1. **Call to Order and Introductions**

Secretary Dooley and Justice Raye extended a personal welcome to Council members, and Secretary Dooley announced that the Council has four new members: Daniel Webster, Principal Investigator at the U.C. Berkeley Child Welfare Indicators Project; Lori Jones, Director, Alameda County Social Services Agency; Michelle Traiman, Associate Director of Child Welfare, Stuart Foundation; and Assembly Member Kansen Chu, newly appointed by Assembly Speaker Toni Atkins to replace Assembly Member Mark Stone. Members of the Council members and others in attendance then introduced themselves.

1. **Approval of the December 10, 2014 Discussion Highlights (Action Item)**

Secretary Dooley asked for comments or suggested revisions to the December 10, 2014 Child Welfare Council Discussion Highlights. There being none, they were approved on a consensus vote.

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

Secretary Dooley called on Pete Cervinka, Harry Hendrix and Anna Johnson to update the Council on the progress made by the Quality Improvement Project (QIP), which addresses the issue of foster children’s use of psychotropic medications. Pete Cervinka reminded Council members that the QIP initative was connected to the following elements of the Katie A and Continuum of Care Reform initiatives that also address mental health services for foster youth:

* Child & Family Team
* Short-term Residential Treatment Centers & Treatment FFAs
* Common Assessment Domains
* Specialty Mental Health Services
	+ Intensive Care Coordination
	+ Therapeutic Foster Care
	+ Intensive Home-based Services

All three initiatives promote:

* Informing children, youth and families about medications and foster youth rights
* Educating foster parents, providers, social workers about medications and foster youth rights
* Data monitoring to on usage and outcomes
* Prescribing guidelines for physicians
* Best Practices for Court authorization

The theory of change that informs the QIP project involves:

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| **VISION** | **STRATEGIES** | **outcomes** |
| Children in foster care receive psychotropic medications only when:* There is a comprehensive treatment plan that includes appropriate psycho-social interventions.
* Children, youth, families, counties, and courts understand their rights and choices and the benefits and risks.
* It is medically necessary and safely prescribed and monitored.
 | Services and Supports* Continuum of Care Reform
* Katie A/Specialty Mental Health Services

Informed Consumers and Partners* Foster Youth Rights.
* “Questions to Ask” document.
* Prescriber Guidelines.
* Three-way sharing agreement with counties.
* Caseworker, resource family, and provider training.

Monitoring* Matched administrative data
* Individual county reports
* Public data measures
* Treatment Authorization Request (TAR).
* Court authorization best practices.
* Metabolic monitoring protocols.
 | Increase in youth and family satisfaction with care plans.Increase in claims for medically necessary, trauma informed, specialty mental health services.Improved foster care placement stability.Decline in use of psychotropic medications.Decline in polypharmacy. |

Pete then provided the following QIP Workgroup updates.

Clinical Workgroup – Leads: Lori Fuller and Pauline Chan

* Guidelines for Prescribers
	+ Guidelines, Prescribing Standards, Monitoring Parameters, Medication Support Services, and Prescriber Algorithm Tool (Decision Tree) completed
		- Internal and External Reviews by DHCS & CDSS in Process
		- Anticipated Posting to DHCS website: March 15, 2015
		- Dissemination to Practitioners to begin by March 15, 2015
* Recommendations to Improve JV220 Process
	+ Recommendations approved by Expert Panel on August 27, 2014
	+ Presented recommendations to Judicial Council
	+ Ongoing collaborating with Judicial Council regarding implementation plans for improvements to JV220 process and training for court staff
* QIP Project Measures
	+ HEDIS measure descriptions and specifications were approved, with minor pending changes, by the Expert Panel on February 26, 2015
* Next Meeting Date:
	+ March 11, 2015 (10:00a.m.-3:00p.m.)

Data and Technology Workgroup – Leads: Alicia Sandoval and John Igwe

* Data Linkage
	+ Produced a Summary Report which includes matched results and demographic data presented and approved by Expert Panel.
* County Reports
	+ Developed County Reconciliation Reports to identify children with a psychotropic medication claim and no JV220 authorization presented and approved by Expert Panel. Drafted All County Information Notice in preparation for distribution to counties in March 2015.
* Performance and Outcome Measures
	+ Performance and outcome measures were approved, with minor pending changes, by the Expert Panel on February 26, 2015.
* Next Meeting Date:
	+ March 18, 2015 (1:00-4:00p.m.)

