

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

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**I. Call to Order and Introductions**

Secretary Dooley and Justice Raye extended a personal welcome to Council members and the public.

**II. CSEC Action Team Special Announcement**

Secretary Dooley then called on Leslie Heimov, Co-Chair of the Council’s CSEC Action Team. Leslie announced that the Action Team has formed an Advisory Board comprised of adult survivors of child sexual exploitation. This 12-person board will provide input to the Action Team as well as other stakeholders regarding policy serving exploited and at-risk youth. Topics may include identification of and services for sexually trafficked youth, prevention and intervention strategies, and training curriculum for professionals working with this population. Leslie stated that 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.

Leslie then announced that the members of the Advisory Board are:

Alyssa Bradford	Deborah Pembroke
Jazmyn Brown	Suamhirs Piriano-Guzman
Josie Feemster	Chelsy Rouse
Oree Freeman	Elizabeth Smith
Tiffany LaVoie	Kyeisha Trevillison
Annika Mack	Asher Waite-Jones

The Advisory Board was meeting in an adjacent room, and the following members joined the Council meeting for this announcement: Josie Feemster, Oree Freeman, Annika Mack, Deborah Pembroke, Chelsy Rouse, Elizabeth Smith, and Kyeisha Trevillison. Secretary Dooley thanked Board members for stepping up to the challenge of working with the Action Team and Council to develop recommended prevention and intervention strategies.

**III. Introductions and Announcements**

Justice Raye asked for further announcements. Sylvia Pizzini noted that Council member Camille Maben had provided information included in the meeting materials regarding the “Three Key Years” campaign recently initiated by First 5 California. The campaign provides parenting tips to promote healthy brain development in the first three years, including talking, interacting, playing, and reading to children.

**IV. Approval of the March 2, 2016 Discussion Highlights (Action Item)**

Secretary Dooley asked for comments or suggested revisions to the December 9, 2015 Child Welfare Council Discussion Highlights. There being none, they were approved on a consensus vote.

**V. Research: CalYOUTH Study**

Justice Raye called on Daniel Webster to introduce Mark Courtney. Daniel reminded Council members that last year Dr. Courtney made a presentation on Year One findings from the multi-year CalYOUTH study of young people transitioning to adulthood from foster care and now was returning to share the Year Two findings.

 **Background**

In 2008, the federal government passed the Fostering Connections to Success and Increasing Adoptions Act, marking a fundamental shift in supporting foster youth transitioning to adulthood. California was one of the first states to adopt the extension of foster care through age 21 with the passage of Assembly Bill 12, the California Fostering Connections to Success Act. California has the largest state foster care population in the U.S. and like

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

many states runs a county-administered child welfare system. As such, California is uniquely positioned to provide lessons for other states implementing extended care. The study is the result of a public and private collaboration among: the California Department of Social Services, the County Welfare Directors Association of California, and the University of Chicago. Funding and input provided by: the Conrad N. Hilton Foundation, the Stuart Foundation, the Walter S. Johnson Foundation, the Zellerbach Family Foundation, and the Annie E. Casey Foundation. The full report and additional material may be found at:

[www.chapinhall.org](http://www.chapinhall.org) and [www.co-invest.org](http://www.co-invest.org).

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.

 **Purpose of presentation**

Dr. Courtney stated that the purpose of his presentation was to:

- Share selected findings of the CalYOUTH Study/ Wave 2 Youth Survey and the second Child Welfare Worker Survey; and
- Engage in discussion about the implications of findings for practice and policy

 **Developing Themes**

**1. Youth Who Stayed in Care Reported Better Outcomes.** The vast majority of youth thought extended care was supporting them in their life goals and most of them positively characterized the assistance they received from professionals such as their caseworkers and attorneys. 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.

**2. 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.

**3. 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.

**4. 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 and having access to adults to provide support.

 **Key Findings**

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

- The living arrangements experienced by youth still in care differed significantly from those of youth out of care:
  - ✓ The majority of youth who remained in foster care were “satisfied” or “very satisfied” with their current housing. They were living in the following settings: Supervised Independent Living Placement (SILP; 31%), home of a relative (22%), Transitional Housing Placement Program (19%), nonrelative foster home (13%), home of a non-related extended family member (9%), group care (2%), and “other” living arrangements (4%).
  - ✓ Youth who had left care lived in their own place (22%), or the home of a birth parent (16%), another relative (23%), a spouse/partner (13%), a friend (5%), or in “other” living arrangements (18%). Four percent were homeless when interviewed.
  - ✓ Youth who were no longer in care were much more likely than youth in care to have experienced homelessness since their last interview (34% vs 14%).
  
