1. Scheduling of Council meetings that conflicted with county meetings resulted in rotating and inconsistent attendance.
2. The committee lost its support staff in 2015 limiting follow up and coordination activities.

Scheduling of future Council meetings will take into account county child welfare meeting schedules, and the committee was assigned staff in 2016.
2016-17 Goals and Objectives

Goal 1: Increase the number of children who are safely reunified with their parents

- Objective 1.1: Create collaborative research agenda regarding families in reunification
- Objective 1.2: Expand Dependency Drug Treatment Courts
- Objective 1.3: Promote child and family teaming

Goal #2: Decrease time to permanency including reunification, adoption and guardianships

- Objective 2.1: Promote meaningful engagement and relationship building between youth and families and all juvenile court stakeholders
- Objective 2.2: Influence data collection to track time to permanency
- Objective 2.3: Create and stress need for urgency in permanency services, including concurrent planning

Goal #3: Increase permanency services for older youth

- Objective 3.1: Follow legislation on permanency services, including implementation of PL 133-183
- Objective 3.2: Ensure cross-over youth and youth in probation supervised foster care are achieving permanency
- Objective 3.3: Ensure the Extended Foster Care program is being used for its intended purpose for only those youth who do not have any caring committed adult permanency options.

CHILD DEVELOPMENT AND SUCCESSFUL YOUTH TRANSITIONS (CDSYT) COMMITTEE

2015-16 Activities and Accomplishments

The CDSYT Committee accomplishes its established goals through a work group structure. During 2015-16, the areas of focus were foster youth education through: (1) the development of a Foster Youth Education Toolkit for use by schools and child welfare; (2) expanding the toolkit to include information regarding the
identification and responsibilities of foster youth’s Education Rights Holders; (3) monitoring the implementation of an improved policy for prescribing psychotropic medications for foster youth; (4) participation in CDSS-sponsored policy discussions aimed at supporting the healthy sexual development of foster youth; (5) beginning development of model protocols for addressing the issue of foster youth who run away from their placements; and (6) beginning development of model protocols for public agencies to prioritize employment of former foster youth.

**Education Toolkit 2.0**

The Education Toolkit built on work completed over the previous two years that produced a Partial Credits Model Policy and an Education Toolkit 1.0. The Alliance for Children’s Rights and other partners completed this latest version which includes a new section on addressing trauma-related needs of foster youth who are often affected by the initial abuse, neglect, or abandonment that brought them into the child welfare system; the trauma of being removed from their family; and the trauma of repeated foster home placement changes while in the system. The effects of trauma on learning may include decreased intellectual functioning, decreased reading ability, lower grade-point average, increased school absences, and decreased rates of high school

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**JILL ROWLAND**

**Alliance for Children’s Rights**

Jill Rowland, Education Program Director for the Alliance for Children’s Rights, got involved with the Education Work Group of the Child Development and Successful Youth Transitions (CDSYT) Committee at the urging of a county child welfare manager who saw an alignment between the mission of the Alliance for Children’s Rights and the goals of the work group. Rowland “saw the opportunity for expanding and gaining critical review of my organization’s education products by representatives of a broad spectrum of disciplines.”

During her time on the committee, working closely with CDSYT Committee members, and guided by feedback from the full Council, the Alliance for Children’s Rights produced a model policy for awarding partial education credits to foster youth who change schools during the academic year. “The policy was embraced by the California School Boards Association and many local school districts. With the Council’s support we then incorporated the model policy into a Partial Credits Toolkit and have trained numerous school districts on how to implement it.”

“Continuing our collaboration with the Council, our next project was to develop an Education Toolkit that addressed other educational challenges faced by foster youth. This toolkit has been updated twice and a third edition is in process to include how to address issues related to trauma, data collection and accountability, and continuation high school students. Training materials are now being adapted for use by specific professionals including child welfare workers, probation officers, and judges.”

