

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**September 10, 2014**

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**I. Call to Order, Introductions and Announcements**

Secretary Dooley and Justice Raye extended personal welcomes to Council members and others in attendance who then introduced themselves. Justice Raye announced that there are two new members to the Council, San Mateo County Juvenile Court Judge Elizabeth Lee who was in attendance and Santa Clara Juvenile Court Judge Shawna Schwarz who will join the group at the next meeting. Justice Raye then set the context for the meeting by reviewing the agenda.

**II. Approval of the June 11, 2014 Discussion Highlights (Action Item)**

Secretary Dooley asked for comments or suggested revisions to the June 11, 2014 Child Welfare Council Discussion Highlights. There being none, they were approved on a consensus vote.

**III. Foster Children’s Use of Psychotropic Medications (Information Item)**

Secretary Dooley called on Gordon Jackson, Chair of the Child Development and Successful Youth Transitions Committee to introduce the topic. Gordon stated that a Work Group of the Committee has been looking at this issue for the past 15 months and monitoring the progress of the state Quality Improvement Project (QIP), which is focused on this same issue, led by the Department of Health Care Services in partnership with the Department of Social Services.

Gordon started with the premise of the Committee’s concern: When it comes to psychotropic medications, foster children and youth are prescribed “too many, too soon, too much, and too long.” He stated that in addition to wanting to learn from the Quality Improvement Project about common areas of concern and monitoring its progress in addressing these concerns, the Committee has another natural alliance with the QIP in that three members of our Committee also serve on the QIP team: Bill Grimm, Anna Johnson, and Rochelle Trochtenberg. Over the summer, the Work Group met twice with the QIP leadership to provide input regarding: (1) their perspectives on the problem; (2) need for additional youth perspectives; and (3) encouraging wider stakeholder participation.

Gordon stressed that in our respective day-to-day roles and as advocates, we should recognize that we each have a role to play in promoting mental health for foster children and youth and addressing the issues that the Committee’s Work Group and QIP team will share in their joint presentation – in other words, we are all responsible.

Anna Johnson introduced a video of four young women who gave their personal stories of psychotropic medications as being too many drugs, at too high dosage levels, at too young an age – before other alternatives are used, for too long a period of time. Anna stressed that data needed to be provided to the QIP, but, based on what is known so far from studies and youth reports, psychotropic medications for foster youth are often untested, off-label, and have adverse side effects. Some medications were given despite powerful opposition, and they are administered by untrained caregivers with no oversight by physicians, court and child welfare workers.

Council members and the public then saw the video in which Miranda, Precious, Shanequa, Tisha, and Deloris eloquently shared their experiences dealing with mental health challenges and psychotropic medications prescribed to address them. They spoke of histories of abuse and sexual assault and being diagnosed with conditions including Post Traumatic Stress Disorder, Bi-polar Disorder, and Attention Deficit Hyperactive Disorder. The medications they were prescribed at young ages, (age 4 for one youth, age 8 for another youth) left them feeling “zoned out” or “zombie-like.” One youth said she will have lifelong side effect from the medications. These young women proposed solutions that would improve practice in the future, including:

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- Training for group home staff and foster parents on what behaviors are to be expected under various mental health diagnoses and how to care for foster youth with these diagnoses.
- Ensuring that caregivers and foster youth have access to doctors, therapists and social workers to provide treatment as needed, both during the time they are in foster care and after they exit foster care.
- Providing mental health treatment services concurrently with psychotropic medications – don't rely on medication alone to address mental health challenges.

Rochelle Trochtenberg picked up on the themes presented by the youth by comparing and contrasting definitions of Psychotropic Medications and Mental Health based on a review of research.

- Under the California Rule of Court 5.640 – Psychotropic medications definition (§§ 369.5(d), 739.5(d)), psychotropic medications are prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. Class examples:
  - Antidepressants.
  - mood stabilizers.
  - Antipsychotics.
  - anti-Parkinson agents.
  - Hypnotics.
  - anti-anxiety.
  - psychostimulants.
- According to the World Health Organization's Mental Health Focus definition, mental health is a state of well-being in which every individual:
  - realizes their own potential.
  - can cope with the normal stresses of life.
  - can work productively and fruitfully.
  - is able to make a contribution to their community.

