

**CALIFORNIA CHILD WELFARE COUNCIL**  
**Discussion Highlights**  
**September 7, 2016**

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

Secretary Dooley called the meeting to order and welcomed everyone. She announced that John Lipp, the new Executive Director of Court Appointed Special Advocates (CASA) has been appointed to the Council. Council members and public participants then introduced themselves, taking the opportunity to welcome John and urging him to join their respective Committees and Task Forces.

**II. Action Item: Approval of the June 1, 2016 Discussion Highlights**

Secretary Dooley asked for comments or suggested revisions to the June 1, 2016 Child Welfare Council Discussion Highlights. There being none, they were approved on a consensus vote.

**III. Action Item: 2015-16 Annual Report**

Secretary Dooley directed members' attention to the 2015-16 Annual Report in their packets. She thanked Seneca Family of Agencies for formatting and adding graphics to the document and if there were any suggested revisions. Judge Edwards commented that "This is the best Annual Report so far." There being no changes offered, the report was approved on a consensus vote.

**IV. Information Item: Implementing the Katie A Settlement**

Secretary Dooley called on Richard Knecht, Transformation Manager for the Departments of Health Care Services and Social Services, to make the presentation. Richard reviewed the early foundations of collaboration and integration, stating that in various ways local children and family service partnerships have collaborated for decades but often without consistent effectiveness. Integration is a far more complex journey that requires observable, tangible, and measurable structures and processes. Counties, in many cases, are now doing great collaborative work and, in a few cases, are building *integrated* sustainable systems from functional, physical, and fiscal perspectives.

Richard commented that he is often asked. "Isn't the Katie A Lawsuit over?" His response is that (1) until a county child welfare and mental health team demonstrate that it is collaboratively delivering timely and effective mental health services to all eligible foster youth, and (2) until a county child welfare and mental health team can assert that it is practicing the elements of the Pathways to Mental Health Core Practice Model, the implementation of the Katie A Settlement will not be complete. He also reminded the Council that Katie A was not the first invitation to Child and Family Services Reform; it was preceded by Little Hoover Commission reports, Blue Ribbon Commission recommendations, as well as others.

The pathway to child well-being requires:

- ✓ Program enhancements for children and Youth in foster care
  - Timely screening for mental needs and services
  - Community-based intensive services
  - Child and Family Teaming
  - Therapeutic Foster Care (TFC)
  - Consistent practices between child welfare and mental health partners
- ✓ Joint management structure and process
  - Mental Health/Substance Abuse and Child Welfare Authorities must collaborate
- ✓ Shared Accountabilities
  - Shared data/quality improvement processes
  - Training and technical assistance

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Statewide, the following progress has been made toward collaborative processes:

- Pathways to Mental Health Core Practice Model dually approved (2013)
- Memorandum of Agreement (December 2015)
- Semi-annual county progress reports
- Data and information sharing agreement and early reporting (2015+)
- Use of External Quality Review (EQRO) containing county CPM compliance assessment (2015+)
- Integrated statewide technical assistance (January 2016+)

**Shared Management Structure**

Richard drew the following picture of what a shared management structure looks like:

- Community Team
  - Co-Chairs with “lived experience”
  - 24-person stakeholder conversation to guide state practice and instill genuine Shared Governance
- Executive Team
  - Senior staff from the Departments of Health Care Services and Social Services
- Transformation Manager (Richard)
  - Guides Shared Management Structure (SMS) processes
  - Technical assistance and consultation to Departments
- State Implementation Teams
  - Execute the work of the SMS
  - County support/technical assistance
  - Implementation of Service Delivery Action Plan/Sandbox Model

**Community Teams**

The Community Teams are a primary vehicle toward shared management, and consists of monthly five hour convenings to:

- Oversee and support implementation of Integrated practice from a consumer-centric View
- Engage and empower youth and parents
- Connect pathways to well-being to other reform efforts underway
- Transform two Departments – health care and social services

At the state level, for the Departments of Health Care Services and Social Services, the key questions to be answered are:

- How will implementation of Community Teams best support and challenge these two state departments to evolve, adapt and transform?
- Are we willing to challenge our own rules about how we’ve served families in the past?
- Is it possible and valuable to let go of the control and power that “the system” seems to demand from us?
- Are we willing to be “led” by children, youth and their caregivers, who know and love them better than government can or will?

