

Conference July 29, 2013 - Improving Outcomes for Foster Youth in California
Unanswered Questions from Panel Discussions

Panel One: Recommendations to Improve Recruitment, Training and Support for Foster Parents

QUESTION: How do we appropriately involve foster parents as full members of the team while they are often left out of key details due to laws surrounding confidentiality? How do we respect confidentiality and yet respect the roles of everyone on the team in the best interests of the child?

ANSWER: Will Lightbourne, Director, California Department of Social Services

The California Department of Social Services (CDSS) has been engaged in a process with advocates and substitute caregivers as part of the Quality Parenting Initiative (QPI) to develop new guidance to county child welfare agencies to emphasize the importance of sharing information with caregivers about a child's background, needs, preferences, and to develop a culture of communication building upon the foster parent's inclusion in the child's care team. It is expected that this All-County Letter will be finalized with stakeholder input and issued to the counties by mid-October, 2013.

ANSWER: Cherie Schroeder, Program Director, Yolo County Foster and Kinship Care Education Program

1. Begin by building a "County Child Welfare Team" that includes foster & kinship parents.
2. Hold monthly Foster Care Task Force Meetings – include caregivers – begin with communication and relationship building; establish a list of shared goals and work toward them.
3. Include caregivers as Foster & Kinship Care Educators; make it an honor to be selected.
4. Develop joint trainings for CW Staff and Caregivers; start with a "coffee" or end with a "luncheon."
5. Provide "leadership training" on "Confidentiality and Working Toward the Best Interest of the Child."
6. Allow the caregiver a voice in Safety and Team Decision Meetings as appropriate.
7. With Child Welfare develop Foster Parent Peer Mentors to service on Advisory Boards and to attend County meetings.

QUESTION: Are there agencies (FFAs) or counties that have a high rate of permanency? If so, do we know the specific factors and data that led to that success? And, if we know what these factors are, what is stopping us from implementing them?

ANSWER: Will Lightbourne, Director, California Department of Social Services

Permanency rates (to reunification, adoption, or guardianship) within specific timeframes are available for all 58 counties and published on the UC Berkeley CWS Indicators website (http://cssr.berkeley.edu/ucb_childwelfare/). Outcome measures for providers are being developed through the Continuum of Care Reform process convened by CDSS and scheduled for completion in 2014. The California Partners for Permanency (CAPP) (<http://www.cfpic.org/capp/index.htm>) has developed a child and family practice model based on utilizing evidenced informed practices and informed by trauma research. The intent of this Presidential initiative is to reduce the use of long term foster care. This important work is supported by implementation science and is being evaluated by the Federal government.

QUESTION To Dr. Wendy Smith – Do you have data on the importance of a transitional youth course?

ANSWER: Dr. Wendy Smith, Ph.D., LCSW, Clinical Associate Professor, School of Social Work, USC

I do not have any hard data on the importance of the course on youth transitioning from foster care. I assume the audience member is referring to the importance to social work practice with youth; that is, does it make a difference to outcomes whether an individual has taken such a course. As of seven years ago when I created the course at USC, there was no such course at any U.S. social work school; therefore the number of individuals who have taken such a course is

limited to USC students of the last seven years. It would be next to impossible to design a study that could actually generate the kind of data being requested--graduates of the course would have to be followed, they would have to have sought work with this population, there would need to be a control group who hadn't had the course, and in any case, the sample would likely be too small to be significant. On the anecdotal level, many students of the course report that they have found it extremely helpful to their practice.

QUESTION: What efforts are being made toward Family Finding?

ANSWER: Will Lightbourne, Director, California Department of Social Services

Family finding as a program activity within child welfare is widely practiced in the counties. CDSS has supported the integration of family finding in our collaborative work with county child welfare organizations and other stakeholders. Examples of this include the CAPP child and family practice model and the Residentially-Based Services Reform Project. These programs intend to reduce the length of time in group care and improve permanency outcomes for youth by combining short-term, intensive, residential treatment interventions with community-based services aimed at reconnecting foster children to their families and communities.

ANSWER: Ken Berrick, Founder, CEO, Seneca Center for Children and Families

There has been significant recognition at a policy and leadership level of the importance of Family Finding. California's AB 938 enacted regulations and code to conform with the federal Fostering Connection Act, making it a requirement to do front end family identification and notification (the early steps of Family Finding) for all youth removed to out-of-home care. The Child Welfare Council, an advisory body co-chaired by the Secretary of Health and Human Services and a designee of the Chief Justice of the Supreme Court, has endorsed recommendations for statewide Family Finding efforts. Despite recognition from leadership, substantial challenges remain to achieve full and meaningful implementation of Family Finding at a statewide level. The lessons of Implementation Science have taught us that it takes more than simply training for true integration of new practices across service systems. On-site coaching, administrative support and oversight, and time and space for people to integrate the new practice in to their daily routine are all needed. In addition, more thorough evaluation is needed to assess the effectiveness of methods that are implemented and provide feedback that can be used to revise and improve efforts.