- Youth report receiving considerable life skills training and preparation, but feel more prepared for some tasks associated with adulthood than for others.
  - ✓ More than half of youth felt “very prepared” in the areas of independent living skills, substance abuse risks, sexual health, family planning, parenting (among parents), and relationship skills.
  - ✓ Youth were most likely to report receiving “a lot” of preparation in the areas of sexual health, family planning, parenting (among parents) and substance abuse, with more than half of youth reporting receiving “a lot” of services in each of those areas. Youth were least likely to report receiving a lot of preparation in the area of financial literacy and housing, with less than a third of youth reporting receiving “a lot” of services in each of those areas.
  
- Most youth felt that they were involved in planning for their future.
  - ✓ More than three-fourths of youth said that they either “led” or “were involved in but did not lead” the development of their Transitional Independent Living Plan (TILP). The remaining one-fourth of youth said that they were either not involved in the development of their TILP or were unaware of the plan.
  - ✓ About three-fourths of youth reported being “satisfied” or “very satisfied” with team meetings to help them decide about staying in foster care past 18, developing an independent living plan, or making decisions about their future.
  - ✓ Among youths who ever attended an extended foster care proceeding, more than half indicated they felt they were included in courtroom discussion “a lot” and the majority of the youth felt that their attorney represented their wishes in court well.
  
- The majority of youth reported meeting with their social worker once a month.
  - ✓ About 70% of the youth who were in care during their Wave 2 interview reported having at least 12 face-to-face visits with their social worker in the past year.\*
  - ✓ One-third of the youth reported never having face-to-face visits or phone calls with their attorney in the past year, and another 15 percent of youths had only one face-to-face visit or phone call with their attorney.
  - ✓ Half of the youth reported their case manager has provided “a lot” of support in working to meet their goals during their time in extended foster care.
  
- More than 70% of youth were enrolled in school and/or employed at the time of their interview.
  - ✓ About 40% were just enrolled in school, 18% were just working, and 15% were both enrolled in school and working.
  
- More than half of the CalYOUTH participants were enrolled in school.

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

- ✓ Among youth who were currently enrolled, about three-fifths were attending two-year or four-year colleges.
- ✓ More than two-thirds of respondents had earned their high school diploma or equivalency certificate by the time they were interviewed.
- Many young people aren't accessing, or aware of, financial aid resources and support available.
  - ✓ Among youth who were currently enrolled in school, about two-in-five were using a scholarship, fellowship, grant, stipend, or student loan to help pay for their schooling.
  - ✓ More than a third of youth with a high school credential reported that they did not know about the Education and Training Voucher (ETV) program and another quarter said that they applied for an ETV but never received one. Over half of the youth who were currently or previously enrolled in college received an ETV.
  - ✓ Half of the youth who were enrolled in college said they were ever involved in a campus support program designed to help youth in foster care. About three-in-ten youth said that they were not sure if their college had such a program, and about one-fifth reported that their college had a program but they were never involved.
- About 1 in 3 CalYOUTH participants were employed, and the majority of those who are working are satisfied with their job.
  - ✓ Although three-fourths of respondents reported ever having a job, about one-third were employed at the time of the interview.
  - ✓ Just over three-in-ten young people reported working for pay 10 or more hours per week
  - ✓ Of the 201 young people working at least 10 or more hours per week, about three-fourths reported being "extremely satisfied" or "satisfied" with their job.
- Most youth reported experiencing some form of economic hardship and many reported food insecurity, but those who remained in care were generally less likely than those who had left care to experience these problems.
  - ✓ For example, youth who had left care were more likely than those who were in care to have been evicted (8% vs 2%), to have been unable to pay their rent (26% vs 16%) or a utility bill (26% vs 17%), and to have their gas or electricity turned off (12% vs 5%) in the prior year.
  - ✓ Close to nine-in-ten youth reported having enough food to eat in the past month. Nevertheless, youth who had left care were more likely than those who were in care to report that they had been hungry but had not eaten at some point in the past year because they could not afford food (28% vs 17%).
  - ✓ One-in-three youth reported that they had ever received CalFresh (Food Stamps) benefits, with youth who had left care being more likely than those who were in care to have received such benefits (46% vs. 30%). About one-in-five youth were currently receiving CalFresh. About three-quarters of the young mothers were receiving Women Infant and Children (WIC) benefits, but very few youth were receiving public housing assistance or Temporary Assistance to Needy Families (TANF) (less than 5% each).
- The study highlights the importance of these young adults having access to mental health services.
  - ✓ Overall, over one-quarter of the youth reported receiving psychological or emotional counseling in the past year.
  - ✓ About six percent reported receiving treatment for an alcohol or substance abuse problem in the past year, and 15 percent reported they were prescribed medication for their emotions during the same time period.

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

- ✓ About one-in-three youth screened positive for a mental health and/or substance use disorder.
- ✓ About one-in-five youth reported thinking about suicide sometime during the approximately two years since their first CalYOUTH Study interview and over one-third of those youth reported attempting suicide during that period.