Rochelle further elaborated on the need to look at psychotropic medications in a broader mental health context by sharing information from the Center for Disease Control and Prevention (CDC) – Research Review Mental Health Indicators. The CDC sets forth three Mental Health Indicator Domains:

- Emotional well-being – Perceived life satisfaction, happiness, cheerfulness, peacefulness
- Psychological well-being – Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, positive relationships
- Social well-being – Social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community

The CDC Research Review further sets forth the following Social Determinants of Mental Health:

- Housing
- Safe Neighborhoods
- Equitable Jobs and Wages
- Quality Education
- Access to Quality Health Care

Anna Johnson shared background data to set the context for the scope and nature of the problem. Between 2008 and 2013 the number of foster children authorized for psychotropic medications increased from 12% to 20% of all foster children. For the subset of foster children placed in group homes, the number increased from 38% to 58%.

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Anna then provided information on California’s safety measures compared to what three other states have:

<u>California</u>	<u>Washington</u>	<u>Illinois</u>	<u>Ohio</u>
<ul style="list-style-type: none"> <li>▪ Treatment Authorization Request (TAR) 0-5; expanded to 0-17 effective 10-1-14</li> <li>▪ Judges authorize</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social Work Psychosocial Treatment Tools &amp; Training</li> <li>▪ Consulting Line for Prescribers</li> <li>▪ University Partnership for Data &amp; Monitoring</li> <li>▪ Prescribing Parameters &amp; Dosing Guide</li> </ul>	<ul style="list-style-type: none"> <li>▪ Utilization Parameters</li> <li>▪ Monitoring Guidelines &amp; Nurse Reviewers</li> <li>▪ University Partnership Prescription Reviews</li> <li>▪ Quarterly Reporting &amp; Analysis of Medications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Guidelines, Screening &amp; Monitoring Tools</li> <li>▪ Regional Oversight of Outlying Prescribers w/ Training Modules</li> <li>▪ Informed Consent Process &amp; Tools</li> <li>▪ Quarterly Reporting &amp; Analysis of Medications</li> </ul>

Anna reminded Council members that since 1999 in California only the Juvenile Court may authorize psychotropic medication for children in foster care. The process used is called the JV220 process

- JV220a: Application for medications and a prescribing physician statement.
- JV222: Forms for objection.
- The Juvenile Court Judge has seven court days to approve, deny, or set a hearing.

By way of support for the Courts, there is widespread variation among Counties, as illustrated by the following example of three Counties:

<i>SUPPORT TYPE:</i>	<i>Establish Parameters</i>	<i>Consultant/ Reviewer</i>	<i>Check for Proper Documents</i>	<i>Mandated Training</i>	<i>Monitoring</i>
County 1	Yes	Yes	Yes	No	Unknown
County 2	No	Yes	Yes	No	No
County 3	No	No	No	No	No

Anna stressed that everyone involved in working with a foster youth is responsible for knowing about the psychotropic medications that the youth is taking, as follows:

- Referring youth for assessment – Foster Parents; Care Providers; Social Workers; Teachers; Doctors.
- Prescribing appropriate medications – Psychiatrist; Pediatrician; General Practitioner; Nurse Practitioner.
- Authorizing medications – Juvenile Court Judge; Second Opinion.
- Administering medications – Foster Parent; Group Home Personnel; School Nurse; Juvenile Hall Staff.
- Monitoring medications/Data Entry – Caseworkers; Public Health Nurses; Pharmacy Claims; Child Level Labs; General Practitioners; Care Providers; Public Health Nurses.

Harry Hendrix provided background on psychotropic medications, stating that they include: Anti-panic, Anti-depressants, Anti-obsessive, Antianxiety, Mood Stabilizers, Stimulants and Antipsychotics. With regard to antipsychotics, he stressed that:

- Not all psychotropic medications are antipsychotics.

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- Non-antipsychotic psychotropics include: Ritalin, Adderall, Xanax, Paxil, Ativan, Lexapro, Wellbutrin, Depakote and lithium.
- Antipsychotic psychotropics include: Haldol, Abilify, Seroquel, Zyprexa and Risperdal.

Harry presented information from Medi-Cal claims data to further set context for the issue. All foster youth are eligible for Medi-Cal under California law. From FY 2004-05 through FY 2013-14, the percentage of foster youth with a paid claim for a psychotropic medication was between 13.8% and 15.6%. For approximately 60% of these youth, the medication prescribed was an antipsychotic. In FY 2012-13, 14.7% of foster youth, the paid claim was for a psychotropic medication, and 12.6% of this group received more than one psychotropic medication at the same time. For 162 foster children (0.3%) under the age of 6, the paid claim was for a psychotropic medication.