Although statewide implementation is still lacking, there are examples across the state of public and private agencies making substantial efforts to implement and evaluate Family Finding with fidelity. The National Institute for Permanent Family Connectedness has partnered with a number of organizations across the state, offering training and ongoing consultation as agencies work to integrate Family Finding in to their practice. The Los Angeles Gay and Lesbian Center's RISE (Recognize, Intervene, Support and Empower) is working to integrate Family Finding practices in to their team-based youth support services that look to promote permanency among LGBTQ youth involved in the child welfare system with the support of a Presidential Innovations Initiative grant to reduce long term foster care. The state of California also received a Presidential Innovations Initiative grant to reduce long term foster care in four pilot counties in the state. This effort, California Partners for Permanency (CAPP), has established a model, which has integrated insights from practitioners, foster parents, and foster youth and embedded many of the practice behaviors inherent in the Family Finding model. CAPP is testing this implementation in 4 county sites: Fresno, Humboldt, Santa Clara and Los Angeles (3 offices). San Francisco Human Service Agency and Seneca have partnered on the Lifelong Connections Initiative, funded through a federal Fostering Connections grant, to embed Permanency Specialists who work alongside caseworkers to implement an integrated Family Finding and family team process for youth entering care. These efforts and others will provide important lessons that can then be used to more effectively implement Family Finding practices across the state.

Foster parents play an important role in the successful adoption and implementation of Family Finding practices and principles, particularly in the later stages related to building and utilizing teams of natural supports to bolster the

wellbeing of children in foster care. Foster parents need to be provided training as well as ongoing coaching and support in understanding the importance of birth family connections and their role in supporting connectedness of the youth. This is often counter to the typical understanding of foster care, which was to protect youth from their birth family who had harmed them. Just as we must work to shift practice among the community of public and private child welfare workers, so too must we support foster parents in embracing their role in maximizing youth's connectedness in order for Family Finding to become fully integrated across the system.

ANSWER: Martine Singer, President and CEO, Para Los Niños

DCFS has an initiative (or had – not sure if it's still going) called P3. They recruited retired social workers to work on permanency, including family finding, for children that are languishing in the system. Many LA wraparound agencies do Family Finding as well. Kevin Campbell is a national expert on FF who has trained dozens of organizations, non-profits and large government systems, in the practice.

QUESTION: In general, what is the education level of foster parents? Are foster parents educated or are they provided with information regarding higher education opportunities for foster youth?

ANSWER: Will Lightbourne, Director, California Department of Social Services

We collect no data on the level of education of foster parents; though anecdotally we know that the education level of foster parents ranges from not much educated to those that have advanced and professional degrees. There is material available for foster parents to assist them to support foster youth to pursue higher education. Information can be obtained from the local Independent Living Program. Additionally, the creation, implementation and monitoring of Transitional Independent Living Plans can be a vehicle to identify resources for foster parents to assist foster youth to pursue higher education.

ANSWER: Cherie Schroeder, Program Director, Yolo County Foster and Kinship Care Education Program

The response to this question I am certain varies between counties. Here in Yolo County we have set the bar high for our County Licensed Caregivers; many of whom are highly educated with many holding bachelor or higher degrees. We strongly believe in face-to-face transformational learning. To become "placement ready" our licensed foster parents are required to attend a minimum of 21 hours of the 34 hours of pre-service education offered, plus CPR and First Aid certification. Most of our families complete all of the available classes and are matched with a foster parent peer mentor. Classes range from an overview of child welfare and dependency, to visitation, successfully working with birth families, the goals of reunification, making your home a "safe haven", preparing your family for foster care, accepting a placement, trauma informed caregiving, defensive and respectful parenting, knowing your child welfare staff, and assessing community supports and services. It is no easy task to open your heart and home to a hurt child – we want our families to be ready when they say "yes" to accepting a child and to feel a part of the County's child welfare team.

QUESTION: Are foster youth provided resources or support regarding higher education opportunities?

ANSWER: Will Lightbourne, Director, California Department of Social Services

Yes, foster youth should be provided information about higher education through the Independent Living Program. Sometimes this information is supplemented by the Court Appointed Special Advocate if the youth has one. Foster youth are provided information about Chaffee education and training vouchers, Cal and Pell grants and campus-based programs to support youth to be successful in college like the Guardian Scholars or Renaissance Scholars.