**✚ Next Steps**

- Analysis of the relationship between extended care and the young adults' outcomes using youth and worker survey data: Through what mechanisms (e.g., living arrangements; services; relationships with adults) does extended care influence outcomes?
- Analysis of other risk and protective factors associated with the young adults' outcomes using youth and worker survey data.
- 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 pre- and post-AB12.

**✚ Discussion**

Justice Raye thanked Dr. Courtney for sharing this excellent piece of research, and asked for comments from Council members and the public. Mary Butler noted that Probation youth are not included in the study, and Dr. Courtney explained that the Chief Probation Officers Association stated that they would not be able to do the surveys. Fifteen percent of youth who age out of the foster care system are on Probation, and these youth will be included in the part of the study that analyzes administrative data.

Bill Grimm asked about capturing data on the reasons why the youth entered foster care and the length of stay in foster care. Dr. Courtney stated that this information is obtained from administrative data and included in the full analysis. When asked about how the information obtained from the youth was obtained, Dr. Courtney said that the researchers were able to use the "gold standard" and interview all youth face-to-face with the exception of a few youth living out of state who were interviewed on the phone.

Laurie Kappe with the California Child Welfare Co-Investment partnership, which funded the study along with other foundations, reminded everyone that their website has much more data. Daniel Webster stated that the Data Integration and Information Sharing Committee would be delving deeper into the data during the afternoon meeting.

**VI. Priority Access to Services and Supports**

Secretary Dooley asked Frank Mecca and Dana Blackwell to provide an update on the Priority Access to Services and Supports (PASS) project. They reported that 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 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.

An initial meeting of all the Ventura stakeholders was held on January 20, 2016 chaired by the DCFS and VCBH directors and facilitated by the PASS consultant. Those attending included senior leadership and key managers from CFS, VCBH, Gold Coast and Beacon Health as well as the Ventura Human Services Agency (HSA) Director.

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

The HSA Director was an important participant and supporter of moving forward with the beta testing. Several times managers brought up possible barriers and/or road blocks to implementation and each time the HSA Director stated “this project can help us to learn how to achieve our goal of whole person, team based care across all our departments”.

Planning meetings were held in 2016 on February 3<sup>rd</sup> and 16<sup>th</sup> and on March 17<sup>th</sup> and 24<sup>th</sup> to operationalize the PASS Behavioral Health Protocol at the local level by creating the process steps, needed forms and staff changes. Generally, issues were discussed and decisions made during the meetings, while work tasks, e.g., developing forms and engaging front line staff, were accomplished between meetings. A process map was developed and a Screening Tool that has a disposition information section to be returned to the agency was selected. This is a PDF fillable form to facilitate quick completion and forwarding to the identified program(s). A “PASS Quick Guide” was developed to detail agreed upon steps and processes.

Subsequent to the initial PASS beta test mapping meeting by agency management staff there were two separate training presentations (which included representatives from Behavioral Health) to the Court Intake Unit held on 2/25/16 and 3/10/16, specifically on the use and purpose of the Screening Tool. These were not formal training presentations, but rather meetings devoted to problem-solving and brainstorming protocols and flow of information; there are no formal agendas for these meetings, but the sole purpose was for the PASS beta test planning. It should be noted that the Screening Tool underwent six revisions and initially there were only two Release of Information (ROI) forms to complete. Over time, training and updated information to the Court Unit has been accomplished via informal unit meetings, e-mail updates and information supplied directly to the Court Intake Unit supervisors to cascade to their staff.

In early March information about the PASS beta test project was presented to the child welfare Emergency Response Supervisors. The focus was on the role of ER staff completing the Release of Information forms (ROIs) and the procedures for forwarding the ROIs to a designated point person (as well as attaching to the Detention Report materials which are forwarded to the Court Intake Unit), who would 'package' the completed ROIs with completed Screening Tools (once received from the Court Intake Unit social worker) and send to the identified program as referred based on the referral algorithm. (The “referral algorithm” is part of the screening tool and determines to which program the parent will be referred: primary or specialty mental health and/or alcohol and drug treatment.

At the presentation to the Emergency Response staff, the training packet included copies of the 3 ROIs, the Quick Guide and the Behavioral Health Screening Form. A representative from the Behavioral Health screening and intake program was a co-presenter and discussed the diagnostic definitions from the screening tool and how to effectively use the algorithm format when completing referrals. Staff questions focused on timeframes for submitting the Screening Tool and use of the ROIs. Copies of the training materials were sent to all ER staff via e-mail, as well, for those that may have missed the presentation.

Ventura’s PASS project went live on Monday March 28, 2016.

