

Recent Legislative Changes: Practice to Improve Juvenile Probation Outcomes



Welcome

- Mike Shores, Instructor for UC Davis Extension, Resource Center for Family-Focused Practice
- Retired Assistant Chief Probation Officer

Housekeeping

- Restrooms
- Breaks
- Cell phones
- Lunch
- Class Registration/Evaluation
- Conclusion

Continuing Our Group Learning Culture

- Attendance
- Participation
- Communication
- Applying Knowledge and Skill to Our Work Settings

Topics for the Day

- Continuum of Care Reform (CCR/AB 403)
- Presumptive Transfer
- Psychotropic Medications
- SB 69 Requirements – Sexual Reproductive Rights
 - California's plan for pregnancy prevention
- CWS/CMS Reporting Requirements
- ICWA
- Additional Questions

Continuum of Care Reform

- AB 403 became law in October 2015 after passing unanimously
- Most provisions of the law became effective January 1, 2017
- Comprehensive reform of the foster care system to ensure that foster youth have the opportunity to grow up in permanent, supportive homes and to become self-sufficient, successful adults
- Commonly used acronyms (handout)

The Intent of the Law

- Reduce the use of congregate care placement settings
- Increase the number of children placed in home-based family care
- Decrease the length of time to achieve permanency (family reunification, adoption and legal guardianship)

Components of CCR

- Short Term Residential Therapeutic Programs (STRTP)
- Interagency Placement Committee (IPC)
- Resource Family Approval (RFA)
- Foster Parent Retention and Recruitment Support (FPRRS)
- Child and Family Team (CFT)

Group homes who wish to convert to a STRTP must do the following:

- Group homes are phasing out, and remaining facilities will transition to STRTP
- Must be accredited by one of 3 nationally approved accreditation agencies
- CDSS may grant group homes an extension (up to 2 years) when written request is provided by placing agency
- STRTP will be required to obtain a mental health program approval/Medi-Cal certification

Group homes wish to convert to a STRTP must do the following continued:

- Prepare and maintain a program statement that includes: population to be served, ability to offer intensive core services that are trauma-informed and culturally relevant, and transition and aftercare services
- The program statement must be submitted to the host county placing agency for a letter of recommendation before being submitted to CDSS for licensing
- STRTPs will be paid a varying monthly rate per month dependent upon the needs of the child.

CCR and Out-of-State Programs

- Requires that out-of-state group homes meet all STRTP licensure standards

CCR and Probation

Youth are eligible for placement into a STRTP ONLY if they meet ONE of three eligibility criteria:

- 1) Meets medical necessity criteria for Medi-Cal Specialty Mental Health Services
- 2) Seriously emotionally disturbed
- 3) Requires the level of services provided by STRTP in order to meet his/her behavioral or therapeutic needs

CCR and Probation continued

- There is no limit to how long a youth may be placed in a STRTP (despite the phrase “short term”).
- Youth in placement longer than a year must have a second level case review completed and signed off by Chief Probation Officer (see ACL 17-122 page 9)

Interagency Placement Committee (IPC)

- For youth to be eligible for placement into a STRTP, it must be approved by the IPC (similar to the way we currently practice out of state placements and level 13/14 approvals)
- ACL 17-122 was released January 9, 2018, and outlines the IPC process

ACL 17-122

- County IPC team: representative from the county placing agency and a representative from the county Mental Health Plan. May also include representatives from county agencies which have shared responsibility for child well-being and safety (school/education staff, public health staff), or other department/agency decision makers.
- See Attachment 2 for other possible IPC team members.

ACL 17-122 continued

- When a youth is placed in a group home with a RCL 12 and lower, and the group home becomes licensed as a STRTP, the youth must be assessed by IPC for eligibility criteria for continued placement.
- If IPC determines the youth does not meet criteria for placement in a STRTP, the youth may remain in that placement until an appropriate placement is found.

ACL 17-122 continued

- An IPC review is NOT required for placements in group homes with RCL 12 or lower with granted extensions.
- A re-assessment IPC review is NOT required for placements for RCL 13/14 group homes or out-of-state group homes who have granted extensions. These have already been approved into 13/14 or out-of-state by past practice and are “grandfathered.”