ANSWER: Cherie Schroeder, Program Director, Yolo County Foster and Kinship Care Education Program

In regard to providing information for higher education opportunities, speaking for our County, we have a strong collaborative partnership to best serve our foster youth between our Independent Living Skills Program (ILSP), Foster & Kinship Care Education (FKCE), Court Appointed Special Advocates (CASA) and, our County's Office of Education Foster Youth Liaison wherein we offer an array of classes for both caregivers and youth (often together). Classes are often held

on the campus of our local community college to support a “Connection to College Success”, where students can enroll concurrently at the CC while in high school for credit. Foster youth are introduced to Student Services that includes Educational Opportunity Programs & Services, Financial Aid, and Admissions, while given opportunities to meet a wide variety of adults who can guide and mentor. All participating foster and kinship youth become familiar with college registration (we have them sit at computers and complete the forms), the campus, set personal goals, and are given incentives to graduate from high school - \$500 and a personal laptop and printer. It is working, our classes are filled with foster youth and graduation rates are at an all-time high. This year to facilitate our efforts we are bringing in two AmeriCorp service providers charged with helping to improve “Youth Investment Center” goals.

QUESTION: What can we do about the “seven-day notice” where foster parents can call their social worker and ask to have a foster child removed from their home within seven days? This is why children are moved from place to place. This does not help the child and is a foster parent’s “cry for help.” We continue to victimize children with this. This is hurtful. What can we do to change this?

ANSWER: Will Lightbourne, Director, California Department of Social Services

There are several strategies that are being used to address this issue. Many counties use Team Decision Making (TDM) meetings to proactively address issues that may, if left unattended to, likely result in a placement disruption. This process allows the county and its provider community to provide support or specific interventions to address the child’s, youth or foster family’s needs and avoid seven day notices. Some counties have a policy that prior to any placement change a TDM is required.

The Quality Parenting Initiative (QPI) is addressing the need to recruit and retain quality foster parents. To facilitate positive relationships between foster parents and county staff a “Partnership Agreement” was developed that explicitly identifies roles and responsibilities for each entity, as well as, defines a communication process. The successful use of the “Partnership Agreement” can be a tool to reduce seven day notices.

ANSWER: Cherie Schroeder, Program Director, Yolo County Foster and Kinship Care Education Program

A quality caregiver is a sound investment for a County. This is where a Foster Parent Recruitment and Retention Coordinator, who is a Child Development Specialist or holds an Early Childhood Mental Health Endorsement, can be a huge help -- if they are part of the Child Welfare Team. All caregivers’ need someone they can turn to for support and guidance so that day-to-day situations can be managed and used as a “learning tool” before a crisis ensues and a 7-day notice given. On occasion we have held Team Decision Meetings for foster parents and provided short-term respite. A working tool-box for caregivers is essential and it always needs to start and end with respect. Caregivers are given a difficult job, one that most of us will not take on, and they deserve the chance to sit down and talk out challenges – having a listening ear and a helping hand given will serve to prevent 7-day notices.

QUESTION: Does the panel have any recommendations for assessments of foster parent applicants – what tools are suggested to evaluate these applicants?

ANSWER: Will Lightbourne, Director, California Department of Social Services

The Resource Family Approval (RFA) project carries out a concept that was termed in previous APSRs as the “Consolidated Home Study.” This initiative will result in the implementation of a streamlined, family friendly process for approving relatives, foster parents and adoptive parents to care for foster children. The process will replace the existing multiple processes which are often repetitive and time consuming, with the goal of minimizing moves by children in the system and avoiding unnecessary delays in order to promote the expedition of permanent placements for children who enter the child welfare system. RFA also coincides with and enforces the overall goal of the Quality Parenting Initiative (QPI) to recruit and retain high quality caregivers in order to provide excellent care to children in California’s child welfare system. Five counties will begin piloting the process in November 2013.

QUESTION: Does the panel have any recommendations or curriculum to present to our foster parent applicants?

ANSWER: Will Lightbourne, Director, California Department of Social Services

The Foster and Kinship Care Education Program

(<http://extranet.cccco.edu/Divisions/StudentServices/FosterandKinshipCareEducation.aspx>) has a number of good curricula on a range of topics. That said, the states of Iowa, Oklahoma and Texas (among others) have good training on Trauma-informed Foster Care training for foster parents. Understanding trauma and its effects on development and behavior is essential training for foster parents. Also the QPI Florida website has a number of helpful videos that are used for “just in time” training (<http://qipiflorida.cbcs.usf.edu/pages/Videos/Videos.html>).

ANSWER: Cherie Schroeder, Program Director, Yolo County Foster and Kinship Care Education Program

Here in Yolo County we have spent years working on this and have secured stable grant funding to support Foster Care Recruitment and Retention; it is a priority.