At the county’s Dependency Court Team Meeting in April 2016, the PASS beta test information was well-received. Handouts included copies of the ROIs and the Screening Tool. There were questions and excitement about the timely initiation of services. Judge Tari Cody specifically asked about how participation information would be reflected in status review reports from our agency and wanted to know if a parent refused to sign a ROI, so she could offer encouragement. CFS Deputy Director, Judy Webber, who was also in attendance, clarified confidentiality issues and reinforced the intent of the beta test to focus on connecting client-parents to

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

services and emphasized that program participation would not necessarily be linked to compliance as with case plan objectives, in general.

Secretary Dooley thanked Frank and Dana for their presentation and remarked that she had been a skeptic at the onset of the PASS project but was now delighted that the project was underway and showing promise of achieving its goals. Dana and Frank 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 were confident that the intentional approach used by the project team could overcome these challenges.

**VII. Multi-System Collaboration**

**+ A. Breaking Barriers**

Justice Raye called on Elizabeth Estes, founder and director of the Breaking Barriers Project, to share information on how it is approaching multi-system collaboration for the purpose of examining how the Child Welfare Council and Breaking Barriers can learn from each other on how to promote effective multi-system collaboration efforts.

Ms. Estes thanked the Council for the opportunity to share the work of Breaking Barriers, noting that the Council's dedicated work and commitment to improve outcomes for foster children underscores the work of Breaking Barriers. She expressed hope that there could be areas of alignment where each effort could benefit from the other.

**Background**

Ms. Estes explained how she came to form Breaking Barriers through a remarkable combination of extensive experience representing children with special needs to ensure they received education services to which they were entitled and the experience of being a victim in a hostage situation while in her senior year of college, which resulted in episodes of post-traumatic stress disorder years later.

As an attorney, Ms. Estes saw system barriers that interfered with optimal access to needed services. The behavioral health and social services systems each have their own eligibility criteria and were not established to support a cross-system approach. Because of her own experience, she empathized with the urgency of getting services when needed, and she discovered that many of her colleagues also understood the need to "break barriers" to a service array needed by children with special needs as well as others who experienced 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

**Breaking Barriers Project Leadership and Participants**

A collective of over 30 experts across the state, across systems, who see the problem and the need, and who have come together to improve the way we collectively serve California's children and families

**Alignment with the purpose and goals of the Child Welfare Council**

- The Council is charged with improving the collaboration and processes of the multiple agencies and the courts that serve children and youth in child welfare and foster care systems.
- 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 vision is that all California's children and families receive necessary services and

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

support to succeed in school, nurtured by healthy families and strong communities. The operating principles are:

- Engage counties-communities where they are.
- Sustain collective efforts to ensure vision is fulfilled.
- Utilize proven private and public practices to effect change.
- Align existing state and local initiatives and funding.
- Foster sense of community and collective problem solving.
- Encourage local cross system accountability and transparency.
- Maximize community resources.
- Empower communities.
- Communities include everyone.

Tools used by Breaking Barriers include community engagement; self-evaluation of local needs/strengths; use of web-based communication technology and social media to support change; and implementation of sequenced planning and support efforts

**Why the time is right for multi-system collaboration**

Ms. Estes shared the following reasons that this is a good time to promote and build collaborations:

- Increased levels of local control:
  - Realignment – Health and Human Services and Public Safety.
  - Local Control Funding Formula- Education.
  - Health Care Reform.
- State’s interest in supporting success with local control initiatives improving outcomes.
- Information sharing that was never possible before.
- Current will and connectivity of people across systems, top to bottom.
- Research that tells us we must do this now, for our children and our own future!
- Cumulative experiences in system reform.
- Existing and new foundation partners recognize the need for improved outcome across systems through a collective impact approach.
- Breaking Barriers Symposium, which affirmed local commitments to shared cross-system efforts as follows:
  - First Symposium held April 20-21, 2016 in Sacramento.
  - 171 people came Day 1, and 100 county participants came on Day 2 to discuss:
    - ✓ Need for a comprehensive, integrated, sustainable community of care in every county.
    - ✓ Barriers to local efforts.
    - ✓ Action Plans for moving forward.
    - ✓ 12 county interagency teams from across the state came, along with numerous providers, aligned organizations, policy makers, child and family advocates.
    - ✓ Nearly everyone we contacted - which speaks to an interest - and a need.
  - What We Learned:
    - ✓ Counties overwhelmingly responded positively toward the Symposium.
    - ✓ Largest reported benefit was a statewide forum for information sharing/exchange of ideas to support the work, opportunity for meaningful planning within their counties, and ability to network with others to further the work.
  - Additional Areas of High Marks Were:
    - ✓ Helped identify administrative, fiscal, and programmatic barriers to providing comprehensive integrated care.
    - ✓ Raised awareness regarding what can be done to improve outcomes for children with Social-Emotional-Behavioral Health challenges.