Rowland has been very satisfied with her work with the Council: “The Council brought prestige to my organization’s work and has served as a vehicle to go beyond supporting foster youth in one county to having positive statewide impact. (Continued below)
graduation. The new version also allows for the addition of foster youth’s Local Control Accountability and Planning (LCAP) goals; a more user friendly evaluation; and information related to recently enacted legislation relating to graduation requirements.

The Toolkit 2.0 was distributed via e-mail to more than 2,100 persons. The recipients included all school foster care liaisons, County Foster Youth Services Coordinators, School District Directors of Student Services, anyone who has received a training on the Toolkit 1.0, and partner agencies who were asked to distribute it to their membership as well (California Department of Education, California School Boards Association, California County Superintendents Educational Services Association, and Association of California School Administrators). Training on Toolkit 2.0 is provided by the Alliance for Children’s Rights, the California Department of Education, the California School Boards Association, and a team of 30 volunteer attorneys from Latham & Watkins. So far over 3,100 people have been trained through webinars. In addition, training has been provided at the California School Board Association Conferences; the Foster Youth Education Task Force Ed Summit; the Los Angeles County Partnership Conference; the San Diego Foster Youth Summit; the John Burton Blueprint Conference; and over 50 school districts and county offices of education across the state.

Education Rights Holders

The goal of this CDSYT Committee work group is to develop guidance for schools and child welfare that will help ensure that a foster child’s education is not compromised when the caregiver and education right’s holder are not the same person, including situations where the foster parent does not know about a plan that the education rights holder has established for a foster child. The work group will reach out to coordinate efforts with others who are working on this issue including the California Departments of Education and Social Services; the California School Boards Association; and selected counties, such as Fresno that has
set up a work-around solution by issuing multiple passwords to persons who need to be involved in developing and supporting a foster child’s education plan. The guidance will also address involvement of birth parents and staff at Short Term Residential Treatment Centers so that everyone who is involved in caring for or supporting the child can work together to promote educational success.

Psychotropic Medication

Last year, a CDSYT Committee work group provided input to the Quality Improvement Project (QIP), a Department of Health Care Services (DHCS) project formed to address issues related to Foster Youth’s use of psychotropic medications, and the work group is now monitoring the progress of the state approved QIP plan. The progress to date includes:

- Clinical Guidelines have been developed and disseminated to prescribers.
- Educational materials are available to youth and caregivers.
- Group Homes have received some technical assistance resource materials to facilitate improved oversight of psychotropic medication by the youth in their care.
- Counties are beginning to receive and use client data which is providing new insights.

DHCS is now providing reports on quality of care measures to identify focus areas for improvement and implementing three bills passed in 2015 related to care of children in foster care, including training and oversight activities (SB 238, SB 319, SB 484). A fourth bill remained active at the end of the fiscal year. The CDSYT Committee will continue to follow the progress of implementing new policies and practices designed to ensure appropriate use of psychotropic medications.

Healthy Sexual Development of Youth in Foster Care

The CDSYT Committee work group on Healthy Sexual Development of Youth in Foster Care was formed to explore the topic of how child welfare systems can better support and promote healthy sexual development of foster youth. This topic stemmed directly from the personal stories, statements, and concerns expressed by former foster youth regarding the barriers they have experienced within the current system, and the lack of policies and practices to address young people’s healthy sexual development. Activities over the past year include:

- A discussion with participants in the 2015 annual Foster Parent Conference to gain caregivers’ perspectives on how to promote healthy sexual development of children in their homes. They raised concerns
regarding their role and requested clarification regarding licensing regulations on this topic.
• Participation in the CDSS workgroup formed to create guidance on how the intent of the “Reasonable and Prudent Parent” statute can be used in support of youth’s healthy sexual development, such as clarifying how group home staff, foster parents, and kinship caregivers can address various issues relating to sexuality.