- 1) When the County is ready, you begin by building awareness to foster care – for both the children who enter the system and the families who open their homes and hearts to them.
 - a. Press Releases and positive newspaper articles that highlight successes of foster families and their children; I believe you need to focus on the positive.
 - b. Use technology – have a website that is updated regularly – give real success stories and show the faces of local children who have been adopted from foster care (you can do this with a signed release by the adoptive family).
 - c. There needs to be someone who answers and returns inquiry calls immediately (not weeks later) that is knowledgeable, will provide details to the licensing process, and invites them into pre-service classes.
 - d. Hold regular meet and greet opportunities for the public to learn more about foster care and introductions to successful foster/adoptive families.
 - i. It is great to develop a partnership with County libraries as they are family friendly.
 - e. Hold regular, high quality face-to-face pre-licensing education classes. This is when you have a captivated audience. Introduce prospective foster parents to their support team and build their foundation for positive caregiving.
- 2) Build a system of supports for caregivers, where they feel valued, respected, and have the “Tool box” needed to care for hurt and vulnerable children.
- 3) Find the right person to coordinate the efforts and lead the education training team that is respected by child welfare staff and administration and the community at large. This individual needs to be educated in dependency, CWS and in child development; with a particular emphasis to the needs of traumatized children.
- 4) Pre-Service Education needs to be sound and broad, with introductions to peers and child welfare staff that will provide on-going support and encouragement.
 - a. Opportunities for self-assessment should be given; asking, “Is this a fit for your family?”
 - b. Keep track of outcomes and placement stability.

Assessment and or screening needs to be done during pre-service with a determination for “placement readiness” given. There has to be confidence in turning away those that are not a good fit for fostering.

QUESTION: As noted in the data presented today, there is a significant number of foster youth who are placed in kinship. How is the state addressing the training needs and resources for kinship providers such as mandated trainings, available community services, etc? Is there some consideration in creating incentive programs for caregivers such as training and pay to support college going youth?

ANSWER: Will Lightbourne, Director, California Department of Social Services

As noted above, and the issue of kin caregiver support is also an area within the CCR process.

ANSWER: Cherie Schroeder, Program Director, Yolo County Foster and Kinship Care Education Program

My suggestion is that relative caregivers should be required to attend at least 12 hours of pre-placement education and an on-going training requirement of no less than 6 hours.

Kinship Pre-Service:

- 3 Hrs. – Overview of Child Welfare and Dependency
- 3 Hrs. – Trauma Informed Caregiving
- 3 Hrs. – Addiction, Boundaries, Visitation & Reunification
- 3 Hrs. – Community Supports and Services

From reading the question, I also concur that we should not be placing children into homes that cannot meet their basic needs. From my perspective, placement into poverty and with families whose lack of resources does not serve the “best interests” of our State’s abused and neglected children; we need to do better.

QUESTION: The biggest barrier to children being placed with relative caregivers is the lack of financial support. The federal eligibility requirements are very harsh – what is being done to change that? For example, if the abusive, neglectful parents are not (were not) poor and eligible for welfare, the child will never receive federal foster care benefits.

ANSWER: Will Lightbourne, Director, California Department of Social Services

The department is actively engaged in the national dialogue to reform child welfare/foster care financing, and advocating for a change in federal eligibility rules (and the elimination of the link to the antiquated 1996 AFDC standard.) Additionally, the Department’s Continuum of Care Reform will look at needed supports and resources required for quality care for children/youth in foster care across all types of care including relative care. Recommendations for this project will be provided to the Legislature in October 2014.

QUESTION: I am currently employed at a group home and have noticed a trend of the lack of foster homes as well as safe family environments for many of our children. Are there currently some initiatives to address how we may improve as well as increase safe homes for our children?

ANSWER: Will Lightbourne, Director, California Department of Social Services

With the passage of SB 1013, CDSS in partnership with CWDA, launched the Continuum of Care Reform (CCR) effort with a kick-off event held on September 6, 2012. Since the kick-off, public and private stakeholders from various disciplines, including youth and families have been meeting regularly to begin developing the recommended revisions. The following are the key recommendations the CCR effort is charged with developing:

- group home core services and supports;
- foster family agency core services and supports;
- standardized assessment tool and process;
- national accreditation of foster care providers;
- provider performance and outcome domains;
- youth and family satisfaction surveys;

- a public website for posting provider outcomes;
- a rate setting system for group home & foster family agencies.

CDSS, CWDA, counties, providers, advocates, philanthropy, youth and families are making progress in developing these recommendations. However, at this time, none of the recommendations have been finalized. Those involved with the CCR effort will continue to work diligently to finalize these recommendations and produce a final report to the Legislature by October 2014. More information can be found at <http://www.childsworld.ca.gov/PG2976.htm>

Also the previously mentioned QPI has as one of its goals to increase quality foster homes. County specific information can be found here: <http://humanservices.ucdavis.edu/Resource/QPI/InThisSection/videos.aspx>

Panel Two: Recommendations to Improve Comprehensive Care for Foster Youth Requiring Intensive Residential-Based Services

QUESTION: There appears to be an increase of adoptive children in our group home. Parents often communicate feeling overwhelmed, lack of support and ill prepared. They feel that the only recourse is a group home placement. Are there currently initiatives to provide additional services for adopted children and their families at all levels including primary, secondary and tertiary care?