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

- ✓ Increased level of commitment to interagency partnerships and collaboration.
- What We Know Now:
  - ✓ Counties Want to Build Comprehensive Integrated Care Across Systems Across California.
  - ✓ Every County Agreed They Could Benefit from Individualized Support and Guidance related to Interagency Collaboration/Program Development.
  - ✓ Strongest Need for Support in Finance and Shared Outcomes.
  - ✓ Service Development and Governance Structure Close Second.
- Participants globally rated the barriers to comprehensive care identified and published by Breaking Barriers from “Concern” to “Very Much a Concern.”
- Participants began discussing solutions to those barriers

**Barriers to collaboration**

Ms. Estes reported that participants in the Symposium identified the following barriers to cross-system collaboration:

- Programs not designed to catch problems early, but to respond to crisis.
- Children and families served by multiple systems which are not designed to work together, resulting in delayed, fragmented or decreased services.
- Each system maintains its own records and its own information-sharing rules, thus interfering with collaboration and planning and often delaying services to children.
- Disputes among agencies regarding responsibilities that delay services and tie-up agency resources.
- State and federal law already mandate mental health parity, but access is still limited.
- Lack of cultural competence can reduce effectiveness of programs.
- It is often hardest to get access to services for children and families when they are in trouble with the law.
- Families often cannot navigate the intricate web of services available, even in their own communities.
- Quality improvement procedures aren’t coordinated, making it hard to measure progress, develop shared goals and complimentary strategies.
- High levels of stigma associated with obtaining services from a public agency.
- Distrust of public agencies and services providers.
- Services available to children but not to their families.

**How confident are we that feasible solutions exist to move communities forward – some brainstormed strategies**

Ms. Estes stated that the participants then brainstormed solutions to the barriers, and came up with the following ideas:

- Develop integrated programs for children at the earliest of ages and youngest of stages.
- Build integrated programs with shared responsibilities, shared goals, shared outcomes, and shared language.
- Develop and implement coordinated quality improvement procedures.
- Develop single points of contact and case management across systems for children and families.
- Create information sharing processes with privacy protections and shared understanding of parameters.
- Create shared transdisciplinary professional development curricula.
- Develop and adopt interagency alternative dispute resolution processes.
- Identify challenges to health care access and gaps, and identify solutions for children and Families in communities.
- Develop culturally sensitive programs that are effective in serving each child and family’s needs.
- Develop alternate funding strategies and/or redirect existing funding.

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

**Themes that emerge from the ideas for solutions**

Ms. Estes identified the following themes that emerged from the brainstormed solutions:

- Identification and prioritization of the need.
- Identification of governance structure.
- Identification of shared outcomes and accountability structures.
- Develop common language.
- Shared information and communication systems.

**Next steps for Breaking Barriers**

Ms. Estes stated that the next steps for the project are to develop an action plan with counties that participated in the Symposium, using a collective impact approach, for example:

- Align Breaking Barriers with county and foundation resources.
- Partner with state and local resources and champions.
- Develop and provide “backbone support.”
- Implement and evaluate.
- Promote moving to scale.
- Sustain efforts through results.

Ms. Estes concluded her presentation by offering to share ongoing experiences and lessons learned about successful collaborations and thanking the Council for its work to build cross-system collaborations.

**✚ B. Proposal for Evaluation of the Child Welfare Council’s Efforts to Promote Multi-System Collaboration**

Justice Raye asked Patrick Gardner to present a proposal from the Council’s Steering Committee. Patrick reminded members that the Council was created ten years ago and charged with promoting collaboration across the many players in the child welfare system, and at this juncture the Steering Committee thought it would be timely to step back and evaluate its successes and areas that could be improved, with the goal of improving the structure to be more planful in future efforts by building on lessons learned and applying research on what works. The specific proposal stated:

It is proposed that a small number of volunteers work with staff to prepare a section that assesses past collaboration efforts and outlines a strategic planning process for determining future efforts, which will be subject to consideration and approval by the Council.

Secretary Dooley noted that while the Council was created by statute ten years ago, annual reports were not commenced until five years ago. She also commented that successful collaborations are realized through leadership at the county level. Justice Raye observed that the annual report seemed an odd vehicle for this type of evaluation; rather, the annual report has served as a tool to foster good practices in the future, including the encouragement of collaborations at the local level. Ken Berrick commented that the current environment of Continuum of Care Reform, Katie A Settlement, and Local Control Funding Formula made it a good time to call out the intention of compelling and motivating agencies to collaborate and to offer tools that enable collaboration to happen.

The process for preparing the annual report was reviewed. Staff will distribute a draft to all Council members for their review and feedback prior to finalizing and approval by the Council. Justice Raye noted that this item was not an action item, and the Steering Committee will discuss the feedback from the Council at its next meeting.