Pete Cervinka then gave Council members information about the Quality Improvement Project (QIP). The QIP grew out of a 2011 federal grant that California did not receive. Work commenced anyway, to address known issues and enhance patient safety. Goals include:

1. Enhance psychotropic medication safety by ensuring appropriate drug and dosage; expanding the Medi-Cal Treatment Authorization Request (TAR) process for antipsychotics from 0 – 5 (now in place) to ages 0-17 (will implement 10/1/14); and partnering with courts on assessments and evaluations prior to approval.
2. Support the use of psychosocial counseling in lieu of medications.
3. Reduce inappropriate concurrent use of multiple psychotropic medicines.
4. Engage medication prescribers in practice change via education and consultation
5. Increase the use of electronic health records.
6. Use data to analyze, monitor and oversee improvement in the safe use of psychotropic medication.
7. Actively engage foster youth in their care, through education.

Pete reviewed the QIP work plan:

- Implement a five-step Psychotropic Oversight and Monitoring Plan:
  1. Screening, Assessment and Treatment
  2. Improving the Effectiveness of the Consent Process
  3. Effective Medication Monitoring
  4. Availability of Mental Health Expertise & Consultation
  5. Mechanism for Sharing Accurate Data
- Develop and Distribute Educational Material specifically tailored for Youth, Families, Prescribers, and Other Professionals.
  - Input was received at the August meeting of the Expert Panel, and materials will be released after its next meeting on 11-20-14.
- Issue guidelines for the use of psychotropic medication with children, and youth in foster care.
  - Input was received at the August meeting of the Expert Panel, and materials will be released after its next meeting on 11-20-14.
- Establish standards for the courts to use, regarding the number of psychotropic medications, at the lowest appropriate dosage, for the age of a child or youth.
  - Input was received at the August meeting of the Expert Panel, and the standards will be approved at its next meeting on 11-20-14.
- Work with courts to improve psychotropic medication authorization.
  - Working with the Judicial Council to achieve timely and appropriate interaction with the courts.

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- Because education is important, and people should be informed, create the following informational materials:
    - A Foster Youth Mental Health Bill of Rights, and a related list of best practices (nearly complete).
    - A document titled “Questions to Ask About Medications” is being individually tailored for Youth and their Families, for use with Prescribers, Social Workers, Probation, the Courts, and other Service Providers.
- Input from the Expert Panel was received on both of the items above at its August meeting, and they will be released after its next meeting on 11-20-14.

Pete presented the QIP timeline:

DATE	ACTIVITIES	DELIVERABLES
Oct. 2012 - February 2014	QIP initiated: planning research and goal development	
February 2014	Expert Panel convened; data sharing agreement executed CWS and claim data matched	Data Sharing for: <ul style="list-style-type: none"> <li>• Demographic data</li> <li>• Performance Measures</li> <li>• County-specific, client-level data for county monitoring of JV 220*</li> </ul>
August 2014	Workgroups vet deliverables with Expert Panel	<ul style="list-style-type: none"> <li>• Recommended Prescriber Guidelines</li> <li>• Questions to Ask</li> <li>• Youth Bill of Rights / Best Practices</li> <li>• JV 220 Best Practices</li> <li>• Demographic Data</li> </ul>
October 2014	TAR review extended to 6 – 17 year olds	<ul style="list-style-type: none"> <li>• DHCS Directive released</li> </ul>
November 2014	Meet with Expert Panel on Prescriber guidelines; DHCS legal and medical review.	<ul style="list-style-type: none"> <li>• Recommended Performance measures</li> <li>• Monitoring Parameters</li> <li>• Training Resources</li> <li>• JV 220 Best Practices for Judicial Council review</li> </ul>
December 2014	Dissemination of approved documents	<ul style="list-style-type: none"> <li>• CDSS All- County Notice for Client- level Data Report Process</li> </ul>
Spring 2015	Prescriber Guidelines Finalized, Data Measures tested & posted, Ongoing work with Judicial Council	Training Resources: <ul style="list-style-type: none"> <li>• To RTAs for curriculum development</li> <li>• Integrated into foster care provider training requirements</li> </ul>
2015 – ongoing	Monitoring	

Pete noted that the QIP is linked to other major statewide initiatives, the Katie A Settlement and Continuing of Care Reform, which both call for a Child & Family Team and Assessment for Specialty Mental Health Services including Intensive Care Coordination, Therapeutic Foster Care, and Intensive Home-based Services. The QIP will add these features to the initiatives:

- Informing children, youth and families
- Educating foster parents, providers, social workers
- Data monitoring

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- Prescribing guidelines
- Best practices for Court Authorization

In addition, as CDSS develops the New System for Child Welfare services the plan is to include increased ability to support and provide data on these initiatives.