ANSWER: Ken Berrick, Founder, CEO, Seneca Center for Children and Families

Adoptive families with AAP benefits are able to access a variety of services, including Wraparound. Across the state there are many programs that provide various levels of care including outpatient clinics, parent support groups, and adoptive family focused events (such as post-adoption family camp). The availability of such services varies from county to county.

Many programs that adoptive families can access, however, lack the specialized understanding of the unique needs and challenges of the adoption built family. When a family system adopts a child/youth with complex trauma that entire family system needs to adapt, learn and attach in new ways to a highly impacted child/youth. Specialized supportive services that are adoption/permanency competent must utilize a family systems orientation, empowering the family system to become the healing element for the child/youth. It is the relational trauma that inherently creates the attachment dilemma and crisis within these newly formed vulnerable family systems. In addition to past experiences of trauma, loss and rejection; adopted youth often struggle with identity issues that typically arise during major developmental milestones. Too many adopted children/youth end up back in group home care because the newly formed family system was unable to find or access the specialized mental health resources that would have fully engaged and empowered them with the tools and resources their family needed.

There are a number of successful models and curriculums that have been used across service types, including residential care, in order to improve the competency and capability of those working with adoptive families. Darla Henry's 3-5-7 Model aims to improve youth's readiness for permanency with strategies that include processing loss and developing an understanding of his/her identity within the new family. Kinship Center's ACT Curriculum is designed to increase adoption competency among child welfare and mental health professionals by examining the experiences of all members of the adoption and permanency constellation and providing trauma-informed strategies for intervention.

Like all vulnerable youth, adoptive youth need to have access to a comprehensive, integrated system of care with a range of services available to respond to their unique presenting circumstance. The inclusion of adoption competent providers across the continuum is an important measure that can reduce the number of adopted youth placed in residential care.

QUESTION: I work at a group home and have experienced how many of our families have multi-layer issues. Oftentimes I have heard our children say that the group home is the first place they have felt loved, safe and felt like a home. Are we looking at some initiatives to possibly address issues within the biological family at a primary and secondary level of care to reduce the need for the tertiary care?

ANSWER: Ken Berrick, Founder, CEO, Seneca Center for Children and Families

A number of parent education, mental health services, and family support programs are offered in counties throughout the state, providing at-risk and child welfare involved families with varying intensities of intervention. Preventative services often provided using Title IV-B funds such as Promoting Safe and Stable Families (PSSF), are used to promote family wellbeing at the earliest level. Seneca is currently launching a new PSSF-funded program in partnership with Solano County that bring practices learned in the highest level of care to families who come to the attention of child welfare services but do not have active cases. Using Family Finding practices and principles, Seneca's team works with the family and youth to build natural networks of support that increase connectedness and promote the family's long-term stability and safety. California Child Welfare Council has a Prioritization Taskforce that is bringing together leadership from a broad domain of public agencies. The purpose of the Prioritization Taskforce is to recommend practices that assist families involved in the child welfare system in obtaining timely access to the multiple sector resources that will support family stability and, when needed, reunification. Medicaid EPSDT funding often is used to provide front end, early services that work with youth experiencing mental health challenges. These services often include family components that look to address the parenting practices and family dynamics that both contribute to the youth's mental health challenges as well as put the youth at increased risk of out-of-home and, potentially, residential placement.

QUESTION: If a client/family isn't ready for services, what is done for the staff/team in the RBS?

ANSWER: Steve Gunther, President and Executive Director, Maryvale

I'm not sure I understand this question. Many times the children/families that are referred for residential treatment are resistant to the program. This can result from any number of factors. However, an important aspect of providing any type of mental health service, including residential treatment, is the ability to engage the client/family and build an alliance that will allow for treatment to occur.

QUESTION: Several people mentioned individualization of care but how can we apply such an approach in a residential setting considering that smaller settings appear to fail financially?

ANSWER: Ken Berrick, Founder, CEO, Seneca Center for Children and Families

In order to provide the type of supervision and, at times, restrictive interventions such as restraints that are needed in milieu-based residential programs, existing residential services have staff to child ratios that often near one to one. Much of the financial challenge in sustaining smaller programs relates to maintaining needed program management and administrative support. Individualized approaches do not necessitate an overall reduced number of youth served, but rather a reduced number of youth served in a given setting. Centralized management support across a number of smaller residential sites will reduce the overall additional expenses of providing individualized care in very small group settings.