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

**VIII. Child Welfare Services/Case Management System**

Secretary Dooley called on Peter Kelly, project director for the new Child Welfare Services computer system, to make the next presentation. Peter started by announcing that the project is now called “Child Welfare Digital Services” and will 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 and trained 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.

Peter then reviewed progress made over the last six months – which have been busy!

**What has changed**

- Child Welfare Digital Services manages both the CWS-NS Project and CWS/CMS.
- CWS-NS project will provide a new technology platform and set of digital services that will be rolled out and trained 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.

**What remains the same**

- Scope
  - Intake
  - Licensing and Home Approvals
  - Case Management
  - Court Processing
  - Resource Management
  - Eligibility and Financial Management
- Governance
- Current operational system
- Overarching budget/end date

Peter gave the following rationale for the changes:

- Large scale procurements have a low success rate (16%)
- Smaller procurements are more successful (84%) in delivering business functionality earlier
- Deliver business functionality that is current for the users versus functionality requested 5 – 7 years earlier
- Ability to replace non performing vendor(s) faster
- Less dependence on a single vendor

He defined what is agile about the process:

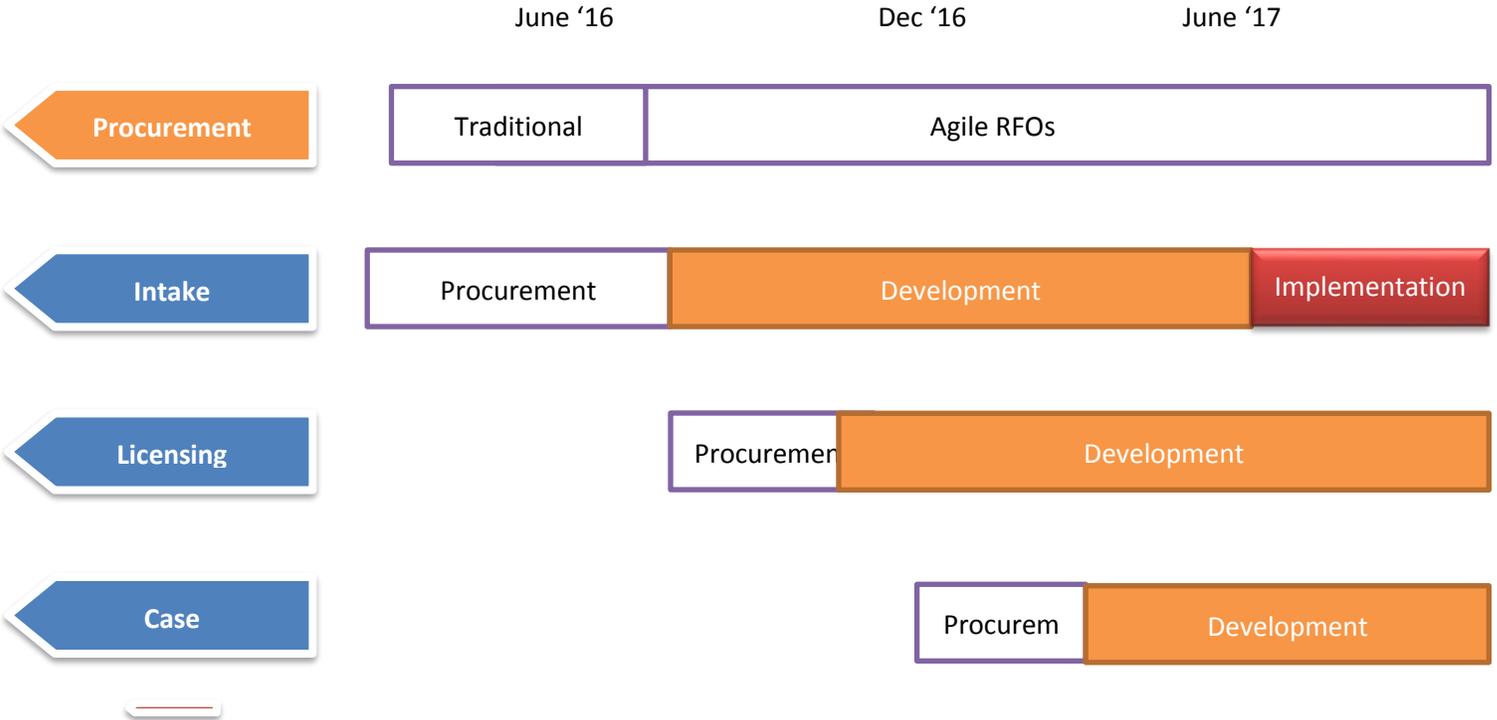
- A recognition that to achieve change, you must change the process.
- Our highest priority is to satisfy the customer through early and continuous delivery of valuable software.
- We recognize that our landscape is always changing and must have a delivery model that can adapt.
- End users and developers must work together daily.