Early progress of the County Teams includes:

- Charter
- Shared Decision Making Process
- State agencies manifesting genuine patience and commitment

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- Co-chairs Selected with lived experience
- Prioritized Settlement Agreement contents
- *Developed “Four Pillars”/Implementation Model*
- Emerging youth and parent Voices

**Conceptual Framework/Logic Model for the “Children’s Services Sandbox”**

Richard described a well-functioning Shared Management Structure to a sandbox where all players worked together on:

- 1) Shared training--Unified technical guidance and content for all counties and service providers, regardless of their respective employers.
- 2) Shared information and data management--Provide access to relevant partner’s data for improved and unified performance and outcomes management.
- 3) Shared oversight and compliance– Integrated multi system county review, which will support county practice, reduce administrative costs and close policy and practice “gaps”.
- 4) Shared Core Practice Model--One set of values, principles and behaviors for all child-serving staff.

Further, the Performance Outcome System would require leadership, collaboration, communication, and community voice.

**Early Progress Implementing the Shared Management Structure**

Richard reported the following action steps have been taken to launch the Shared Management Structure:

- Dually authored letters
- Monthly integrated practice technical assistance conference calls and bulletin
- Sharing data via claims match and Performance Outcome System
- Early opportunities to share data from the External Quality Review Organization and Child and Family Services Review (EQRO and CFSR)
- Integrated training plan
- Integrated Core Practice Model

**Next Steps and Challenges Going Forward**

Richard outlined the following next steps:

- State-county communication will be increasingly “Dually-Authored”
- Regional Information and Transformation Exchanges (RITE)
- Monthly “Child and Family Services Integrated Practices” technical assistance calls
- Connecting state and counties to shared data
- Expanding roles for youth and parent partners at state level
- Assuring we don’t end up with Two Core Practice Models!
- Cross-walking state’s Oversight and Accountability efforts to reduce redundancy and connect Child Welfare and Mental Health Efforts at county level

Challenges anticipated in moving forward include:

- “Shared Management” must be authentically practiced at many levels
- While vision is developing, additional “champions” for sharing are needed in both departments
- The 24 Community Team members have diverse interests and needs.
- Legal youth advocates anxious for more rapid change.

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- Continuum of Care and Therapeutic Foster Care efforts are large and complex, and “shared oversight” will be challenging.
- Can the legislature and policy makers allow the departments to implement thoughtfully and without distractions?
- How will we respond when the next fiscal crisis occurs?
- While the current approach may eventually yield aspects of a collaborative “functional” System of Care, structural changes would be needed to fully create a concrete, seamless integrated system.

Richard concluded his presentation by underscoring the importance of youth and family voice in the implementation of the Shared Management Structure; we must listen authentically to what our consumers say and ensure that their representation in policy forums is genuine, not token.

**DISCUSSION**

Secretary Dooley thanked Richard for his very informative presentation, and asked for comments. Michael Newman raised the question regarding the role of County Counsel in supporting the Shared Management Structure, stating that some jurisdictions struggle whereas others are able to be supportive. He recommended that all County Counsels be educated on the reform efforts underway.

Daniel Webster commented that the data-sharing vision was ambitious, given that historically the External Quality Review Organization (EQRO) data has been extremely challenging to access.

Patrick Gardner commented that having effective processes in place is the central component of a successful Shared Management Structure and that child welfare and mental health leadership have to figure out collaboration strategies together. He noted that the Department of Social Services publishes monthly reports on its website showing how many foster children received Intensive Care Coordination, Intensive Home-Based Services, or Treatment Foster Care. The numbers show 4,500 children being served, and Patrick believes the need is closer to 40,000. While the Katie A lawsuit is over, foster children with a medical necessity for services are entitled to receive them, and we have a legal as well as moral obligation to ensure they are served.

The discussion concluded with Council members agreeing that both child welfare and mental health agencies share the responsibility for ensuring foster children received needed mental health services, and that the Continuum of Care Reform initiative is a vehicle for continuing the work to implement the Katie A Settlement.

**V. Information Item: Implementing Continuum of Care Reform**

Secretary Dooley announced that a panel of state, county, and youth partners would give Council members an update on the Continuum of Care Reform (CCR) initiative and called on Sara Rogers of the Department of Social Services, who co-manages CCR with Karen Baylor of the Department of Health Care Services.

Sara reviewed the following elements of CCR so that everyone would be up-to-date:

**Vision**

- All children live with a committed, permanent and nurturing family with strong community connections.

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- Services and supports should be individualized and coordinated across systems and children shouldn't need to change placements to get services.
- When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults.
- Effective accountability and transparency drives continuous quality improvement for state, county and providers.