It is true that individualized approaches to care will likely require some additional staff and that providing this level of care could require a higher rate structure. The abbreviated residential treatment length allowed by the highly individualized approach as compared to traditional practice, however, can result in a neutral or even net decrease in total cost at a county, state, and federal level.

ANSWER: Steve Gunther, President and Executive Director, Maryvale

The critical issue is how to evaluate and develop treatment goals that are based on each child's needs rather than a "one size fits all" treatment plan. This begins with a thorough assessment at the outset of treatment. There are numerous tools available to assist treatment staff with gaining greater insight and understanding of a child's and family's needs. Once this information is gathered, it becomes the responsibility of the treatment team (program staff, County staff, family, other stakeholders) to develop a plan and pursue a plan that is consistent with the information gathered. It is incumbent upon the treatment program to develop and provide an array of services and interventions to provide a variety of opportunities and supports.

QUESTION: How much can it be a team decision to put someone in RBS when most kids don't want to be there?

ANSWER: Ken Berrick, Founder, CEO, Seneca Center for Children and Families

When a youth and family are referred to RBS, a thorough interview of both the youth and caregivers is conducted. During the youth interview, the clinician explores with the youth their goals and they discuss how RBS can assist the youth in moving toward achieving these. Often, youth who are referred to RBS are coming from more distant settings with less focus on family engagement. As a result, youth often view the RBS program, unlike traditional residential treatment, as a step *toward* their family, rather than one toward further isolation. By partnering with youth to consider how participation in RBS aligns with their goals, we have yet to have an experience of a youth who asserted they did not want to go to the RBS program.

ANSWER: Steve Gunther, President and Executive Director, Maryvale

Certainly it is always preferable to have a child invested in the treatment they receive. However, that is not always possible. Often times, the child may not truly understand what they need at the outset given the multiple factors that may result in placement (residential treatment or other). In my experience, kids would much rather be at home than in a placement of any type. Yet, adults sometimes have to make decisions that are in the best interest of children. The challenge, as reflected in the overall discussion, is to ensure that each child receives the proper level of care and treatment they deserve for an appropriate amount of time. This must always be done with a goal of eventually reunifying the family whenever possible.

QUESTION: How do residential care programs best serve foster teen parents (Dads and Moms)? How common are these types of residential placements in California?

ANSWER: Steve Gunther, President and Executive Director, Maryvale

I read this question to mean programs for foster youth who become parents. In this instance, the majority of residential programs serve the pregnant and parenting teen mother. The better programs attempt to provide services to the fathers as well, but this has proven to be much more difficult. Historically, I believe there were more programs available for this population than there are today.

QUESTION: How do we best serve children/youth in crises who "rotate" through emergency hospitalizations or 23-hours crisis centers?

ANSWER: Ken Berrick, Founder, CEO, Seneca Center for Children and Families

Emergency Hospitalization and 23-hours crisis centers provide an important intervention for youth whose immediate safety is at risk. For youth in the most challenging of situations, these highly restrictive programs that involve intensive staff support may provide the closest approximation the youth experiences of safety and confidence that their needs will be accounted for. Such youth can learn to navigate a system that has been largely failing them by using these high end emergency services on a repeated and frequent basis.

While these facilities may provide immediate relief for youth facing profound difficulties, they do little to provide comprehensive treatment that addresses the multiple factors that impact the youth's functioning and wellbeing.

Welfare Institution Code 55852.52 requires that youth detained under 55852.50 (the child/adolescent version of 5150 hold) receive a multidisciplinary professional analysis that considers the medical, psychological, developmental, educational, social, financial, and legal conditions as may appear to constitute a problem. This requirement recognizes the complex drivers of youth and adolescent behavior, yet fulfillment of this requirement can be mixed. Furthermore, strategies and interventions to fully address the complex challenges identified are often lacking. A highly individualized approach is needed to successfully address these multiple and diverse challenges.

To be successful, crisis interventions need to be a part of an integrated system of care that merges the expertise and resources of mental health, child welfare services, juvenile justice, and education to address the comprehensive needs of the most vulnerable youth. Within this integrated continuum of care, more individualized and targeted interventions that support youth at peak points of crisis can better build and connect youth to the ongoing resources that effectively meet their needs. Specific services that should be integrated components of a continuum of care include:

Mobile Response Team: Mobile Response Teams reach youth and families at the very peak of crisis, providing an important part of the continuum of services designed to serve youth with the highest needs. Families may access the on-call and immediate support of the Mobile Response Team when a child in their care is showing signs of escalation and unsafe behaviors. Clinicians are then deployed to the family's home to work with the youth and family to deescalate the situation and assess the youth to determine if emergency psychiatric hospitalization may be needed. Mobile Response Team services not only reduce unnecessary hospitalizations but also promote stability of the youth's placement by providing families on the spot coaching on skills they can use with the youth on an ongoing basis.