Model protocols for responding to foster youth who run away from their placements

Based on guidance from the U.S. Department of Health and Human Services through an Administration for Children and Families (ACF) Letter dated November 4, 2014, the CDSYT Committee formed a work group to develop a model protocol for a multi-system response to serve the needs of youth who run away from foster care. The initial steps included gathering data on what is known about his population, including age, gender, placement prior to running away, and number of previous placements. The protocol will cover topics such as mental health services for runaway youth as part of the service array; case studies – real life examples of why it matters to have the protocol; making it easier to find a runaway youth; a clear message to foster youth that the child welfare agency cares; and outreach to community agencies to collaborate on finding youth and providing safe placements.
The protocol will be connected to the permanency work that is under development as part of the CDSS Continuum of Care Reform project; the CDSS Engagement-Oriented Practice initiative; and the work of Families NOW and the Family Finding Institute at Seneca Family of Agencies.

Model protocols for public agencies to prioritize employment of former foster youth

The CDSYT Committee formed a work group to develop a model for use by state and local public agencies in which foster youth and former foster youth seeking employment would be given some type of credit, similar in concept to Veterans’ credits, in the civil service and merit system processes. In response to a survey, it was learned that eight counties currently provide special consideration for former foster youth who otherwise meet all criteria for employment. The work group is currently doing further research and gathering information about what works – and doesn’t work – in the counties that have policies.

Concerns and Challenges

The CDSYT Committee relies on in-kind resources from a wide range of experts especially the time and expertise provided by its members, and all contributions to the Committee’s work must be balanced with the competing demands of participants’ full time jobs. Therefore, in most instances, the pace of progress on projects that are undertaken is slower that members would like.

2016-17 Goals and Objectives

For fiscal year 2016-17, the Committee is planning to:

1. Continue to work on guidance for schools, courts, and caregivers regarding protocols for Education Rights Holders, giving consideration to the age of child when selecting education rights holder; working with the Judicial Council on how to apply current law and practice for selecting education rights holders; and determining what group home administrators should have in the way of education rights holders.

2. Continue to monitor progress of QIP project and implementation of recent statutes that address use of psychotropic medications by youth in foster care.

3. Incorporate findings and recommendations of the work group on Supporting Healthy Sexual Development of Youth in Foster Care into the CDSS work group on this same topic, which includes Community Care regulations and training to implement the new “Responsible and Prudent Parent Standard” and educational materials on the Foster Child Bill of Rights.
4. Finalize a proposed model protocol for multi-system response to serve the needs of youth who run away from foster care that incorporates federal guidance in the ACF letter of November 4, 2014. The analysis leading to the proposal will include data from the Child Welfare Indicators Project and other sources, consideration of mental health issues, and connection to Permanency work.

5. Finalize a proposed model protocol on prioritizing employment of foster youth and former foster youth for use by the state and counties in their respective hiring practices, drawing from the experiences of counties that currently have policies for employment of former foster youth.

**DATA LINKAGE AND INFORMATION SHARING COMMITTEE**

**Background and Purpose**

The aim of this Committee is to support the integration of information across major child-serving agencies (e.g., child welfare, education, vital statistics, health, mental health and substance use) to inform services at the individual and systems levels. Linked data provide caregivers, social workers, multidisciplinary teams and courts with a crucial means to ensure continuity of care for children, youth and families. The Committee also helps develop essential tools to measure outcomes across systems at the state and local levels. This is critical to improving access to and the quality of services 2015 – 2016.

**Activities and Accomplishments**

Continued efforts toward linking data across major child serving agencies, including child welfare, education, health, mental health, and alcohol and drugs, in order to give caregivers, social workers, multidisciplinary teams, and the courts the ability to ensure continuity of care and services for children, youth, and families.

Ongoing collaboration with state agencies, the courts, counties, philanthropy, and academia to promote data linkages that further knowledge about California’s children and families.

Helped develop important outcome measurement across systems at the state and local levels, as this is critical to improving the quality of and access to services and supports for children, youth, and families at risk of or involved with the child welfare system.