Youth, Family, and Education Workgroup – Leads: Jane Troglia and Pauline Chan

* Foster Youth Mental Health Bill of Rights
	+ Developed Foster Youth Mental Health Bill of Rights
	+ Presented to Expert Panel on August 27, 2014 and finalized February 2015
	+ Development of youth friendly brochure in process
* Questions to Ask
	+ Developed Questions to Ask tool for use by youth and families when talking to social workers, medical and mental health practitioners, attorneys, and judges about medications
	+ Presented to Expert Panel on August 27, 2014 and finalized February 2015
	+ ***Council members are urged to help with dissemination of these two documents, which are posted on the CWC’s website under Council meeting materials for March 4, 2015.***
* Wellness Workbook
	+ Developing a guidebook for youth which will contain materials to assist youth in exploring their wellness needs and educate about intervention strategies and options
* Next Meeting Date:
	+ March 11, 2015 (10:00a.m.-3:00p.m.)

Pete reviewed timelines and deliverables.

Timeline – March through June Activities:

* Disseminate Youth Bill of Rights & “Questions to Ask”
* Issue All County Notice for Client-Level Data Report Process
* Post Prescriber Guidelines on DHCS Website
* Develop & Test QIP Outcome Measures
* Disseminate JV 220 Best Practices
* Disseminate Youth Wellness Workbook
* Post QIP Outcome Measures

Timeline – after June: Ongoing monitoring

Deliverables – Quarterly Expert Panel Meetings are held to review and approve deliverables:

* QIP Outcome Measures
* JV 220 Best Practices
* Youth Wellness Workbook

Anna Johnson presented information on concerns identified using 2012-13 available data or to-be-provided data from the California Departments of Health Care Services and Social Services, as follows:

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| Completed DataToo Many:* 8,080 Foster Children 0-17 filled a prescription for Psychotropic Medication

Of Children Prescribed Psych Meds:* 51% given antipsychotics
* 48% given antidepressants
* 32% given stimulants

Multiple Meds different classes* More than 30% of children prescribed psych meds are given multiple medications long term

Multiple Meds same class: * 354 Foster Children on 2 meds in the same class long term

Top Diagnoses 2012-13 (Note potential for misdiagnosing trauma and the predominance of off-label prescribing):* ADD/ADHD (3, 548 claims)
* Mood Disorders (3, 336 claims)
* Adjustment Reaction (2,425 claims)
* Disturbance of Conduct, NEC (1,630 claims)
* Disturbance of Emotion (1,341)
 | Upcoming Data* Placement Type
* No Psychosocial Services
* Too Much
* Screening & Monitoring
 |

Anna then shared information regarding the Psychotropic Medication Bill Package sponsored or co-Sponsored by NCYL:

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| --- | --- | --- | --- |
| SB 319Issue: Public Health Nurses- Psych Drug ProceduresAuthor: Senator BeallPrincipal Coauthors: Senator Mitchell, Assemblymember ChiuCoauthors: Senator Monning, Assemblymember Gatto | SB 484Issue: Utilization of Psych Drugs – Group Home OversightAuthor: Senator BeallPrincipal Coauthor: Assemblymember ChiuCoauthor: Senator Monning. Senator Mitchell | SB 238 (lead sponsor is CWDA)Issue: Psych Drug Data, Alerts, Training, JV-220 formAuthors: Senator Mitchell and Senator BeallCoauthors: Assemblymember Chiu,Assemblymember Gatto | SB 253Issue: Support for the CourtsAuthor: Senator MonningPrincipal Coauthor: Assemblymember Chiu |

Anna concluded by sharing her summary of the Joint Oversight Hearing held by the Senate Human Services Committee and Senate Select Committee on Mental Health on the topic of Misuse of Psychotropic Medication in Foster Care: Improving Child Welfare Oversight and Outcomes within the Continuum of Care.

Secretary Dooley asked for comments from Council members and the public. Appreciation was expressed for the progress to date and for the commitment to complete the work using the timeline. Bill Grimm underscored the seriousness of the problem and urgency for solutions, referring back to the data that Anna had presented, showing too many children are being prescribed too many drugs, for too long a period of time, and for purposes that do not align with the intended purpose of the drug.

1. **Out-of-County Mental Health Services (Information Item)**

Justice Raye called on Karen Baylor to provide a status report on the Out-of-County Mental Health Services project. Karen acknowledged the hard work of the collaborating partners on the project and provided an overview of the efforts to date:

* Drafted a policy to improve access to timely and effective mental health services for all foster children place outside the county of child welfare and/or probation mental health jurisdiction, in another county.
* Secured commitments from the County Behavioral Health Directors Association, County Welfare Directors Association of California, California Department of Social Services, and California Department of Health Care Services.

The elements of the document include:

* Screening and Assessment.
* Authorization of Services, which has a child and family focus and alignment with permanency goals.
* Services (Continuum of Care Reform and Treatment Foster Care).
* Payment and Financing.
* Capacity and Accountability.

The next steps will be for all involved parties to finalize the policy, using agreed upon timelines, and then implement it.