Pete ended his remarks making “three asks” of Council members and their respective constituencies:

1. Support Katie A implementation.
2. Support the continuum of care reform effort.
3. And once the QIP work products are available, please assist in their dissemination to the appropriate audiences and help assure their implementation.

Secretary Dooley thanked the presenters and called for comments and questions from Council members and the public. Patrick Gardner observed that too much focus has been on medications rather than on mental health care overall. He expressed concern that expanding the requirement for Treatment Authorization Requests may suddenly make it impossible for a youth to continue medications because there will be an immediate backlog as of the effective date of October 1<sup>st</sup>. He stated that service providers and physicians should be the main focus for accountability, rather than attorneys. He added that there is already the capability of linking DHCS pharmacology data with CWS/CMS child welfare data. Leslie Heimov stressed that children’s attorneys and judges still have an important role, the former for ensuring that requests to authorize psychotropic medications have been made after consultation with all parties, including the youth as appropriate, and the latter for reviewing the requests with expert guidance before approval.

Several participants expressed the need for more data. Vanessa Hernandez noted that former foster youth who are members of the California Youth Connection are participating on the QIP and were advocating for more data to go with the individual stories they bring to the discussions. Anna Johnson shared that Alameda County has a data use agreement between the Social Services and Health Departments that provides the ability to create reports on use of psychotropic medications by foster youth. She said that while other counties could also develop such agreements, one by one, she advocates for statewide reports, and shared a letter from an attorney at the National Center for Youth Law that gave an opinion regarding how aggregated data on psychotropic medications could be shared without violating the HIPAA Privacy Rule.

Ken Berrick expressed his concern that some might view the Treatment Authorization Request as a whole solution rather than one of an array of tools in a toolkit. He advocated that the “prudent parent” standard should be emphasized as a critical element in team decisions regarding use of psychotropic medications because the caregiver is in the best position to know the totality of interventions and what works for any one individual youth. The CASA and Attorney have a role, but it is the caregiver that oversees the implementation of mental health services, including medications, on a daily basis. Ken also emphasized that the age of a child is an important factor in making decisions about medications.

Gordon Jackson observed that this topic is indeed a tough one that has long perplexed child welfare and the mental health field more broadly. He said that the Child Development and Successful Youth Transitions Committee remains committed to working with and supporting the QIP’s goals as the work plan unfolds.

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Secretary Dooley concluded the presentation by thanking everyone for their efforts to address the many issues involved. She acknowledged the long-term, considerable contributions of Director Will Lightbourne for his tireless efforts to improve the lives of our foster children and their families.

**IV. Priority Access to Services and Supports (PASS) Update (Information Item)**

Justice Raye called on Dana Blackwell, Co-Chair of the PASS Task Force, to introduce the topic. Dana quickly reviewed the background and purpose of the task force: The child welfare system removes children because their parents cannot provide a safe, stable home. Often the parents are experiencing mental health or substance use issues, unemployment and economic hardship, domestic violence, and perhaps a host of other fundamental problems. To reunify with their children, these parents must address all of these issues within a short time frame (six to 12 months). Most find themselves navigating multiple systems to get the services they need – social services, housing, employment, etc. To succeed they must establish eligibility, access services, complete programs successfully, find adequate housing for their family, get a job that pays for housing and child-related costs, and so forth. It is daunting, and if they fail, their children become dependents of the court and then too often grow up in a series of foster or group homes. The cost to the state can be astronomical, and outcomes for the children often fall short of their potential.

Given that the state has a moral obligation and fiscal incentive to see these parents succeed in reunification, the PASS Project is working to create a future in which:

- State and local government, services providers, and others throughout multiple systems work together to streamline access to services for parents in reunification.
- Each system recognizes that these families constitute some of their more difficult cases – they come in with complex needs, and to succeed must meet rigorous standards within a short time frame.
- Working together, the systems provide the support net these families need, as a result, parents in reunification are:
  - Readily identified as a special population within each system (social service, housing, employment, courts, and corrections/probation).
  - Immediately fast-tracked through eligibility and into services.
  - Supported through case management to achieve success within the specified timeframe and become successful parents to their children.

The PASS Project is taking a two-tiered approach: (1) State leadership from multiple systems that is charged with coordinating across systems, addressing policy issues, and breaking down barriers; and (2) Local leadership and service providers charged with testing ideas, implementing protocols for priority access, and improving data collection and information sharing.

Dana then introduced each of the PASS Teams working together on the project.