ACL 17-122 continued

- Emergency placements: placement of a youth into a STRTP prior to IPC determination
- Criteria for an emergency placement:
 - A mental health assessment within 72 hours by a licensed mental health professional
 - Within 30 days, a determination by IPC, with recommendations of CFT

Presumptive Transfer

- AB 1299 was signed by Governor Brown in September 2016, effective July 1, 2017
- ACL 17-77
- Establishes requirements for the transfer of responsibility to provide specialty mental health services (SMHS) to children in foster care who reside outside of their county jurisdiction
- Intended to improve access for these services for children in foster care who are placed out-of-county

Presumptive Transfer continued

- Presumptive transfer means that when a child in foster care resides outside their county of jurisdiction, the responsibility to provide SMHS to that child transfers to the child's county of residence.
- Transfer of responsibility includes: authorization, provision of, and payment for SMHS.

Presumptive Transfer continued

- AB 1299 allows presumptive transfer to be waived only if at least one of the following exceptions apply:
 - The transfer would disrupt continuity of care or delay access to services
 - The transfer would interfere with reunification efforts
 - The out-of-county placement is expected to last less than 6 months
 - The placement is within 30 minutes of travel time

Resource Family Approval (RFA)

- Quiz

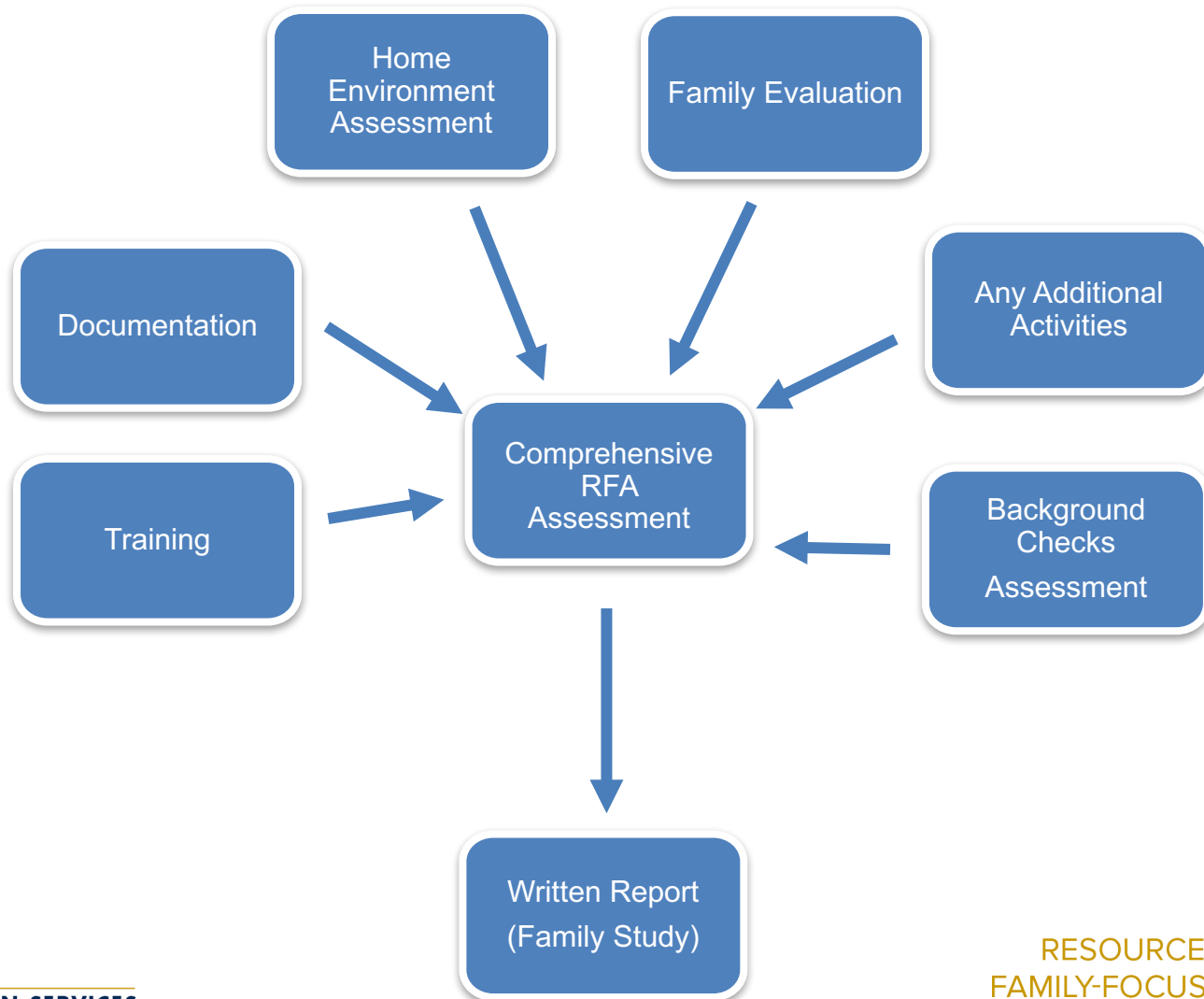
Resource Family Approval (RFA)