Pete Cervinka then reviewed the highlights of the draft policy, which includes the following guiding principles and context:

1. Transfer policy whereby the mental health authorization, treatment, and payment is transferred to the host county mental health plan should be aligned with permanency goals. Transfers must be done in a child-focused and family-focused manner, which requires a policy with flexible parameters
2. The tenets and suggested practices of the Katie A. Settlement Agreement and the proposed Continuum of Care Reform (CCR) efforts with respect to child and family teams should be embedded in this policy.
3. Both child welfare and mental health systems need to work collaboratively to build trauma-informed systems of care.
4. Child welfare and mental health systems will include youth and family voices and choices in decisions about their care.
5. The policy must ensure that crossing county boundaries does not compromise service delivery.

The State, County Behavioral Health Directors Association (CBHDA), County Welfare Directors Association (CWDA), and the Chief Probation Officers of California (CPOC) believe that a multi-pronged approach is needed to address this long-standing challenge. The State and counties share responsibility to reduce barriers and provide access to mental health services for foster children placed out-of-county.

The policy takes into account the recent programmatic and fiscal changes impacting the child welfare, probation and mental health programs. The policy also considers the child’s best interests for safety, permanency and well-being. Recent program/fiscal changes include: Katie A Court Settlement and Core Practice Model; the Continuum of Care Report Recommendations; and 2011 Realignment.

Justice Raye then called for comments from Council members and the public. Patrick Gardner noted that there has been considerable progress in moving towards a solution, and provided input on the draft policy. He said that while the draft policy calls for Child and Family Teams to have a significant role, not all counties have Child and Family Teams. He also was concerned about the competing decision-making authority between the Child and Family Team and a youth’s social worker or probation officer; it is not clear who would have the final say. Patrick also found confusion as to which “plan” would drive the case plan objectives, the child welfare/probation case plan or the mental health treatment plan. Further, he believes that the goal of “best interests of the child” is alien to how Child and Family Teams work. He stated that it may be that each system (child welfare and mental health) uses language and terms in different ways, rather that there being actual disagreement, but these inconsistencies should be straightened out in the final policy. Patrick also expressed that the draft policy was not as strong as the language in AB 1299 in addressing equal access to mental health services for foster children residing outside their county of jurisdiction.

Ken Berrick observed that while a Child and Family Team can identify a need, the members do not set up the mechanics of payment for services to address that need. In addition, counties vary in how they define “medical necessity,” which is a criterion that must be met for authorizing mental health services, e.g., some counties use the Child and Adolescent Needs and Strengths (CANS) tool and others do not. He suggested that there might be a need for an ombudsman-type role for mental health services so that there is an identified place for people to ask questions and express concerns. Pete Cervinka responded that this role is currently filled by Erica Christo who works in the Behavioral Health Services Division of the Department of Health Care Services.

1. **Foster Youth Education Toolkit (Information Item)**

Secretary Dooley called on Gordon Jackson to introduce the lead speaker on the topic. Gordon enthusiastically introduced Jill Rowland and asked her to let Council Members know about an exciting new product that is an outgrowth of the Partial Credits Toolkit approved by the Council last year.  Jill is the Education and Program Director at the Alliance for Children’s Rights who worked with Paige Fern Chan on the successful Partial Credits project.  She then took the lead on expanding this toolkit to the next level by creating the Foster Youth Education Toolkit.  The CDSYT Committee wanted to have Jill; Molly Dunn, a colleague from the Alliance; and Graynisha Skinner, a youth served by the Alliance, inform the Council about this helpful and useful resource for supporting education of our foster youth.

Jill directed Council members and the public to the Toolkit’s table of contents, which outlines the range of issues/topics covered. She then focused specifically on the School of Origin piece to explain how the toolkit works (legal requirements, step by step procedures for how to protect rights, and tools to help protect rights) as well as the capability of downloading the tools and modifying them to meet local district needs. She also noted Council members’ interest to create companion pieces for other audiences including social workers/probation officers and caregivers/education rights holders/group homes.

Molly Dunn, also from the Alliance for Children’s Rights, commented on how California’s recent landmark legislation, the Local Control Funding Formula (LCFF), benefits foster youth. LCFF marks the first time any state has included foster youth in its school funding and accountability system and focuses much needed attention on the education outcomes of foster youth.

A Chapin Hall report released last month new survey found that:

* Nine out of ten youth reported that they had to change schools because of a family move or foster care placement change and about 1/3 changed schools 7 or more times.
* One-third reported that they were out of school for one month or more because of a foster care placement change.
* 66.7% of youth reported being suspended from school and 27.7% had been expelled.
* 33.5% had repeated a grade.