Engaged in collaborative activities with the State Interagency Team (SIT), the Stewards of Change, and various state departments including the Judicial
Committee members participated in national Data Leaders Group conversations and meetings convened by Casey Family Programs to discuss vital issues related to linkages and application of administrative data (e.g., predictive analytics, federal registers and final rules on CFSR outcomes and statewide automated data systems).

Continued to provide updates on national, state and local data sharing initiatives as well as significant news related to the agile procurement approach being employed in the development of the state’s new child welfare administrative data collection system.

During committee meetings provided updates on critical data issues and acted as a forum for successful data linkages and information sharing efforts to be presented, discussed, and disseminated. Key topics that were discussed by the Committee included: Federal Child and Family Services Review Risk Adjustment, Targets and Goals; Predictive Risk Modeling; Psychotropic Medication and Child Welfare Services Data Linkages; recent results from the ongoing CalYOUTH Study, Perspectives of 19-Year Old Youth and Child Welfare Workers; and Understanding Federal HEDIS Measures, Quality of Care in Medi-Cal for Children in Foster Care.

**EMILY PUTNAM-HORNSTEIN, PHD**

*Associate Professor, USC School of Social Work*

Emily Putnam-Hornstein, an Associate Professor at the University of Southern California’s School of Social Work, is the Director of the Children’s Data Network and a Researcher with UC Berkeley’s Child Welfare Indicators Project. She has been actively involved with the Data Linkage and Information Sharing (DLIS) Committee since its inception. According to Putnam-Hornstein, she was drawn to the Council committee because “it was a great chance to connect with the larger community of stakeholders that surrounds our Child Welfare Council. And I believe that data are foundational to improving outcomes for our children – so I was thrilled that the Council decided to create a committee devoted to the topic.”

Her work with DLIS has been substantial. “Under the leadership of former CWC member Barbara Needell, and the current leadership of CWC member Daniel Webster, our committee has established itself as a platform for sharing challenges – and successes – in both data linkage and information sharing. Importantly, this has included bringing to the table colleagues working on these same topics in areas outside of child welfare.” She is enthused about the work: “It is a very exciting time in California. There are a growing number of ‘real time’ information sharing initiatives emerging between public agencies, in addition to various data or record linkage projects occurring both within and outside of government.”

“It is a very exciting time in California. There are a growing number of ‘real time’ information sharing initiatives emerging between public agencies, in addition to various data or record linkage projects occurring both within and outside of government.”

As a general rule, Putnam-Hornstein does not believe “there are many quick fixes or easy solutions to improving child welfare systems. But I do believe that the increased use of cross-sector data to better understand the children we are serving – and then better guide and coordinate services – can help us move the needle in a number of critical areas in which we would all like to see improvements. It is absolutely amazing to remember how recently we were stuck with paper records! It is exciting to now have so much digital information available and to be on a committee focused on advancing ways in which those data can be applied in the child welfare system…”

(Continued below)
**Concerns and Challenges**

Development of the new child welfare case management system has accelerated with a transition to an agile procurement process will develop and integrate a suite of digital services to deliver continually-improving support and assistance. The Application Program Interface (API) and Intake module are the first portions of the new system under development. The Committee will continue to coordinate with CDSS and other stakeholders on helping new system development to be compatible with federal data standards such as the new CCWIS regulations, and an interoperable design. The Committee will also support the work of child welfare professionals at the state, county and the provider community in linking and applying data toward successful implementation of the Continuum of Care Reform.

**2016-17 Goals and Objectives**

As in past years, the Committee will continue to champion data linkages and stress the urgency of interoperability given the critical nature of this time period in terms of data systems and data exchanges.

Other aims of the Committee in the coming year include:

- Provide a forum to discuss the opportunities and challenges to data linkage projects, data integration, and information sharing.
- Coordinate with, provide consultation, technical assistance and support to other Council subcommittees regarding questions and needs they may have for data that would inform and enhance their respective goals and objectives.

Her work outside of CWC strongly intersects with her work on the DLIS Committee. “My current work at the University of Southern California is a direct offshoot of my experience and affiliation with UC Berkeley’s California Child Welfare Indicators Project – as well as the Council’s DLIS Committee! Through Berkeley and DLIS, I had a chance to both observe and be directly involved in a series of ad hoc efforts to link child welfare records to other data sources for research and evaluation purposes.”