- An essential key component to the success of CCR is the RFA program
- A family friendly and child-centered caregiver approval process
- Unifies approval standards for all caregivers regardless of the child's case plan
- Includes a comprehensive family evaluation, home environment check and training for families, including relatives (minimum of 12 hours of pre-approval training/once approved, post-approval training is 8 hours annually)

RFA continued

- Eliminates the duplication of existing processes
- Allows seamless transition to permanency
- All existing licensed and approved homes, by 12/31/19, will need to be converted to a resource family
- Written Directives Version 5 became effective February 6, 2018

Components of RFA



Level of Care (LOC)

- ACL 16-79, 17-11, 17-75, 18-06, 18-06E and 18-89
- The goal is to identify the rate necessary to support the daily care need for each youth considering their unique situation
- The rate applies to all circumstances that the county provides foster care funding for a home-like setting
- Previous rates were based on age of the child

Rate Protocol Tool

- The rate protocol tool is comprised of a matrix and scoring sheet
- The tool must be used at initial entry into home-based care or a triggering event (youth leaving or being considered for residential care, youth in jeopardy of home-based placement, youth or family needing more supportive services, or youth or family needing a different level of services)
- There is no annual LOC rate determination requirement

LOC Matrix

- The 5 LOC domains:
 - Physical
 - Behavioral/Emotional
 - Educational
 - Health
 - Permanency/Family Services

LOC Matrix continued

- Static Criteria: Chronic indicators which warrant immediate Intensive Services Foster Care (ISFC) level to ensure safe placement of a youth pending a LOC rate determination. Rate will last up to 60 days pending completion of an initial/updated LOC rate determination

LOC Scoring Sheet

- The scoring sheet is an outcome of the LOC Matrix.
- There are 5 rate levels: Basic, LOC 2, LOC 3, LOC 4, and ISFC.
 - Basic: \$960/FFA \$2176
 - LOC 2: \$1068/FFA \$2328
 - LOC 3: \$1176/FFA \$2480
 - LOC 4: \$1284/FFA \$2667
 - ISFC: FFA \$6187

FPRRS continued

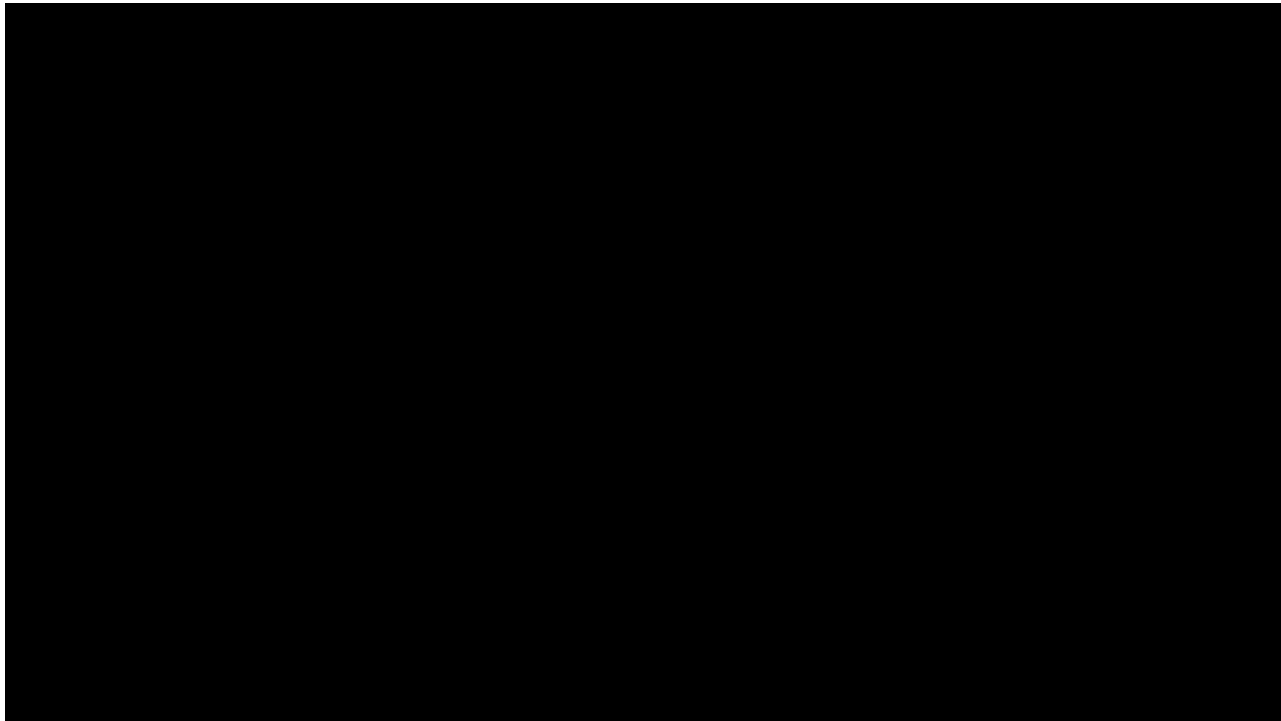
- Upfront financial support in 15-16 and expansion in 16-17. Money can be used for staff to improve services and supports for home-based care, intensive relative finding, outreach to potential foster family homes, resource families, and relatives
- Probation had to apply to receive FPRRS funding