Molly stated that the LCFF not only brings the heartbreakingly poor education outcomes of foster youth to the fore, it also spotlights the opportunity for our schools to better serve students in foster care. Early implementation of LCFF has shown some significant advances for foster youth in some districts that have devoted increased resources, including staff, to meeting the educational needs of students in foster care. However, many districts have been slow to address foster youth as a distinct subgroup of at-risk students, failing to offer the differentiated supports and services that foster youth need due to their histories of trauma, lack parent advocates, and greatly increased school mobility. The Foster Youth Education Toolkit is designed to keep attention on the educational needs of students in foster care and to assist school districts in meeting the promise of LCFF for our foster youth by ensuring they receive the full benefits of the laws designed to protect them. The Toolkit provides comprehensive information on the education rights of foster youth along with step-by-step procedures and easy-to-use implementation tools to help districts engage in best practices for foster youth education.

The California Legislature and Governor took a critical first step toward improving the education outcomes of foster youth when it identified students in foster care as an at-risk population in need of additional services and supports to close the achievement gap. Our hope is that the Foster Youth Education Toolkit will equip school districts throughout the state with the tools they need to take the next step in implementing LCFF for foster youth.

Graynisha Skinner, former foster youth, then told her story (see inset), which underscores the need for and usefulness of the Foster Care Education Toolkit so that in the future no foster youth will have to experience her struggles to enroll in school and transfer credits. She also serves as an inspiration to foster youth for learning about her graduation rights, graduating, and attending college. After her presentation, Chief Phil Kader acknowledged Graynisha’s goal to become a Probation Officer and offered to facilitate a mentorship for her if that was something she would like. Phil then brought the house close to tears when he removed his Probation Officer pin from his lapel and gave it to Graynisha.

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| **Graynisha’s Story**I recently graduated from high school and I’m so proud of myself for finishing. Neither of my parents graduated from high school. I’m enrolling in community college; first in my family to go straight from high school graduation into college. I want to be a probation officer and help other youth who have struggled like I have. I never thought any of this would happen given all my struggles in school. I changed high schools 10 different times. I want to share a few experiences about how important it is for school districts to protect the rights of youth like me. When I first went into placement, I only had 12 credits towards high school graduation; I thought I would never finish.**Immediate enrollment*** I tried enrolling in a continuation school so I could make up my credits faster and they refused to enroll me 3 different times before finally putting me on a waiting list.
* I was out of school for months and wasn’t earning credits towards my diploma.
* This violated my right to immediate enrollment and made me want to give up.

**School of Origin*** At one point, I tried to reunify with my mother and return to my school of origin.
* No matter what my mom did to help me get enrolled in school, they refused to let me in.
* Everyone at the school even remembered who I was but still refused to let me go there.
* They told me to come back at the beginning of the semester.
* After two months, I knew I had to get back into school so I made the really hard decision to go back into placement so I could get back into school.
* If the school had respected my right to return to my school of origin, I might have been able to stay with my mom.

**Partial Credits*** After changing high schools 10 different times, I knew my credits were a mess.
* I was forced to change schools mid semester and three different high schools failed to give me the credits I had earned.
* It took an attorney from the Alliance to get me these credits.
* This put me back on track and gave me hope that I could get my diploma.

**AB 167/216 Graduation*** I recently graduated using AB 167/216. This allowed me to graduate with only 130 credits.
* Learning about my graduation rights gave me hope and motivated me to stick with it.
* I recently learned more about my rights, including my right to immediate enrollment, to stay at my school of origin and my right to partial credits.
* If I had known about these rights earlier, I could have tried to advocate for myself better.
* If the schools had respected my rights, I wouldn’t have had such a hard time graduating.

It is so important for schools to follow the rights of youth like me. I hope schools use the **Foster Youth Education Toolkit** to make sure no other youth has to struggle like I did. |

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

Justice Raye called on Dana Blackwell to provide a status report on the activities of the PASS Project. Dana led off her remarks by thanking her project co-chair, Frank Mecca, and all of the Agency Team leads and partners for their dedicated effort in planning for priority access. She described the process they are engaged in as dynamic, rich, and educational, involving both technical and adaptive challenges as well as learning what is possible each time the Agency Teams come together. She set the stage for the next presenters by informing Council members and the public that they would cover some of the technical solutions that are in place or will be in the short term and also describe adaptive issues that require more in-depth study in order to identify fundamental changes needed to operationalize priority access at the state and local levels. She emphasized that the project team is committed to taking the time that it takes to do priority access correcty; it does take time because people are asked to go outside of what they normally do. Priority access is not possible with a “business as usual” approach or mentality. Dynamism can only happen when we expand the conversation; conversations must be inclusive to benefit from full perspective and explore all avenues for sharing responsibility for priority access.

Dana reassured the Council that each of the teams is working closely with county and community partners, as well as parents formerly in reunification, and in some cases federal partners to ensure that recommendations are relevant and effective. She expressed appreciation that everyone involved in this effort has been willing to dedicate attention to untangling the complexity and has demonstrated openness to rethinking how they approach children and families in reunification. The recommendations that were to be presented reflect a shared commitment and shared responsibility across sectors. Priority access is not about “helping child welfare,” but rather recognizes that each child is our child. The outcomes across sectors are interlocking, and so is the responsibility for change. She concluded by saying that the project team has more to do in this area, but today reflects substantial steps in that direction.