“My current work at the University of Southern California is a direct offshoot of my experience and affiliation with UC Berkeley’s California Child Welfare Indicators Project – as well as the Council’s DLIS Committee!”

According to Putnam-Hornstein, “each project proved incredibly valuable in the knowledge that was generated, but also inefficient in the amount of time and resources it consumed (e.g., time to establish a data use agreement; effort required to standardize, clean and link records). And after a record linkage concluded, the new integrated data source had to be destroyed as there was no one left to maintain the data or extend the agreements. To address these limitations, I have been working with other researchers and state and county agency partners to develop the Children’s Data Network (CDN). With infrastructure funding from First 5 LA and the Conrad N. Hilton Foundation, the CDN is being built to serve as a university-based home for the ongoing linkage of large extracts of child welfare and other administrative records. Although real-time information sharing needs to occur within government, I believe university-partners can and should play an important role in the linkage of data for research and evaluation use cases.”

Her recommendations for improvements: “The Council includes leadership from all of the major state agencies serving California’s children and their families. I think we should lock everyone in a room until a nimble global data sharing agreement has been established! But in all seriousness, while there has been progress, I would love for this to be a concrete goal for the Council in the coming years.” In addition, she “would also like to see more discussions and efforts focused on our youngest children.”
• Participate in statewide interoperability planning taking place through the California State Systems Interoperability and Integration Project, including consultation with Assembly Human Services Committee or other staff contemplating or developing legislation on interoperability and information sharing.

• Ongoing support for efforts to coordinate and leverage state investments in data and information resources, including identifying funding sources for data linkages, and also continued endorsement of the State’s HIE goal of Personal Health Records for Children in Foster Care.

• Continue to investigate opportunities to enhance information sharing opportunities, including learning from practices outside of health and human services. The Committee will also work to identify and provide localized support, guidance and technical assistance to local courts and counties to overcome barriers to information sharing and advance interoperability.

• Finally, the Committee is currently working on revisiting and updating the “Statement of Information Sharing, Data Standardization and Interoperability” document that has been previously endorsed by the Child Welfare Council. The Committee has determined that it is important to revise this critical document to reflect more timely technical language, concepts and recent developments such as the new federal final rule on Comprehensive Child Welfare Information Systems (CCWIS). The Committee plans to submit a draft of this updated document to the larger Council for approval by the end of 2016.

THE WORK OF THE TASK FORCES

In addition to the Standing Committees, the Co-Chairs are authorized to appoint ad hoc groups to address issues that are germane to the work of the full Council. Initially, two task forces were formed: the Prioritization Task Force and the Out-of-County Mental Health Work Group. In June 2013, the Council formed another ad hoc group: the Commercially Sexually Exploited Children Action Team. The following pages summarize the achievements, challenges, and goals for these ad hoc groups.

1. PRIORITY ACCESS TO SERVICES AND SUPPORTS (PASS) TASK FORCE

Purpose

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

As the diagram on the following page depicts, PASS is intended to expedite priority services to parents who have a child in foster care. Service needs include housing, behavioral health (mental health and substance abuse treatment), corrections/probation, and self-sufficiency/employment needs. Pass will work with integrated systems to identify parents in reunification and provide them with an individualized, coordinated service plan that includes priority access to needed services and supports. The goal is safe reunification impacting the whole family’s quality of life, recovery and resilience, and health and wellness outcomes.
2015-16 Activities and Accomplishments

Behavioral Health Team—led by California Department of Health Care Services

The Behavioral Health team created a draft Protocol delineating the roles and responsibilities for County Department of Child Welfare and Behavioral Health. The draft Protocol was approved to “facilitate priority access, coordination, and quality of care to appropriate behavioral health services and supports for parent in reunification.” The target population is all parents entering the child welfare system with an open reunification plan.