➤ *Behavioral Health*

Karen Baylor, Deputy Director of the Mental Health and Substance Use Disorders Division within the California Department of Health Care Services presented the strategies under development by the PASS Behavioral Health Team:

1. Identification: Identify key entry points to behavioral health system in counties; determine the mechanism for parent identification; develop protocol for identification, including tools/materials; and disseminate to counties, provide technical support.
2. Eligibility: Develop “menu” of potential eligibility; develop protocol, tools/materials for rapid eligibility process; and disseminate to counties, provide technical support.

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3. Priority Access: Develop models for priority access; address variables within the mental health and substance use disorder systems, different counties, and differing circumstances of parents. Select limited number of models to develop and disseminate.
4. Timely Completion: Define the coordination function in behavioral health, establish behavioral health care coordinator role and processes, and coordinate with other services.

➤ *Housing*

Lisa Bates, Deputy Director at the California Department of Housing and Community Development, presented the strategies under development by the PASS Housing Team. She led her remarks by stating that the PASS initiative was a good fit for her department in that its mission is to provide leadership, policies and programs to preserve and expand safe and affordable housing opportunities and promote strong communities for all Californians. Specifically, her department could help with:

- Addressing the housing instability often brings families to the attention of child welfare and, in many cases, serves as a barrier to family reunification.
- Coordination with the many state agency financing entities.
- Leadership role with respect to numerous housing and homeless assistance programs implemented by local government and/or non-profit organizations.

The strategies under development include:

1. Identify effective, evidence-based housing approaches for families in reunification. A PASS Housing Convening was scheduled for October 6, 2014 for the purpose of facilitating integrated, cross sector conversations, education of housing providers and partners, and identification of effective housing options for families in reunification
2. Maximize funding allocation for effective, evidence based housing options for families in reunification by identifying families in reunification who also need housing and/or homelessness assistance, expanding availability of effective housing and homelessness program options, and facilitating Priority Access through cross-system education and outreach

➤ *Workforce Development*

Megan McQuaid presented on behalf of Tim Rainey, Director, and Amy Wallace, Deputy Director, California Workforce Investment Board (CWIB). By way of background, she shared that the CWIB assists the Governor in setting and guiding policy in the area of workforce development as required by the federal Workforce Investment Act of 1998.

Per federal requirements, the CWIB has few resources specifically dedicated to developing, prototyping, and piloting new strategies or “out of the box” ideas. The proposed solution to this constraint is to leverage the current CWIB Accelerator process to create and prototype innovative strategies that accelerate access to multiple systems for Families in Reunification with the goal of identifying replicable practices at the county level to inform statewide policy and practice. The strategies under development include:

1. Provide leadership to conduct a “client centered” approach to understand how parents interact with these systems, where they meet roadblocks, and how they access all services that help them move toward income stability and self-sufficiency.
2. Develop best practice materials and tools for service delivery providers,
3. Create systems for on-going cross communication among State and County agencies,
4. Inform the Workforce Innovation and Opportunity Act planning and implementation.

➤ *Corrections and Probation*

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Millicent Tidwell, Deputy Director, California Department of Corrections and Rehabilitation (CDCR) reviewed the different roles and responsibilities of state corrections/rehabilitation and county probation departments:

<u>California CDCR</u>	<u>County Probation Departments</u>
<ul style="list-style-type: none"><li>• State Administered</li><li>• High Level Offenders</li><li>• Service: In-prison (pre-release) and community-based (post-release)</li><li>• Service delivery: Evidence-based programming; based on assessed need; delivered by contracted providers</li></ul>	<ul style="list-style-type: none"><li>• County-administered</li><li>• Lower level offenders</li><li>• Service: Community-based (post-release or in-lieu of sentencing)</li><li>• Service delivery: Evidence-based programming; referral by probation officer; re-entry hubs/day reporting centers</li></ul>

The strategies under development include:

1. Increase awareness of PASS related to criminal justice.
  - Child reunification outreach flyer
  - Joint signature memo to field
  - Assess current probation practice in assisting offenders to reunify with a child in foster care
2. Develop data linkages to provide offender priority access to available reunification services.
  - Data Match
  - Identify inmates or parolees with reunification order to services
  - Memo/fact sheet on best practices in reunification specific to probation

Dana Blackwell concluded by underscoring that the presenters are leading institutional change within their respective departments. She stated that as next steps there will be a series of mini-convenings in the Fall with a report back to the Council at the December 10, 2014 meeting.