Lori Clarke then gave a brief overview of the PASS project, reminding members that he Council has acknowledged the state has a moral obligation and fiscal incentive to ensure families are safely reunified once a child has been removed and placed into foster care. She also gave a brief overview of the desired outcomes for parents, the state, and youth and the PASS Leadership Team and Agency Teams, and introduced Karen Baylor, Deputy Director, Mental Health and Substance Use Disorder Services, California Department of Health Care Services. Karen presented the Behavioral Health Team’s recommendations:

* Identification
* As early as possible, identify PARENTS’ need for BH services and initiate the process with the appropriate parties (County BH, Managed Care Providers, etc.)
* Entry into Services
* Embed the information needed to identify parents in reunification upon entry into the Behavioral Health system.
* As the Reunification Plan is developed, Child Welfare and Behavioral Health partners will work together to align treatment plans, timelines, etc.
* Care Coordination
* Utilize/enhance care coordination mechanisms in CW and BH systems
(e.g., peer support, case managers, inter-disciplinary teams) to support parents in successfully achieving treatment milestones and to ensure progress is communicated to Child Welfare/Courts.
* DHCS/BH and CDSS will develop and disseminate tools to ensure the CW and BH are able to prioritize parents in reunification for services and supports.

Next, Lisa Bates presented the Housing and Community Development Team’s recommendations:

* Developing access to current and future State Housing Programs through review of targeting, set-asides or direct funding approaches:
	+ Reviewing HCD MHP program, new National Housing Trust Fund, and reaching out to State Tax Credit Program
	+ Developing a better system level view and approach to funding and coordination at the local level
* Cross education between systems:
	+ Housing sector participation on Child Welfare Council
	+ Benefit of housing first approaches, promote/educate use of emerging coordinated entry systems, and coordinated assessment tools
* Data and research development to support:
	+ Reviewing case files database for better information on housing needs and supports
	+ In continued national conversations concerning best housing intervention approaches and best leverage points among systems

Robin Purdy followed with the Workforce Investment Board’scommitments, as follows.

**Commitment 1** – Expand awareness of and strategies for engaging parents in reunification and prioritizing access. An Information Notice will be sent to the entire California Workforce System proving guidance such as:

* Stabilizing Services:
* Meaningful Family Engagement
* Coordinated Assessment and Case Planning
* Service Delivery: health/ behavioral treatment; legal services, housing, parenting/ coping skills, public assistance/ income supports
* Sustaining Services:
* AJCC Career Planning Services
* Life Skills, Work Readiness
* Skills Development: (credentials/degrees) and work-based learning (earn and learn) in high-demand sectors
* Collaborative Coaching
* Job Development and Job Placement
* Job Retention Networks/Services
* Support Services: child care, transportation, work supports
* Accelerator Fund to Facilitating Multi-Disciplinary Teams:
* Child Welfare/Public Assistance
* Housing
* Corrections/ Probation
* Behavioral Health Care
* Workforce Development
* Community-Based Organizations

**Commitment 2** – FR Parents are the Target Population in next Workforce Accelerator Fund. This commitment addresses a longstanding challenge that there are few resources specifically dedicatedto developing, prototyping, and piloting new strategies or “out of the box” ideas. By leveraging current CWIB Accelerator process to create and prototype innovative strategies that *accelerate access to training and employment for Parents in Reunification,* the Accelerator goal of identifying replicable practices at the county level to inform statewide policy and local service delivery can be achieved.

Next Chief Phillip Kader acknowledged the contributions of Rosie McCool, Deputy Director of the Chief Probation Officers of California, to the project and then gave an overview of Corrections and Probation systems and presented the Team’srecommendations. The California Department of Corrections (CDCR) is state-administered and serves high level offenders. Services are provided in the prison setting pre-lease and are community-based post release. Parole services are evidence-based, delivered by contract providers, and geared to the assessed needs of individual clients. Probation services are for lower level offenders and county-administered. They too are evidence-based and may be offered by contract providers or through re-entry hubs/day reporting centers.