He described how the project is leveraging prior work:

- There is a wealth of materials that have been created to prepare for the monolithic Request For Proposal (RFP)
- We have relied on the existing RFP to create the digital service RFPs
- We are leveraging and adapting the Business Practice Packages to:
  - Support roadmap planning
  - Jump start our development teams
  - Identify potential pain points in the existing business processes that are caused by existing technology

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

The following graphic depicts where we are in the process:



Peter then summarized the progress and next steps for the project:

- Current status
  - Creation of a streamlined procurement process with pre-qualified vendors for future software development contracts
  - Application Program Interface (API) Request For Proposal (RFP) vendor negotiations are complete
  - Intake proposals are being evaluated
  - Intake Implementation RFP has been issued
  - Realignment of project staff in new roles along with training
- Transition to DevOps
  - Continuous improvement of services to our users
  - Continuous support for business practice changes (user research)
  - Standardized development processes for all vendors and the state
  - Public Access for vendors to all modules, services or code that is being built
  - State will function as the System Integrator with vendor support
- County user engagement
  - Fiscal Commitment to counties has not changed. In order to be successful we need:
    - Active county involvement throughout user research, design, development and testing
    - Support county project and organizational change management with on-site implementation teams
    - Support county implementations by providing
      - Training Material
      - Training County/Regional trainers
      - Digital service (product) support

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

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- User centered design
  - It's our job to build services that are simple and intuitive enough that users succeed the first time, unaided.
  - Early in the project, spend time with current and prospective users of the service
  - Determine people's goals, needs, and behaviors
  - Test prototypes of solutions with real people, in the field if possible
  - As the digital service is being built, regularly test it with potential users to ensure it meets people's needs
- Supported by holistic System Training
  - We will build a complete system training program for the Intake digital service
  - Role based training materials will be developed, and a variety of digital media and classroom delivery methods will be used.
  - Training content and delivery will depend on the functionality in the release.
  - Training will be delivered using a "Train the Trainer" model. Trainers then deliver training to site staff before the release date so that staff are prepared to use the new functionality.
  - Training materials will be continually refreshed as new functionality is implemented. Sites may access the materials and customize it for their use.
  - Note: Program training will still be delivered using the existing models
- Core county groups – Integral to success
  - A group of 5 to 6 Counties will be assigned to each digital service
  - This group will represent the interests of all counties for that digital service, from start of work through implementation of that digital service;
  - Estimate 10 groups of counties, so opportunity for all interested counties to participate in one
  - On site discovery process with county staff
  - Prioritization of work every two weeks
  - Approval and testing of functionality as it is built
  - Business expertise for discovery, implementation and training activities
  - First counties implemented and live for the new digital service
  - Coordination among county agencies to ensure a holistic CWS perspective (Public Health Nurses, Probation, etc.
- All counties will have access to progress and have public access to view the new digital services as they are being built and can actively participate in:
  - Demonstrations of Functionality
  - Test results and Release information
  - Implementation and Training information
  - Surveys and communication with team(s)
  - Planning to determine implementation schedule for each module
  - Implementation in the county

Peter provided the following contact information for the project:

CWDS Website <https://cwscms.osi.ca.gov/New-System>

Twitter [https://twitter.com/ca\\_cwds](https://twitter.com/ca_cwds)

Email [CWS-NSP@osi.ca.gov](mailto:CWS-NSP@osi.ca.gov)

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

Justice Raye called on Kathryn Icenhower to present the Citizen Review Panel Advisory Report that goes to the California Department of Social Services as required by the federal Child Abuse Prevention and Treatment Act.

Kathy reminded Council members that the Prevention and Early Intervention Committee also serves as the Citizens Review Panel for the state, and in this capacity has the responsibility of submitting a report to CDSS every year. This year's report highlighted current federal legislation that, if passed, would require regulations. The Committee also requested consideration regarding the advisability of a cost benefit analysis; a briefing on the federal Child and Family Services Review outcomes; support for developing a statewide prevention framework; and a briefing on the efficacy of current prevention programs.

Since this was an action item, Justice Raye called the question. Sarah Tyson moved, and Sheila Boxley seconded the motion to approve submission of the report to CDSS.

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

Secretary Dooley called on Committee and Task Force Co-Chairs who provided the following status reports:

▪ **Prevention/Early Intervention Committee-Statewide Citizen Review Panel (PEI/CRP)**

Kathryn Icenhower stated that the PEI-CRP operates under two overarching goals: quality and uniformity of prevention practice statewide, and the resourcing/financing of prevention. Whereas last year the Committee expanded thinking on the benefit of a uniform statewide Prevention Framework, this year it continued to build on that foundation through the identification of core elements of prevention broadly, and captured the work in a cross walk document. The identified core elements are being further refined and will be presented to the Council in draft form as part of this year's recommendations.