**Key Strategies**

- Child and Family Teams (CFTs) drive case planning, placement decisions and care coordination (\$27.4 million TF).
- New licensing requirements:
  - Limit use of residential care to circumstances when an Interagency Placement Committee finds the child requires short-term intensive services, as defined.
  - Ensures STRTPs and FFAs have an identified ability to meet the varied needs of children (i.e. “core services”) including mental health services.
  - Ensures STRTPs and FFAs are nationally accredited and have engaged placing agencies in program development.
- Restructured rate system provides for a single residential rate and a varied “level of care” home-based rate.
- Local collaboration between Child Welfare, Mental Health, Probation, and Education to provide integrated services.

**What happens January 1, 2017?**

- Group Homes must transition to become Short Term Residential Therapeutic Programs or have an extension.
- All new families must be approved as Resource Families. (Existing homes have until 12/31/19 to convert).
- New rate structure will begin phase-in:
  - All licensed and certified foster homes, NREFM and relative caregivers will be eligible to receive LOC 1 unless receiving a higher rate currently.
  - STRTP rate will be in effect for licensed facilities.
- Foster Family Agencies must submit updated Plan of Operation and revised Program Statement.
- Counties must implement Child and Family Teams.

**What happens afterward?**

- STRTPs must have a Mental Health Program Approval/ Medi-Cal Certification to provide on-site Specialty Mental Health Services no later than 12 months after licensure.
- STRTPs and FFAs must receive become nationally accredited no later than 24 months after licensure and must provide statute updates to CDSS at 12 and 18 month intervals post-licensure.
- All existing foster homes must be approved as Resource Families by 12/31/19.
- A statewide Child Welfare Assessment tool will be selected following completion of a 9 month pilot.
- Implementation of a new Performance and Oversight framework for providers and counties by 1/1/19.

**Increasing capacity for family home-based care**

- Statewide Implementation of RFA (ACL No. 16-58).

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- Foster Parent Retention, Recruitment and Support (FPRRS) to Resource Families (\$54.7 million TF – ACL No. 16-52).
- New rate structure for home-based care based on Level of Care protocol to be informed by the CFT process.
- Child Welfare, Mental Health, Probation and Education must work together to re-envision the existing patchwork of services into an integrated family-friendly continuum of care and maximize FFP. (Wrap around, SMHS, Foster Youth Services).
- Updated and expanded training for county, providers and caregivers.

**Statewide group home placement data – Youth 0 through 17 years of age**

RCL LEVEL	PROGRAM	POINT-IN-TIME: JUNE 11, 2015	CALENDAR YEAR: 2015
RCL 5 - 9	Child Welfare	320	604
	Probation	20	63
	Total	340	667
RCL 10 - 11	Child Welfare	954	2,488
	Probation	508	1,298
	Total	1462	3,786
RCL 12 - 14	Child Welfare	728	<i>(not provided)</i>
	Probation	143	<i>(not provided)</i>
	Total	871	<i>(not provided)</i>

There are 36 RCL Level 5 – 9 programs with a capacity of 554 youth, and 285 RCL Level 10 – 14 Group Homes with a capacity of 6280 youth; thus, as we move more and more to family-based care the group home capacity greatly exceeds the need.

Sara informed the group that questions can be sent to: [ccr@dss.ca.gov](mailto:ccr@dss.ca.gov), and additional information may be found on the CDSS website at: <http://www.cdss.ca.gov/cdssweb/default.htm>

Sara then asked Diana Boyer and Jenny Pettit from the County Welfare Directors Association of California to present on what counties are doing to implement CCR. Diana shared the following information:

**What counties are doing to prepare for CCR:**

1. Recruiting resource families, along with strategies for retention and support.
2. Developing resource family approval processes.
3. Reducing the number of children in group homes.
4. Planning with community partners.

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**Many activities to prepare for CCR are still underway at the state and local levels to build the continuum:**

1. Automating Rates to promote timely and accurate payments when CCR rolls out on January 1, 2017
2. Developing Level of Care tool.
3. Working with Foster Family Agencies and Short Term Residential Treatment Programs to extend services or transition services to the CCR model.
4. Certifying Therapeutic Foster Care homes and mental health programs.

**Building youth and family voice and interagency collaboration at the local level:**

1. Developing a limited number of statewide assessment tools to promote a uniform approach and dialogue across agencies.
2. Establishing Child and Family Teaming with shared accountability among behavioral health, child welfare, probation, regional centers, and education.
3. Setting up joint reviews of program statements.
4. Creating Therapeutic Foster Care programs.
5. Building opportunities for prevention and early intervention by using Title IV-E waiver funds to promote earlier access to mental health services and develop strategies to increase capacity, such as a program where behavioral specialists could work with children in their homes.