23 Hour Crisis Stabilization Units (CSU): Situations arise that contribute to unsafe behaviors of youth that put them at eminent risk of hospitalization. CSU's can divert youth from hospitalization by providing needed respite within highly supervised environments that maintain the youth's safety while working with the family and youth to assess triggering events and circumstances and plan for a safe return home.

60-day hospitalization diversion programs: For youth who require longer periods of time to stabilize, hospital diversion programs should be designed to serve one to two youth per placement. Traditionally programs serving this purpose, such as psychiatric health facilities and group homes, expect youth to conform to milieu, group based services at their highest points of need, rather than providing an individualized approach of care. By limiting capacity of these programs to one to two youth per site, services can be highly tailored to meet the individual needs of youth more quickly without investment in orienting the youth to the structure and expectations of a milieu-based program that may not be relevant to their unique challenges.

Intensive Treatment Foster Care: When viable caregiver options are not available for a youth, Intensive Treatment Foster Care can provide the longer individualized treatment option that maintain youth within therapeutic, family-like settings while more permanent caregivers are identified and bolstered with needed skills and resources.

ANSWER: Steve Gunther, President and Executive Director, Maryvale

This is a very challenging situation and one that has become more common as the overall number of youth being placed in residential programs has diminished. As other community and family based alternatives have been developed and the population of youth requiring residential treatment has reduced, those requiring residential treatment have demonstrated greater needs and challenges. In our program's experience, these youth typically require a much higher level of staff support. It is common to have these youth one-on-one with staff at all times. It has also required a greater amount of coordination and collaboration between the County and program staff. New models of care will need to be considered that allow more intensive respite care without the need for hospitalization. This will mean looking at licensing regulations and funding sources to ensure proper safety and care.

QUESTION: How can permanency drive the care and coordination train versus fear of not meeting contractual goals or following bureaucratic rules?

ANSWER: Ken Berrick, Founder, CEO, Seneca Center for Children and Families Child Welfare Workers are tasked with doing the impossible – managing large caseloads of highly complex families and multiple priorities within a highly complex system. Yet permanency and bureaucratic rules do not necessarily need to be in conflict where one drives care over the other. In fact, permanency focused efforts frequently fulfill bureaucratic obligations while moving the youth toward permanency. For instance, Family Finding efforts can support the fulfillment of a number of mandates including concurrent planning, reasonable efforts at preventing removal, relative placement, finding fathers/establish paternity, keeping siblings placed together, and ICWA inquiry, notice, and tribal involvement. For permanency to be at the forefront of care and coordination efforts, however, the understanding of the alignment of permanency goals with requirements must be understood and reinforced by leadership across the public and private agencies that serve youth. This includes engaging agencies and provides from the many sectors, such as child welfare, mental health, education, and probation, tasked with the care of foster youth.

Panel Three: Recommendations to Identify and Support At-Risk Families Prior to Intervention and to Achieve Family Reunification

QUESTION: For Dr. Jill Duerr Berrick – Why do you think the child welfare community invests so many dollars (when kids have such serious, urgent needs) on very expensive interventions that we have no evidence work? For example, residential group care, differential response, etc.

ANSWER: Jill Duerr Berrick, Ph.D., Co-Director, Center for Child and Youth Policy, UC Berkeley

I'm afraid I can't respond, as I would only be speculating. I feel confident, however, that the field is moving toward the increasing use of evidence-based practices and services, in general.

QUESTION: For Gary Taylor – How can I get more information or learn more about Orange County's Differential Response?

ANSWER: Gary Taylor, Director, Orange County Social Services Agency You can contact Administrative Manager I, David Zietz, at 714-704-8863 for information on our program design utilizing five providers in regards to Path I. You may contact Administrative Manager II, Jyothi Atluri, at 714-704-8200 in regards to Path II which is linked to our 12 Family Resource Centers.

QUESTION: Also, how can I learn more about the Family Support Network?

ANSWER: Gary Taylor, Director, Orange County Social Services Agency

For information about our contract with FSN and the seven parent mentors (five reunified mothers and two reunified fathers) you can contact Administrative Manager I, Pat Wiggins, at 714-704-7908.

QUESTION: Have you ever considered having trained non-profit workers working with social workers to lighten their case loads so that social workers can provide better service to clients?

ANSWER: Jill Duerr Berrick, Ph.D., Co-Director, Center for Child and Youth Policy, UC Berkeley

I suggest participants look at the Parent Partner (sometimes called Peer Mentors or Parent Advocates or Veteran Parents) model where former child welfare clients are hired to work with families in support of social workers. Preliminary evidence indicates that these approaches are promising (though there isn't yet sufficient research to call them evidence-based.)