Justice Raye thanked the presenters for the informative update on the PASS project and invited Council members and the public to comment or ask questions. Judge Edwards suggested that Friends Outside is an excellent organization that supports inmates and their families and could be a resource for the Corrections/Probation Priority Access Team. Leslie Heimov reminded Council members and public that the attorneys representing children in foster care can be engaged in supporting priority access to services required as part of family reunification case plans. Rosario Chaboya shared that in his role as a Parent Mentor he works closely with attorneys for parents of children in foster care to advocate for priority access to services required as part of family reunification case plans. Camille Maben observed that Family Resource Centers are another organization that could be another excellent resource for supporting all aspects of the PASS project. She also shared that the CA First 5 Summit to be held in February 2015 would provide examples of powerful partnerships that are forming to address issues related to the impact of poverty and trauma on early brain development. Philip Kader and Leslie Heimov both pointed out that parents in the Corrections/Probation system have attorneys representing them in criminal court, and they also have attorneys to represent them in the Dependency Court. Sheila Boxley suggested that Voluntary Family Reunification could be an option for some parents to get needed services when Dependency was not needed to ensure child safety. Patrick Gardner suggested that the Katie A process that is now being implemented could be a mode for coordinating behavioral health and child welfare services across agencies. He also pointed out that in the past there were instances where a child could get treatment for substance use disorders, but not a parent. With the Affordable Care Act in place, those situations will hopefully be greatly reduced.

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**V. Dependency Drug Courts (Information Item)**

Secretary Dooley called on Bob Friend, Co-Chair of the Permanency Committee to introduce the topic. Bob noted that the Committee had been studying Dependency Drug Courts to learn about their effectiveness in treating substance use disorders of parents of children in foster care, leading to successfully completing the terms of the court-ordered case plan and return of their children. He called on Judge Elizabeth Lee who provided the following overview of Dependency Drug Courts. Judge Lee explained that these courts are devoted to cases of child abuse and neglect that involve substance abuse by the child's parents and/or other caregivers and are focused on safety and welfare of the child while giving parents tools needed to become sober, responsible caregivers, utilizing a multidisciplinary team approach to assess the family's situation, devising comprehensive case plans that address needs of children and parents.

Success of Dependency Drug Courts is defined in terms of shared outcomes across the three systems: Dependency Court, Child Welfare Services, and Substance Use Disorder Treatment. Safety outcomes include reduced re-entry into foster care and decreased recurrence of abuse/neglect; permanency outcomes include reduced time to reunification, reduced time to permanency, and reduce days in foster care; recovery outcomes include increased engagement and retention in treatment, increased number of clean drug tests, increased number of graduates, and decreased recidivism.

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

Judge Lee then introduced Phil Breitenbucher, Family Drug Court Project Director, Children and Family Futures. Phil shared an example of a project called Children Affected by Methamphetamine (CAM), which is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded grant program focused on expanding and/or enhancing service to children and their families who are affected by methamphetamine use and abuse. He also reported on another effort, the Regional Partnership Grants for Family Drug Courts that has 24 Grantee sites, including five in California. The programs operating under these grants resulted in an improved outcomes including reduced medium length of stay in foster care; increased percentage in reunification rates; increased percentage in remained in home; reduced percentage of recurrence of maltreatment; reduced percentage of re-entries into foster care; increased access to treatment. In contrast, despite these positive outcomes, the treatment completion rates were worse than the comparison group of parents who were not served by the grant programs. The conclusions from the grant program were that success requires:

- A range of tools, leadership and champions.
- Information systems.
- Screening, assessment and engagement strategies.
- Use of best practice models.
- Sufficient resources and finances

Phil then provided data regarding the prevalence of children in the child welfare system who have a parent in need of treatment:

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- Between 60–80% of substantiated child abuse and neglect cases involve substances by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need of treatment; 67% with two parents in need (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)
- Parental substance use disorder as reason for removal in 2012: national 30.5% / California 9.1% -- California's data may not be accurate due to coding problem under other categories.

The following funding sources can be used to cover the cost of Dependency Drug Courts: Title IV-E Waivers, Title 19 Waivers, Affordable Care Act (Medi-Cal Expansion), and Realignment. Counties wishing to expand Dependency Drug Courts should consider improve data collection for Dependency Drug Courts, identify finance opportunities, and strengthen the collaborative leadership among courts, child welfare services, and substance use disorder treatment.

Secretary Dooley thanked the presenters and called for questions and comments. Council members pointed out that Family Drug Courts could be an effective strategy for supporting the goals of the Priority Access to Services and Supports project. They also acknowledged that the current data system does not capture the extent to which parents' substance use disorders are present in situations where children are removed due to abuse and neglect. More leadership on this issue is needed to focus on this issue. Bob Friend informed the group that the Permanency Committee will be following up and propose next steps for the Council's consideration.