Karen Baylor, Deputy Director for Behavior Health Services in the Department of Health Care Services, noted that the Department is seeking clarification on the definition of “Mild to Moderate” mental health services so that foster children who meet the criteria can receive services under managed care. The Department will be hosting training sessions for county child welfare, probation, mental health, and education staff on new programs and certifications.

Kim Suderman of the County Behavioral Health Directors Association and Terry Rooney, Council member and Director of Colusa County Behavioral Health Services Department, spoke about challenges from the county mental health perspective. There are a limited number of mental health practitioners, therapeutic foster homes, and child psychologists to meet serve foster children who have mental health needs. Counties submitted mental health/child welfare joint plans on or before September 1, 2016. Terry commented that, in his county, he invited education to the table for as well and that the infrastructure for joint mental health/child welfare/education plans is easier to build in small counties.

Joy Anderson, Policy Coordinator for the California Youth Connection and former foster youth, shared her organization’s top recommendations for CCR:

- **Youth-centered practice:** Youth should be involved in the decision-making process and acknowledged as a member and participant of the child and family team.
- **Group homes:** The number of group homes should be reduced and, for those that remain, a higher standard for staff and services should be created.
- **Caregiver evaluations:** Youth should have the opportunity to give constructive feedback about their placements.
- **Redefining permanency:** Permanency does not always look like adoption; it is a lifelong connection that youth includes in their “family.”
- **Holistic services:** Services should include a variety of supports and treatments, aside from medication, that fit the individual needs of the youth and could include art therapy, meditation, pet therapy, and other extra-curricular activities.

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- **Placement stability:** Supports for both family and youth to maintain placements if it is in the best fit for the youth and family; seven-day notice should not be the only option.
- **Foster youth and caregiver compatibility:** A streamlined process to find foster parent and youth matches, based on factors such as needs, interest, culture, family environment and location.
- **Transition supports:** Keeping youth informed during the process of placement changes and helping provide youth with closure from a previous placement and introduction to the new placement.
- **Universal assessments:** Youth perspective should be included in the placement process, and assessments should hold all placing agencies to the same standard of services received by youth.

Joy pointed out that some youth are afraid that the CCR rate structure could set up a perverse incentive in which a “monetary value” would be placed on youth and drive placement decisions. She stressed that the Child and Family Team would be able to guard against “youth being seen as a paycheck” in that its members truly understand the services that the youth needs and is entitled to receive.

Joy also observed that education is often missing in planning conversations, and it is especially important that education staff be involved when youth have to change schools. More generally, youth would like to have consistent services and service providers to maximize opportunities for best outcomes. Finally, Joy expressed foster youth's desire for normalcy – characterized by their being able to participate in activities that their non-foster peers take for granted.

**DISCUSSION**

Secretary Dooley thanked the panelists and called for comments and questions. Patrick Gardner stated there is consensus that more mental health services will be delivered to youth under CCR as funding previously spent on group home care is used to support family-based care, but no calculation has been made as to how many dollars will be transferred in this way. Both STRTCs and FFAs are required to provide mental health services through contracts with local Mental Health Plans, and the state will be required to pay for any new services. Karen Baylor informed the group that funding has been made available for child and family teams, training, and certification.

Rochelle Trochtenberg stated she appreciated that CCR provides the opportunity for increased focus on high needs youth and emphasized the importance of holding providers accountable for treatment that leads to successful outcomes for the youth. In the past, some providers have kicked youth out of a program rather than figuring out their service needs. Rochelle advocated for a “no reject / no eject” policy where providers cannot refuse to serve youth they had committed to serve under their contracts and cannot terminate services due to the youth’s behavior.

Rochelle also reported that there have been situations where family members who would have been able and willing to care for a youth are overlooked because the foster family and the youth’s extended family are either not in touch or have an adversarial relationship. In these cases, when the court orders termination of parental rights the youth is placed for adoption outside of his/her family. Instead, we should be promoting better relationships between foster parents and the youth’s “natural supports” from family members so that the family is well aware of situations where the youth cannot be returned to parental care and therefore can step forward to become caregivers.