In collaboration with County leadership, the PASS co-chairs and PASS Behavioral Health team implemented a six-month beta testing of the draft Protocol in Ventura County. Ventura County was selected based on their history of local innovation and collaboration, having a strong commitment by the leadership of County Departments of Child and Family Services (CFS) and Behavioral Health (VCBH) to improving quality of care, as well as the willingness by the leadership of Gold Coast Health Plan and Beacon Health Services (the Behavioral Health Managed Care Organization in Ventura) to collaborate.

Planning meetings were held in February and March to create the work flows, needed forms (e.g., screening tool, release of information, CQI tracking), and revising staff responsibilities to operationalize the Protocol. The beta test in Ventura went live on March 28, 2016.

The Ventura PASS team met weekly for the first month, bi-weekly for the next month and monthly thereafter to monitor the process, identify and address systemic issues and ensure quality services for the parents. Each partner has made important changes in “typical” practice to achieve the shared goals. For example, CFS has Court social workers completing the screening tool, VCBH has created additional appointments and monitoring of FR parents, Beacon has created new codes for collaboration and increased reimbursement to its provider network.

As of July 3, 2016 61 of parents had a family reunification (FR) plan and were available at the Court Detention hearing, 57% have been referred within 5 days, 66% have been assessed within 5 days and 88% have begun treatment within 5 days. Parent’s inability or unwillingness to engage with the court social worker to complete the screening within the 5-day time period were the most commonly cited reasons for the initial referral delay. Inability to reach the client to schedule an appointment was the reason for almost all cases where an assessment appointment could not be successfully scheduled within 5 days.

Lessons learned:
- Need for multiple release of Information forms is a burden for parents and creates difficulties for staff communication between the different agencies
• Federal Medicaid rules do not identify FR parents as a priority population so VCBH cannot sustain serving FR parents as a priority without additional funding or authorization
• Work processes and forms were revised several times to address problems identified
• Leadership matters
• Priority access is achievable

Going forward, the Ventura PASS team will review options to increase the percentages of FR parents meeting the draft protocol access goals, monitor coordination of, and retention in care performance metrics and what impact, if any, priority Behavioral Health services and supports has on family reunification outcomes. A process evaluation with quantitative as well as qualitative data is under development.

2. OUT OF COUNTY MENTAL HEALTH SERVICES

Background and Purpose

Section 5777.6 of the Welfare and Institutions Code, enacted in 2000, requires:

• Local mental health plans to establish a procedure to ensure timely access to outpatient specialty mental health services for foster care children placed outside of their counties of origin (the county in which the Juvenile Dependency Court has jurisdiction).
• The Department of Mental Health to “collect and keep statistics that will enable the department to compare access to outpatient specialty mental health services by foster children placed in their county of adjudication with access to outpatient specialty mental health services by foster children placed outside of their county of adjudication.”

Over the subsequent 15 years, various measures have been put in place by what is now the Division of Behavioral Health Services housed within the Department of Health Care Services to further facilitate access to mental health services by foster children who reside outside their county of origin. Despite these efforts, the Child Welfare Council noted that inequities existed and payment systems between counties did not always work efficiently. In December 2010, the Council approved the formation of a work group to take up the following four overarching issues that must be addressed in order to improve access to out-of-county mental health services statewide, with the directive that medically necessary mental health services for foster children residing out of their counties of
court jurisdiction would be *presumptively transferred* to their respective counties of residence:

1. Identification, screening and communication.
3. Provision of services and capacity.
4. Outcomes and accountability.

The Work Group presented a report of its activities and accomplishments to the full Council at its December 2011 meeting and recommended that the Katie A Settlement Implementation Committee would be the appropriate vehicle for addressing the following components of out-of-county mental health services system: statewide use of screening and assessment tools at intake, case management practices, treatment planning and coordination of care, and outcomes and accountability. Since that time the Departments of Health Care Services and Social Services have worked with stakeholders to develop policies and procedures to develop and implement a solution.