**VI. California Child Welfare Council 2013-14 Annual Report (Action Item)**

Justice Raye called Council members' attention to the 2013-14 Annual Report, which had been posted and provided in hard copy, and asked for comments. A suggestion to clarify language in the Executive Summary was taken as a friendly amendment and the change was made off-line. Members expressed that the report was well done and adopted it on a consensus vote.

**VII. Proposal for Transitioning Relevant Recommendations of California Blue Ribbon Commission on Children in Foster Care to the Permanency and Data Committees (Action Item)**

Secretary Dooley called on Judge Stacy Boulware Eurie to present the proposal. Judge Boulware Eurie reminded Council members that at the June meeting they were apprised that the California Blue Ribbon Commission on Children in Foster Care (BRC) would sunset as of June 30. The BRC had recommended that BRC work which pertained to the goals of the Council's Permanency and Data Committees be considered for adoption by these two Committees for inclusion in their respective work plans. Secretary Dooley asked for members' comments on the proposal. Several agreed that the Committees could look at how the Council could support the work of the local BRCs which are ongoing, and it was suggested that members could also visit their local BRCs and inform the Council regarding what was working well. In addition, report on how the partnership of the local BRCs with county CASA programs has proved to be valuable in ensuring that foster children receive needed services could be brought back to the Council. Justice Raye noted that determining how local BRCs might stay connected with the Council would require a fuller conversation beyond the proposal on the table.

After the discussion, the following motion was adopted by consensus: "The Child Welfare Council agreed to having the Permanency Committee and Data Integration and Information Sharing Committee consider the recommendations of the former BRC that are relevant to their respective goals for incorporation into their ongoing and planning and implementation efforts."

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**VIII. Partial Credits Update (Information Item)**

Justice Raye called on Paige Fern to give a brief summary of training and consultation sessions held to “spread the word” about the Partial Credits Model Policy. Paige shared the following information on the progress to date:

AUDIENCE	COMPETED THROUGH AUGUST 2014	SCHEDULED SEPTEMBER – DECEMBER 2014
<b>Statewide</b>	<ul style="list-style-type: none"> <li>• California School Boards Association Annual Conference (December 2013)</li> <li>• Foster Youth Education Task Force Education Summit (March 2014)</li> <li>• Foster Youth Services Convening (May 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• California School Boards Association Annual Conference (December 2014)</li> </ul>
<b>County Offices of Education (COE)</b>	<ul style="list-style-type: none"> <li>• Los Angeles COE (January 2014)</li> <li>• San Bernardino COE (August 2014)</li> <li>• San Diego COE (January 2014)</li> <li>• Humboldt COE (April 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• Alameda COE (September 2014)</li> <li>• Butte COE (September 2014)</li> <li>• Solano COE (September 2014)</li> <li>• Fresno COE (October 2014)</li> <li>• Santa Clara COE (October 2014)</li> <li>• Riverside COE (November 2014)</li> </ul>
<b>School Districts</b>	<ul style="list-style-type: none"> <li>• Compton Unified (March 2014)</li> <li>• Pasadena Unified (April 2014)</li> <li>• Centinela Valley Unified (April 2014)</li> <li>• El Monte Unified (April 2014)</li> <li>• Pomona Unified (May 2014)</li> <li>• Lynwood Unified (May 2014)</li> <li>• Norwalk-La Mirada Unified (May 2014)</li> <li>• Downey Unified (June 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• Inglewood Unified (November 2014)</li> <li>• Long Beach Unified (November 2014)</li> <li>• Bonita Unified (November 2014)</li> </ul>
<b>Child Welfare Agencies</b>	<ul style="list-style-type: none"> <li>• Los Angeles County (Education Consultants) (February 2014)</li> </ul> <p><i>Combined with COE trainings:</i></p> <ul style="list-style-type: none"> <li>• San Bernardino County</li> <li>• Humboldt County</li> </ul>	<ul style="list-style-type: none"> <li>• Los Angeles County-Glendora Office (September 2014)</li> </ul> <p><i>Combined with COE trainings:</i></p> <ul style="list-style-type: none"> <li>• Alameda County (September 2014)</li> <li>• Butte County (September 2014)</li> <li>• Solano County (September 2014)</li> <li>• Fresno County (October 2014)</li> <li>• Santa Clara County (October 2014)</li> <li>• Riverside County (November 2014)</li> </ul>
<b>Youth, Caregivers, Education Rights Holders</b>	<ul style="list-style-type: none"> <li>• United Friends of the Children’s Keeping It Real Conference (April 2014)</li> <li>• First Star UCLA Bruin Guardian Scholars Academy 1 (caregivers, June 2014)</li> <li>• First Star UCLA Bruin Guardian Scholars Academy 2 (caregivers, June 2014)</li> <li>• First Star UCLA Bruin Guardian Scholars Academy 1 (youth, July 2014)</li> <li>• First Star UCLA Bruin Guardian Scholars Academy 2 (youth, July 2014)</li> <li>• Stuart Foundation’s Education Equals Partnership (FosterClub’s Youth Ambassadors, July 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• United Friends of the Children’s Keeping It Real Event (September 2014)</li> <li>• LAUSD Caregiver Outreach Training (September 2014)</li> <li>• CASA of Los Angeles (October 2014)</li> </ul>
<b>TOTAL</b>	<b>22</b>	<b>14</b>