Frank Mecca underscored the fact that one key challenge in successful CCR implementation is dealing with the provider shortage and advocated for incentivizing providers to serve foster youth. Secretary



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Dooley stated that the state has made significant investment in CCR, and, while there are never enough resources, she believes that as CCR demonstrates its success that more and more providers will be encouraged to participate. Karen Baylor added that as the Department of Health Care Services becomes more transparent in the process for engaging providers and payment systems, providers will also be more willing to participate.

Mary Butler stated that for youth with mental health challenges who commit offenses, there is often the challenge of having to have them convicted so that they qualify for mental health services instead of offering these services as an alternative to prosecution.

Will Lightbourne explained that CCR and the Katie A Settlement provide a semi-continuous flow of mental health services ranging from low to moderate need to high need and that the youth can say what level of services they want along this continuum. Our job is then to bring in the support and resources needed to make it happen.

Len Edwards reminded Council members that there is a federal bill, Family First, pending that would impact how we deliver services. Secretary Dooley explained that California officials were working with members of Congress regarding some of the provisions and asked Will to outline the bill. He stated that Title I of the bill would permit states to use Title IV-E funds for prevention services as an option. Title II of the bill requires certain conditions on residential treatment that do not fit with our STRTC model, and, further, do not focus on mental health services and the type of staffing required to ensure youth receive needed mental health treatment.

Secretary Dooley thanked members for the discussion.

**VI. Information Item: ON BALANCE: Child Welfare and the Courts**

Justice Raye announced that the California Child Welfare Co-Investment Partnership has just released a new report that examines the role of the Court in the Child Welfare Services Program and called on Laurie Kappe to present the report. Laurie distributed copies and highlighted the findings and recommendations.

The report describes the integral role of the court in child welfare decision-making and provides an infographic called “Who’s Who in the Courtroom” describes the role played by judges, children, children’s counsels, parents, parents’ counsels, county child welfare workers, county counsels, plus other participants that may include foster parents, relative caregivers, tribal representatives, Court Appointed Special Advocates, and representatives of ancillary services such as dependency mediation.

The report also provides dependency court data and quality measures, the juvenile court process timelines, and dependency counsel caseloads and funding. It describes promising programs such as court improvement, family drug courts, non-minor dependency courts, and parent support programs. And finally, a timeline of key milestones projects on the role of the courts in child welfare and a list of recommended actions that could be taken to advance the efforts of these projects. The report may be found at: <http://www.chhs.ca.gov/Child%20Welfare/InsightsVolXI-Fall2016.pdf>.

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**VII. Committee and Task Force Updates**

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)**

Kathy Icenhower reported that the Committee is working on a *Prevention Framework for California* to provide guidance on developing a prevention program, or full prevention continuum. The focus of the Framework on prevention populations as defined by The OCAP and Child Welfare Council, primarily families who are at-risk for child abuse and neglect or who are early in the child welfare system. While the work touches on the full prevention spectrum, it is more narrowly focused on these two populations. This tool is intended as a basis for forthcoming policy recommendations (as a required responsibility of a Citizen Review Panel) to strengthen consistency across the state's prevention efforts. During its policy review cycle, the PEI-CRP had determined that current child welfare policy is not adequate to assure uniform quality and effectiveness. The current draft Framework was developed by looking at evidence-informed prevention platforms widely used in California and national emerging models. A cross-walk document was prepared that lists and "maps" core elements of each. The current tool is intended to add value and unity to the field by serving as an "at-a-glance" summary of core elements of prevention as informed by research.

Last week at the National Conference on Child Abuse and Neglect, sponsored by the Children's Bureau's Office on Child Abuse and Neglect, Dr. Deborah Daro of Chapin Hall presented an innovative child maltreatment prevention planning process intended to be used to help advance prevention efforts in states and communities. Rather than providing a laundry list of every possible intervention a state, county, or community might adopt, the goal of this innovative approach is to provide state and community leaders with a prevention agenda that will maximize the efficient use of existing resources and build a sense of collective commitment across all stakeholders in the state. This approach is consistent with the one being utilized by the PEI-CRP. The resulting Prevention Framework will be presented to the Council for review and comment in December, 2016.

▪ **Permanency Committee**

Bob Friend reported that the Committee is monitoring the progress of counties who have implemented drug courts under the leadership of Judges Len Edwards and Elizabeth Lee. It is also partnering with the Child Development and Successful Youth Transitions Committee on a project aimed at improving services to runaway and homeless youth, with the goal of getting them permanent families.