**2015-16 Activities and Accomplishments**

This past year the Departments of Health Care Services and Social Services worked with stakeholders and the Legislature on AB 1299 by Assembly Member Ridley-Thomas to resolve outstanding policy issues, and the bill was active as of the end of the fiscal year. Appropriate to its role, the Council received updates on the progress of the legislation at its quarterly meetings.

**Concerns and Challenges**

A full resolution to long-standing challenges related to providing medically necessary mental health services to foster children residing outside their county of jurisdiction has taken a long time to achieve, and, thanks to the unwavering commitment of those involved, it may be close at hand. The next challenge will be implementing the final decision by policy makers.

**2016-17 Goals**

The Departments of Health Care Services and Social Services, in collaboration with county partners, service providers, and advocates will implement the Out-of-County Mental Health Services policy for youth in foster care as determined by decision-makers and keep the Council informed of progress.
3. COMMERCIAL SEXUALLY EXPLOITED CHILDREN (CSEC) ACTION TEAM

Background and Purpose

In 2011, a group of California organizations and providers urged the California Child Welfare Council (CWC) to adopt as a major issue the commercial sexual exploitation of children (CSEC) and its intersection with the child welfare system. CWC accepted the recommendation and created a special work group focused on the issue of children in the child welfare and foster care system being commercially sexually exploited, or are at risk of being exploited. The work group spent two years studying the issue and formulating a multidisciplinary response.


In 2014, California established the CSEC Program (SB 855), which funds counties to develop a coordinated, interagency approach to CSEC case management and service planning. Since then, the CSEC Action Team and CDSS have collaborated to ensure the successful implementation of the CSEC Program and related policy initiatives. Such efforts have included everything from identifying learning objectives for trainings to producing sample protocols for county adoption.

The CSEC Action Team’s productivity is due in large part to the strength of its leadership. At the center are Co-Chairs Diana Dooley, Secretary of Health and Human Services, and Leslie Heimov, Executive Director of the Children’s Law Center of California (CLC). Co-Chair Heimov also serves on the Executive Committee, which meets weekly to track the team’s progress, along with Judge Stacy Boulware Eurie, Superior Court of Sacramento; Sylvia Pizzini, Health and Human Services; Chris Cleary, Judicial Council of California; and CSEC Action Team staff members Kate Walker Brown and Elizabeth Laferriere, National Center for Youth Law (NCYL), and Susan Abrams, CLC.

Finally, the CSEC Action Team is also fortunate to receive direction from its official Advisory Board, comprised of 12 adult survivors of childhood commercial sexual exploitation.
2015-16 Activities and Accomplishments

In 2015-2016, the CSEC Action Team successfully carried out several major steps designed to move California towards its goal of more effectively identifying and serving CSEC. Primarily, it has focused on supporting implementation of the state-funded CSEC Program, as well as new federal mandates. Recent accomplishments include:

**CSEC Program Convening:** In December, the CSEC Action Team, CDSS, and the Judicial Council brought together 21 county teams for a Beyond the Bench CSEC Pre-Conference. This daylong event attracted more than 200 individuals. County attendees sat with their multidisciplinary teams consisting of representatives from such agencies as child welfare, probation, public health, mental health, education, county counsel, and the juvenile court. The event included panels followed by team-building activities focusing on improving local CSEC protocols. Participants received copies of the professionally bound resource, Improving California’s Multi-System Response to CSEC, which compiles all CSEC Action Team guidance created since 2013.

**Revised MOU Template:** In April, the Action Team created and submitted to the State a revised, professionally-designed MOU Template to aid counties in fulfilling the new federal mandates regarding CSEC. Adapted from its 2015 MOU Template, which incorporated CSEC.
In addition, Walker Brown cites the creation of the CSEC program in 2014, which requires counties who wish to opt in to develop interagency protocols using a multidisciplinary approach for identifying and serving CSEC. “To date, and in part due to the guidance created by the CSEC Action Team, 35 of 58 counties have opted into the Program. The culture surrounding commercial sexual exploitation has shifted dramatically in California over the last three years, and we believe it is, in large part, due to the dedicated members of the CSEC Action Team—members that volunteer their time to ensure that children are treated more justly in California.”