Through the PASS project, the Corrections/Probation Team has already completed PASS flyers for probation officers and parole officers to give clients. CDCR is also planning to develop a data linkages system with the California Department of Social Services so that parents with a reunification plan are identified in both systems and parole agents and child welfare social workers can coordinate efforts to support priority access to reunification services. Probation plans to release a fact sheet on best practices in reunification specific to probation. Next steps include:

* Distribute PASS flier to parole and probation officers.
* CDCR to continue Data Match project with CDSS
* CDCR and Probation to convene Forum/Roundtable in the Spring. Topics for discussion include:
* Interactions at front end of system
* Current best practices across state and counties
* Parent/mentor perspective and system challenges

Frank Mecca, PASS Co-Chair, concluded the presentation by stating that the recommendations reflect the critical thinking that will position all the participants in the PASS project to take on the deeper, underlying issues that Dana described in her opening remarks. At the June meeting, the PASS Leadership Team will make specific plans for how best to leverage key opportunities and address barriers, legislative or otherwise, for moving priority access forward. He emphasized that our shared goal remains to operationalize priority access within state systems to the extent possible, and to support implementation of priority access at the local level, and invited feedback from Council members and the public.

Judge Edwards lamented that the project did not address foster youth’s priority access to county employment, and Karen Grace-Kaho said that foster youth needed priority access to an array of services. Frank responded by reminding everyone that the PASS project intentionally started with priority access for parents of children in foster care because of the state’s role as the parent, and our legal and moral obligation to secure permanent families for foster children, with reunification being the most desirable option when safe and possible. He reminded everyone that there could be subsequent PASS projects that focused on other populations.

Justice Raye thanked the presenters for an excellent presentation of a well thought out plan. He acknowledged that his initial skepticism about the possibility of establishing a multi-system priority access process had now gone away, replaced by the possibilities that a PASS system offers to parents of children in foster care for safe reunification.

1. **Commercially Sexually Exploited Children (CSEC) Action Team – Update (Information Item)**

Secretary Dooley called on Sarah Rock and Leslie Heimov to share updates on the progress made to develop tools in support of serving CSEC. Sarah began by stating that the approach of the California Department of Social Services (CDSS) to serving CSEC has been, and has to be, very collaborative. The Department is working closely with the County Welfare Directors Association of California and the Child Welfare Council’s CSEC Action Team, as well as other partners, to design an effective response to this growing problem. Recently passed state legislation, AB 855, became effective in July 2014 and requires that interested counties submit a plan that includes an interagency protocol and multidisciplinary team (MDT) to the state. In September 2014, CDSS issued and All County Letter that provided counties with an allocation of the $5 million authorized by the statute to develop protocols and MDTs. CDSS led the development of a statewide training plan on Identification and Awareness of CSEC. The training will be presented to social workers, tribal social workers, probation officers, foster parents, and group home staff. In addition counties received a direct allocation to train foster children about CSEC, focusing on how youth are recruited and exploited. This training has been initiated in some counties and is scheduled in the remaining counties.

Sarah then informed Council members and the public about the protocol under development by the Council’s CSEC Action Team, which is scheduled for release via an All County Information Notice in March 2015. This protocol will serve as an example for counties as they develop their respective local practices, especially those who opt for funding under AB 855. A second All County Information Notice will be issued in April that details the data requirements of AB 855 and a new federal law, the Preventing Sex Trafficking and Strengthening Families Act. These data will begin to inform us about the nature and extent of CSEC in our state and will be used in a required report to the Legislature in 2017.

The CSEC appropriation in the state 2015-16 budget will be $14 million and the requirement for what counties need to do in order to opt in to the CSEC program will be released within the next two months. Working with CWDA, CDSS plans to focus on a small number of counties that have significant demonstrated CSEC problem in order to get the resources where they are most needed. At the same time, the federal legislation requires states to have statewide policies and procedures in place to serve CSEC victims and youth at risk of exploitation and to train all social workers on CSEC.

Sarah acknowledged that addressing and preventing CSEC is a complicated problem and that the only way the CDSS can be effective is by partnering with the wide array of entities that can come together to solve it. She expressed that the state is fortunate to have the CSEC Action Team leading the way to pull together experts and stakeholders to develop best practices such as the protocols and screening tools. She announced that the Child and Family Planning Institute of California is implementing a federal grant called Preventing and Addressing Child Trafficking (PACT) that was recently awarded to CDSS, with pilots in ten counties and that that this effort will work closely with the CSEC Action Team to coordinate activities.

Leslie Heimov noted that the CSEC Action Team was asked by CDSS and CWDA to review a draft of the All County Information Notice that be used to distribute the interagency protocol developed by the CSEC Action Team. She informed the Council and public that the Action Team was completing a Practice Guidance Toolkit and Screening Tool Matrix and working with the California Social Work Education Center on a training toolkit. Leslie also announced that the CSEC Action Team would be hearing presentations by two experts at the afternoon meeting:

* Jill Habig, Special Assistant Attorney General, who as a member of Attorney Kamala Harris’s senior staff advises the Attorney General on key legal issues and policy initiatives. Her work emphasizes consumer fraud, health, education, human trafficking, and civil rights, including issues related to gender and LGBT rights.
* Dr. Julian Ford, Ph.D., A.B.P.P . , who is a board certified clinical psychologist and professor in the Department of Psychiatry and Graduate School at the University of Connecticut School of Medicine. Dr. Ford is Director of the Center for Trauma Recovery and Juvenile Justice in the National Child Traumatic Stress Network. He has served for six years on the Board of Directors of the International Society for Traumatic Stress Studies and currently is Vice President of the Society.  Dr. Ford has published more than 125 peer review articles and authored or edited 10 books including the 2013 Treatment of Complex Traumatic Stress Disorders in Children and Adolescents (Guilford Press) and Hijacked by Your Brain (Sourcebooks Publishers).
1. **Supporting Healthy Sexual Development of Foster Youth (Information Item)**

Secretary Dooley called on Rochelle Trochtenberg for an update on this work group’s efforts. Rochelle reported that on February 5th, our Child Development Committee, in partnership with the California Youth Connection, Humboldt County Department of Health and Human Services, California Association of Child and Family Services, Seneca Family of Agencies, and the Center for the Study of Social Policy hosted a day-long event devoted to identifying the strengths and needs of foster youth and creating recommendations that will make meaningful improvements in our ability to support their healthy sexual development. There were more than 75 participants – representing Foster Youth, Foster Parents, Youth Advocates, Community Service Providers, County Social Workers, State Community Care Licensing Managers and Evaluators, State Children and Family Services Managers, and State Education Mangers – who brought their thoughts, experiences, discoveries and ideas and engaged in 35 dynamic small group discussions, exploring responses to questions that included:

* What are the strengths and needs of children and youth in the child welfare system for healthy sexual development and support in wellness from their earliest years onward?
* What actions, policies and practices do we need to create or make visible to support children and young adults’ sexual safety and wellbeing?
* What do we need to explore about such things as race, class, and Sexual Orientation, Gender Identity and Expression (SOGIE) to positively affect healthy sexual development outcomes for youth?
* What practices or policies act as barriers and what might be our solutions and opportunities for breaking through these barriers?

In total, the participants identified 35 action, policies and practices for exploration and recommendations. To give you just a hint at what the particiants learned, Rochelle shared a few gems offered by youth participants:

* **Sex, Dating and Masturbation for Youth Placed in Group Homes**

Most youth in group homes do not have access to age-appropriate sexual exploration, and in fact, when youth are in foster care, normal sexual development is often discouraged through policies and practices. Youth who engage in consensual sex, dating, or masturbation are often met with very punitive responses from caregivers, social workers, administrators, and other adults involved. Foster youth in group homes don’t get opportunities to have dates or to engage in intimate relationships with a significant other. The prohibition on dating actually has negative effects on foster youth, especially when they are forced to go underground - to hide - any relationships. This means that there are many missed opportunities to ensure that youth have a chance to safely talk about what is going on in their relationship, learning about healthy and non-healthy interactions in intimate relationships, safe sex practices, and how to communicate their needs to a significant other. Instead, the current practice keeps youth in the dark with long-term negative consequences.

* **Self-Esteem**

Self-esteem triggers decision making choices. If a person has low self-esteem they are more likely to make a less wise choice about the way they handle their body. Feeling lonely or isolated causes self-esteem to drop. Temporary highs like prostitution and exploited sex are the cause for making choices that negatively impact a youth’s whole life. Family oriented love keeps the youth encouraged and empowered. Organic, trusting relationships help a youth feel more complete.

* **Supportive Responses to Sexual Curiosity**

This topic has Importance both with clinicians and with caregivers in the foster care system. Don’t respond with punitive actions. Avoid demonizing the behavior and labeling. Many sexualized behaviors and curiosity are normal and natural and shouldn’t be seen as abuse or connected to a history of abuse. In responding to sexualized behaviors, caregivers should avoid shaming responses; not make assumptions about history or sexual orientation; and involve the youth in genuine dialogue. Listen to how the young person wants you to advocate for them.

**What’s Next?**

Rochelle noted that the participants obviously cared deeply about the sexual health and wellness of young people in the child welfare system and will be able to use the information shared in their own practices. The Child Development and Successful Youth Transitions Committee will compile the proceedings into a report with recommended best practices related to community care licensing, child welfare programs, and social work services and present it at the June 3 Child Welfare Council meeting. Stay tuned!

1. **Approval of role, time commitment and selection of Council members to serve on the Steering Committee (Action Item)**

Justice Raye called on Sylvia Pizzini to describe the proposed criteria for selection of Steering Committee members that was developed by staff as required by the “Revised Child Welfare Operations Manual” approved by the Council at its December 4, 2014 meeting. Sylvia referenced page 6 of the “Operations Manual which states:

**Steering Committee**

In December 2011, the Co-Chairs appointed a Steering Committee comprised of seven Council members to (1) work with Council staff to advise the Co-Chairs and members regarding issues and processes that should be addressed; (2) be involved in the development of Council meeting agendas; and (3) give input to the Operations Manual. Effective July 2015, the Steering Committee members will serve for two years, and the Co-Chairs will appoint new members. The Steering Committee will include representation from the array of public, private and consumer agencies that comprise the membership of the Council ***based on criteria approved by the Council prior to the effective date***(emphasis added).