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

Rochelle Trochtenberg and Gordon Jackson reported that the Committee is focusing on four areas:

- The Education Work Group is focusing on issues related to implementation of the Education Rights Holder legislation by gathering information from experts from providers, caregivers and youth and exploring how CWS/CMS can include information on Education Rights Holders. Next steps are to compile and analyze information and recommend opportunities to improve ability of Education Rights Holders to support educational achievement of youth in foster care.
- The Housing/Runaway and Homeless Youth Work Group is partnering with the Permanency Committee to develop a proposed model for multisystem response to runaway and homeless youth in the foster care system. Work group members are gathering information from providers, caregivers and youth to understand the nature and scope of homelessness among youth, including youth in foster care and exploring resources that can be available to provide support to youth in

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foster care or transitional housing. They also participate on monthly webinars hosted by the John Burton Foundation.

- The Supporting Healthy Sexual Development of Youth in Foster Care Work Group is exploring how child welfare systems can better support and promote healthy sexual development of foster youth. The work group members are participating on stakeholder groups set up by the Community Care Licensing Division and Child and Family Services Division within the California Department of Social Services to (1) 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; and (2) provide input on implementation of the Continuum of Care Reform initiative.
- The Psychotropic Medications Work Group is engaged in reviewing and monitoring the work of the Quality Improvement Project, a collaborative effort led by the California Department of Health Care Services. Three products were developed by the QIP with Work Group members participating in the process: (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. The work group will also become informed about recently passed legislation and the State Auditor’s report on the issues with a goal of identifying a range of promising mental health services that should be available to foster youth beyond medication.

▪ **Data Linkages and Information Sharing Committee**

Daniel Webster reported that the Committee will be reviewing and discussing a revised, updated Information Sharing, Data Standardization and Interoperability Statement that will then be brought forward for consideration by the full Council in December. The Committee is hosting a presentation by Barry Zimmerman, Director, Ventura County Human Services Agency, on Foster Care Link and a second presentation by Akhtar Khan, Chief of the CDSS Research Services Branch on foster youth participation in the CalFresh Program. The Committee will also review summaries and updates on national, state and local initiatives.

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

The PASS Ventura County beta testing went live on March 28, 2016, and as of August 23, 2016, 97 families have been touched by the project. Of those, 81% have been screened within five days, 80% have been assessed within five days and 85% have begun treatment in five days. The main reason for not screening and referring within five days is the inability to contact the family member despite repeated attempts. The County behavioral health staff report that rates and improved times to mental health services is better for PASS families. For the remainder of the beta process, Ventura County is focusing on care coordination and outcomes of care for families involved in PASS. Regular contact between team members, submission of monthly progress notes and participation in scheduled Family and Child Team meetings are the agreed upon indicators of coordination. The Casey Family Programs Research team will expand the evaluation to include scalability and replication issues for dissemination to other California counties. The beta process will end September 30, 2016, and a full report and presentation will be prepared for the Child Welfare Council meeting on December 7, 2016. Ventura County leadership is so pleased with the collaboration and progress of the PASS project that they have submitted an MHSO OAC innovation application to expand PASS for children in receiving child welfare services.

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

Karen Baylor stated that the Task Force had worked with the administration on AB 1299 which had passed in the Legislature and was pending on the Governor's desk.

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

Leslie Heimov reported that the CSEC Advisory Board is well underway and holding its second meeting concurrent with the Council meeting. The areas of focus chosen by Advisory Board members are educating lawmakers, technical assistance to agencies wishing to hire survivors, and outreach to counties that do not have CSEC protocols. At its afternoon meeting, the CSEC Action Team will be reviewing the proposed CSEC Identification Tool (CSE-IT) from a validation and data perspective and will then host a Go-To-Webinar on Understanding California CSEC Requirements, County Responsibilities, and Resources, for which 90 participants have registered.

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

Justice Raye called for public comments. Anna Johnson from the National Center for Youth Law, expressed concern regarding local mental health funds that are not being used as required and the need for county mental health to be more involved with child welfare to identify actions to be taken to achieve specific deliverables.

Bill Grimm informed the Council about a recent report issued by the State Auditor regarding foster youth's use of psychotropic medications and suggested that the auditor report findings to the Council. Secretary Dooley referred the topic to the Child Development and Successful Youth Transitions Committee for consideration. Paul Curtis suggested a topic for future Council consideration would be to look at homeless children who are on the child welfare rolls. Michael Newman announced that the Department of Justice will soon have a "data dump" on Juvenile issues.

There being no further comments, Secretary Dooley and Justice Raye thanked Council members and the public for their participation and adjourned the meeting.