Last year the Committee focused on the development and dissemination of a toolkit on federal child welfare financing to better inform partners of issues and opportunities related to reform, and this this year it 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 has requested a review of California's significant investment in prevention programs. Regarding the report just approved for submission to CDSS, the Committee will review the response from Director Lightbourne regarding the recommendations and follow up accordingly.

▪ **Permanency Committee**

Carroll Schroeder reported that the Committee had planned to hold a Research Convening in March but this event is on hold pending identification of staff support from the Judicial Council, which would replace the staff member who left the agency earlier this year. The Committee is conducting a survey of counties with Dependency Drug Treatment Courts to determine how they are being sustained, and will share the results when available. In support of the Continuum of Care Reform implementation, the Committee is promoting the practice of Child and Family Teams and monitoring to ensure focus on and support for permanency for children and youth of all ages.

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

Rochelle Trochtenberg and Gordon Jackson reported the Committee is working on the following topics:

- Education – Exploring issues related to implementation of the Education Rights Holder statute by gathering information from providers, caregivers and youth and exploring how CWS/CMS can include information on Education Rights Holders.
- Housing/Runaway and Homeless Youth – Will be considering a proposal to develop a proposed model for multisystem response to runaway and homeless youth in the foster care system, which involves gathering information from providers, caregivers and youth to understand the nature and scope of homelessness among youth, including youth in foster care status and exploring resources that can be available to provide support to youth in foster care or transitional housing.

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**June 1, 2016**

---

- Supporting Healthy Sexual Development of Youth in Foster Care – Exploring how child welfare systems can better support and promote healthy sexual development of foster youth by working with the Community Care Licensing Division and Child and Family Services Division within the California Department of Social Services to provide input to regulations under development to implement the newly revised “Responsible and Prudent Parenting Standard” for foster parents and Short-Term Residential Treatment providers.
- Psychotropic Medications – Reviewing and monitoring the work of the Quality Improvement Project, a collaborative effort led by the California Department of Health Care Services that is now implementing three products, (1) California Guidelines for the Use of Psychotropic Medications for Children and Youth in Foster Care; (2) Foster Youth Bill of Rights; and (3) Questions to Ask.

- **Data Linkages and Information Sharing Committee**

Daniel Webster reported that the Committee will review the progress of national, state and local initiatives and deciding on potential presentations for the September meeting. In addition Peter Lee and Larry Bolton will discuss Court data sharing recommendations. Finally, Dr. Mark Courtney will attend the meeting in the afternoon and provide a more in-depth look at the CalYOUTH study results.

- **Priority Access to Services and Supports Task Force (PASS)**

*Please see above report of the PASS Task Force as an item on the agenda.*

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

Karen Baylor stated she was extremely pleased to announce that the group had reached agreement on language for AB 1299, the bill which proposes a solution for foster youth to receive medically necessary mental health services when they reside outside the county of jurisdiction and will work together on its implementation. Patrick Gardner observed that the collaborative model of how CDSS and CWDA work together could be instructive for DHCS and the Department of Finance working together with their local counterpart organizations – County Behavioral Health Directors Association and County Supervisors Association of California.

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

Leslie Heimov reported that the newly formed Advisory Board will join the Action Team meeting in the afternoon. CDSS representatives will also be there to provide a status report on the CSEC Program, and a Team member will give an update on CSEC legislation and proposed state budget. The group will discuss recommendations regarding how the Continuum of Care Reform can be informed by the work of the Action Team. Finally, there will be a presentation on PROTECT, a program that provides education on human trafficking in school settings.

## **XI. Public Comment and Adjournment to Committee Meetings**

Justice Raye called on Leah Davis who had requested time on the agenda to present an award from Parents Anonymous® Inc. Leah and her colleague, Michelle, announced that Co-Chairs Justice Vance Raye and Secretary Diana Dooley had been selected by the organization to be the recipients of the 2016 Juanita Chavez Award on the 20<sup>th</sup> Anniversary passage of the Child Abuse Prevention and Treatment Act amendments that created the vital work of parent advocates. The award is named after a Parents Anonymous staff member who passed away in 1998 at a very young age and who helped to create, support, and promote the first National Parent Leadership Team.

Leah and Michelle thanked Justice Raye and Secretary Dooley for their exceptional leadership through the inclusion of parent representatives on the Child Welfare Council, which in turn has deepened understanding of issues and enriched policy debates on advisory recommendations for child welfare system transformation. Justice Raye and Secretary Dooley expressed their appreciation to the Parents Anonymous organization for the awards.

Secretary Dooley and Justice Raye asked if there were further public comments, and being none, they thanked the Council members and the public for their participation and adjourned the meeting.