Sylvia presented the proposed criteria as follows:

**Steering Committee Role**

* Provide Council staff with ongoing assessment of the work of the Council and its Committees and Task Forces.
* Give guidance to Council staff regarding Council agendas prior to approval by Council Co-Chairs.
* Advise Council staff regarding Council membership to promote active participation.

**Steering Committee Time Commitment**

* Effective July 2015, Steering Committee term of membership will be two years.
* One-hour conference calls to be held quarterly, one month in advance of each Council meeting.
* Ad hoc conference calls to be scheduled as needed.

**Steering Committee Representation**

Steering Committee members will be appointed by the Council’s Co-Chairs and include representation from the following array of stakeholders who comprise the membership of the Council:

* Former foster youth
* Parent
* Foster parent
* Tribal member
* Nonprofit provider of service
* Nonprofit advocate
* County Child Welfare staff
* County Behavioral Health staff
* Juvenile Court Judge
* State Mental Health staff
* State Child Welfare staff

Justice Raye called for a consensus vote, and the criteria were adopted by consensus. Next steps are for Council staff to set up a process for selection of the next round of Steering Committee members.

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

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

Dr. Kathryn Icenhower reported that, as a CAPTA requirement, each year the PEI/CRP delivers a report of its activities, findings, and recommendations to the California Department of Social Services. This past cycle the Committee focused on a review of policies and systems that are needed to facilitate child abuse prevention. The cover letter to Director Lightbourne, and 2014 report are posted on the Council’s website. The report summarizes our two major activities which were:

* The development and dissemination of a toolkit to better inform partners of issues and opportunities related to federal child welfare financing reform; and
* Expanded discussion on the benefit of a uniform statewide Prevention Framework. The promotion of the previously developed Differential Response Framework helped to shape the discussion.

During 2015 we will expand on these two policy areas by:

* Developing a statewide Prevention Framework to promote greater uniformity of prevention practice among community-based organizations, networks, family strengthening organizations, family resource centers and others. We will use the Differential Response Framework that the Council endorsed as a starting place.
* The Prevention Framework will include a focus on responding to substance use disorders, given that 70 – 85% of all families entering the child welfare system struggle with issues related to drug and alcohol use and abuse.
	+ We will also continue dissemination of educational materials and federal child welfare finance reform toolkit. (Printed copies are available on request.) Further the PEI/CRP will update materials to reflect California’s policy determinations in this area and will explore the advisability of a cost/benefit study of prevention in California.

In the afternoon, the Committee was scheduled to hear a presentation on Essentials for Childhood, a prevention approach sponsored by the CDC as a joint project of the Department of Health and OCAP. Although the Committee has recently expanded our membership, Kathy welcomed anyone who is interested to joining.

**Permanency Committee**

Carroll Schroeder reported that the Committee would be learning about the expanded Title IV-E waiver and the Continuum of Care Reform report. In addition they will review progress on permanency recommendations and update the Committee Work Plan.

**Child Development and Successful Youth Transitions Committee**

Rochelle Trochtenberg stated that the Committee is honored to have initiated and participated in the work related to three of the Council agenda topics this morning – Psychotropic Medications, Foster Youth Education Toolkit, and Supporting Healthy Sexual Development of Youth in Foster Care. This afternoon the Committee will be exploring three additional topics of importance to foster youth – Education-related mental health services, the Continuum of Care recommendations made by the Department of Social Services to the Legislature, and housing for transitional age foster youth.

Gordon added that also in the afternoon a good chunk of time was scheduled to focus on Education, exploring how the Committee can give more attention to foster youth education while not compromising it focus on the types of youth health and welfare issues that Rochelle just described. Gordon said the Committee will share the results of this exploration with the Council in June, anticipating that there may have a bold proposal for the Council’s consideration.

**Data Linkages and Information Sharing Committee**

Dr. Daniel Webster reported that the Committee would be reviewing brief summaries of the progress made by national, state, and local projects. There would also be a presentation on Foster Youth data Functionality in the California Longitudinal Pupil Achievement Data System (CALPADS), followed by a presentation on highlights of the Child Welfare Worker and Youth Surveys conducted as part of the California Youth Transitions to Adulthood Study (CalYouth) study.

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

*Please see above agenda item for report.*

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

*Please see above agenda item for report.*

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

*Please see above agenda item for report.*

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

There being no further public comment, Justice Raye and Secretary Dooley thanked everyone for their participation and adjourned the meeting.