ANSWER: Gary Taylor, Director, Orange County Social Services Agency

Orange County has not explored this option. We do, however, use the services of approximately 40 interns annually that provide over 10,000 hours of service ultimately resulting in lessening the workload of Social Workers. This works well because these staff are a nice fit with the county policy regarding volunteers, background checks, etc. We work with approximately seven local universities.

QUESTION: What recommendations does the panel have for youth whose reunification efforts have been terminated – typically older youth in care?

ANSWER: Gary Taylor, Director, Orange County Social Services Agency

That they understand and work with Child Welfare and the courts to ensure that they are adequately equipped to transition from our systems with a plan to meet their educational, mental health, sexual health, physical health, housing and employment needs. That the organization or county have a strong Independent Living or Transitional Living Program in place to assist youth. We begin the process as early as age 14 to begin providing skills necessary to assist the youth to transition into adulthood. In addition, Orange County has a contract that provides for 52 unduplicated ILP sessions for this population. The use of search engines and processes to locate, create and maintain permanent connections for youth. As the youth nears the time to emancipate from the system ensure that that they are linked with Medi-Cal, Cal-Works, SSI etc. and ensuring that they have all necessary records such as an Social Security card, medical records and birth certificates. In addition, Orange County offers THPP, THP+ (Host Family and Scattered Site) as options for youth who need additional support transitioning.

ANSWER: Martine Singer, President and CEO, Para Los Niños

I believe very strongly in the power of Family Finding – for children, youth and even those who have aged out of the system. The child welfare system tends to look at just a few family members, typically maternal family, and ignores the extended family and other meaningful relationships in a child's life. There are nearly always people who may have lost track of the child, who may have adopted siblings, who can provide vital cultural, medical and other family history and include children in reunions and holidays.

QUESTION: Can we discuss the challenge of bringing all team members to the table with the family toward proactive treatment planning (i.e., the attorney, social worker, placement provider, etc.)?

ANSWER: Gary Taylor, Director, Orange County Social Services Agency

It remains a challenge but is improving. We must continue to enforce the philosophy of the wraparound model “nothing about us without us”, to be inclusive of family members, their inputs and what they view as being their strengths and weaknesses. We must continue to be genuine and transparent if and when we invite the families to the table. As professionals we need to continue to evaluate data, the effectiveness or lack of effectiveness of our historical practices in consideration of current outcomes for children and families. Efforts such as the Team Decision Making Meeting, Ice Breakers and Transitional Planning Meetings are breaking down some of these walls.

QUESTION: What are the studies saying regarding recidivism rates in California and LA County particularly for young children in care and their families? What should the standard be in this area?

ANSWER: Jill Duerr Berrick, Ph.D., Co-Director, Center for Child and Youth Policy, UC Berkeley

According to the Child Welfare Indicators Project managed by Dr. Barbara Needell, about 12.5% of all children in California re-entered care following reunification within one year. In Los Angeles County, about 13.6% of children re-entered care. If we look only at infants less than one-year-old, we see somewhat higher rates with about 17.1% and 20.9% of reunified infants returning to care within a year in California and Los Angeles respectively.

QUESTION: How can we get all county departments and CBO's to see families involved with CPS as their families, too? Would prioritizing families in crisis or with open cases for services be part of the solution to the care silos?

ANSWER: Gary Taylor, Director, Orange County Social Services Agency

Yes, Orange County is making efforts toward this model.

QUESTION: What movement is there around tracking well-being, education indicators for our children under five? Things like early learning enrollment or early intervention services for developmental delays?

ANSWER: Gary Taylor, Director, Orange County Social Services Agency

Orange County Department of Education Foster Youth Services and the Social Services Agency are the recipients of a grant from the Stuart Foundation allowing us to assess ways to increase preschool enrollment and early learning for foster youth 3-5. There is a data base, Foster Focus, operated by Sacramento County and being shared by other counties to track data and outcomes. In addition, OC has an Early Childhood System of Care Committee which meets quarterly to address improving cross system collaboration for youth ages 0-5 including increasing developmental screening of foster youth. This is a collaborative effort between First Five, Health Care Agency and Social Services Agency.

ANSWER: Martine Singer, President and CEO, Para Los Niños

<http://www.kidsdata.org/> is a good resource.

QUESTION: How do you make sure students are tested to ascertain learning issues so they can get the accommodations they need to succeed in school?

ANSWER: Gary Taylor, Director, Orange County Social Services Agency

The Orange County Social Services Agency has the Department of Education Foster Youth services co-located in various offices and we partner with them to assess educational needs and outcomes. We also work closely with the courts, CASA and other collaborative members to ensure that appropriate IEP's and testing takes place.

ANSWER: Martine Singer, President and CEO, Para Los Niños

As I said on the panel, it's important to engage parents in their children's education so they understand the vital role they play in educational achievement. It's also critical to give parents information on the rights of their children (to an IEP, for example) and to find their voice to advocate within the school system.