As for the intersection of her organizational work with her Council work, Walker Brown notes that “because my work focuses exclusively on child trafficking, my work with the CSEC Action Team has immense crossover. Through the CSEC Action Team, my Team at NCYL and I have been able to develop strong relationships with counties, advocates, and providers throughout the state, which has strengthened our work and leveraged the impact on our kids.”

Program requirements and promising practices, the Action Team’s 2016 MOU Template now includes the federal mandates and a more innovative, user-friendly design. To create this high quality resource for counties, the Action Team conducted an expert review process with more than 20 cross-agency stakeholders. This thorough process included an in-person presentation and discussion, several small stakeholder conference calls, and several rounds of template draft reviews.

Meeting the Needs of CSEC in Continuum of Care Reform (CCR): In May, the Action Team submitted to CDSS a comprehensive list of policy recommendations regarding Continuum of Care Reform (CCR) and CSEC. Titled “Meeting the Holistic Needs of Commercially Sexually Exploited Children and Youth (CSEC / CSEY) within the Continuum of Care Reform,” this policy memo was developed by the CSEC Action Team based on input from over 25 agencies, organizations, and individuals from a variety of disciplines. It was created to ensure that the needs of CSEC, and those at risk of exploitation, were considered throughout the State’s CCR planning and execution processes. CDSS is currently reviewing the recommendations and has encouraged Action Team members to participate in CCR workgroups going forward.

Advisory Board: Following months of planning with survivors and survivor organizations, the Action Team launched its official Advisory Board. Comprised of 12 adult survivors of child sex trafficking, the Advisory Board is the first state-sponsored committee of its kind. Members represent a variety of professional
backgrounds and range in age from 19 to 48. Most experienced child welfare involvement. The Board is tasked with providing ongoing guidance to the Action Team, governmental agencies, community-based organizations, and other stakeholders regarding how to improve state and local policy for CSEC and at-risk children and youth. This is an incredible step forward for the state and will ensure the policies and guidance that comes from the CSEC Action Team is informed by the individuals who have been most affected.

**Concerns and Challenges**

The CSEC Action Team consists of more than 60 influential subject-area experts and includes two regularly meeting leadership groups, the Executive Committee and the Advisory Board. All members and both leadership structures add significant value to the quality of the Action Team’s efforts. However, due to the size of the group, a significant amount of staff time is spent coordinating meetings with and feedback from members, all of whom have busy schedules and external responsibilities. With the critical addition of the Advisory Board, staff dedicate significantly more time to simply providing operational and facilitation support.

Further, because members of the Action Team are scattered throughout the state, it can be difficult to engage the members and elicit timely feedback. Although the Action Team has begun using virtual meeting technology to improve the experience for remote participants, more thought needs to be put into how to best use this technology when members split into their productive small work groups during meetings.

**2016-17 Goals**

This year, the CSEC Action Team will focus on the following priorities:

- **Implementation Support**: continue to collaborate with CDSS to guide counties in developing and implementing CSEC protocols that meet state and federal requirements. The CSEC Action Team is now finalizing its revised MOU Template and will work with CDSS to ensure all counties understand and employ this resource effectively in order to create robust, victim-centered and survivor-informed CSEC protocols.

- **Survivor Advisory Board**: support the efforts of the Advisory Board, including: coordinating professional development opportunities including educational webinars; managing and facilitating official feedback sessions and opportunities; staffing policy project work groups; and liaising with the full CSEC Action Team.

- **Technical Assistance to the State**: coordinate CSEC Action Team and Advisory Board input on policy initiatives and guidance as needed.

- **Group Learning and Information Sharing Opportunities**: organize trainings and relevant policy discussions at CSEC Action Team meetings.
Appendix A: Overview of California’s Child Welfare System and Services

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

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

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

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