Justice Raye congratulated Paige and the training team for the progress to date, and Council members agreed that the work was impressive.

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**IX. Status Reports from Committees and Task Forces**

**Prevention/Early Intervention Committee-Statewide Citizen Review Panel**

- Kathy Icenhower reported that the Committee continues to work on getting the word out about the Federal Child Welfare Finance Reform Toolkit developed by the Committee as well as getting underway with the new role of Statewide Citizen Review Panel.

**Permanency Committee**

- Bob Friend reported that the Committee is going to revisit its recommendations from 2009 to update them and add new ones. He also noted that a lesson to be learned from the issues presented under the Psychotropic Medications presentation is the profound importance of belonging to a family, because families are in the best position to support the assessment regarding the need and ensure the proper dosages are taken as directed.

**Child Development and Successful Youth Transitions Committee**

- Rochelle noted that the agenda had included a report from the Committee's Psychotropic Medication Work Group which is engaged in reviewing and monitoring the work of the Quality Improvement Project – a collaborative effort among state, providers, advocates and stakeholders – to ensure appropriate, timely, safe use of psychotropic medications by foster children. She also reported that the Committee's partnership with First 5 California is progressing, and we are incorporating information about the special issues related to developmental needs of young foster children into the First 5 Media Campaign to educate everyone about developmental needs of all children. Social Workers, family therapists, foster parents, relative caregivers and birth parents will be the target audience for this specialized component. We also hope to participate in the First 5 Annual Conference next Spring.
- Gordon noted that the agenda also included a status report on the implementation of the Partial Credit Model Tool Kit through voluntary participation by school districts throughout the state, thanks to excellent training by Paige Fern and her colleagues at the Alliance for Children's Rights. He stated that the Committee continues to review and update its work plan based on consensus of Committee members regarding current priorities related to Child Development and Successful Youth Transitions.

**Data Linkages and Information Sharing Committee**

- Barbara Needell reported that the Committee would be looking at the progress made by national, state and local projects, including a media scan of "data in the news;" the International Society for the Prevention of Child Abuse and Neglect Conference in Japan; a working group for child maltreatment data and a symposium on predictive analytics and data linkage in five countries (U.S., Denmark, New Zealand, Australia, and Canada); a look at homeless students in each county from kidsdata.org and the California Homeless Youth Project. Barbara also reported that the Children's Partnership is providing input on the RFP process for the CWS New System. She noted that she is working with the Departments of Social Services and Health Care Services to compile a psychotropic medication data linkage report.

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

- *Please see agenda item above regarding activities of PASS partners.*

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

- Dina Kokkos-Gonzalez reported that the issues identified by the Task Force continue to be addressed through the implementation of the Katie A settlement processes, including a model for Specialty Mental Health Services, the Core Practice Model, and establishment of Child and Family Teams.

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**Blue Ribbon Commission/Child Welfare Council Joint Membership Task Force**

- *Please see agenda item above regarding the work of this Task Force being concluded due to the sunset of the statewide Blue Ribbon Commission for Children in Foster Care.*

**Ending Commercial Sexual Exploitation of Children (CSEC) Action Team**

Leslie Heimov first thanked Judge Stacy Boulware Eurie for serving as Acting Co-Chair of the Action Team for four months. She reported that in the afternoon the Action Team would have a presentation from the Human Trafficking and the State Courts Collaborative which will provide technical assistance to (1) increase understanding among California state court judges, administrative personnel, and other court practitioners about the types and dynamics of human trafficking and the appropriate role of the state courts in addressing human trafficking, and (2) expand the scope and efficiency of the California courts in identifying and effectively processing trafficking involved cases. The Task Force will also discuss how to best coordinate development and implementation of CSEC services among counties, state, and the CSEC Action Team.

**X. Public Comment and Adjournment to Committee Meetings**

There being no further public comments, Secretary Dooley thanked everyone for their participation and officially adjourned the meeting.