FPRRS continued

- Los Angeles County Probation foster parent recruitment videos

Child and Family Team (CFT)

- Video: CFT Meeting Gone Awry



CFT continued

- Required by CCR
- Child welfare services are most effective when delivered when the team shares responsibility to assess, plan, intervene, monitor and refine services over time
- CFT's role is to include family members in defining and reaching identified goals
- CFT members work together to identify strengths and needs to develop a youth and family-centered plan

CFT continued

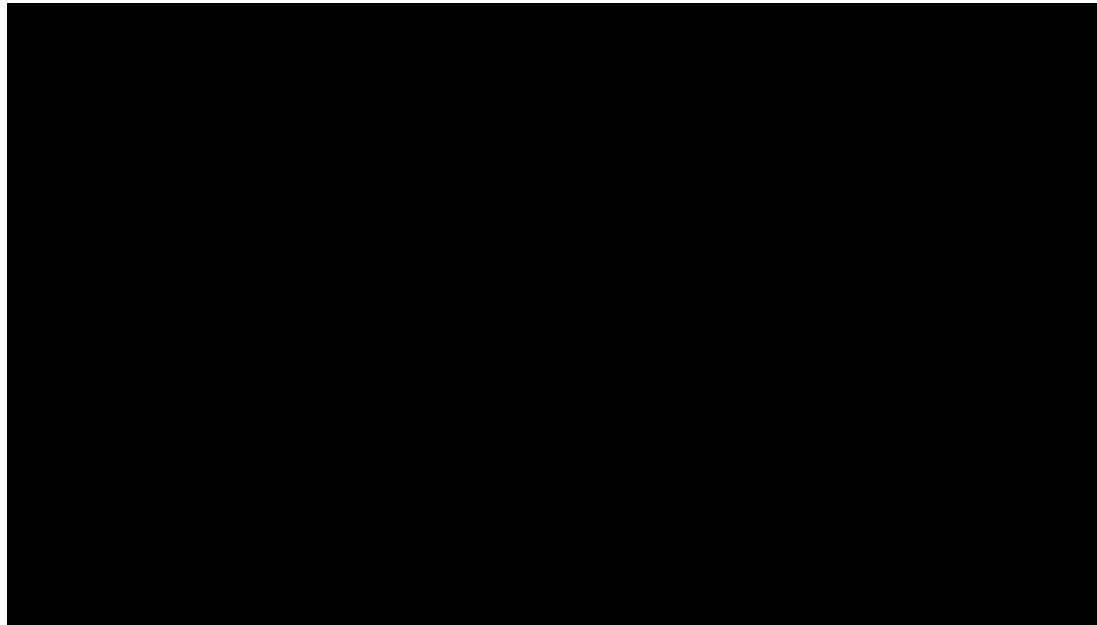
- A CFT must be established by the placing agency within 60 days of the placement order
- Ideally, the CFT meeting should be held prior to the youth being placed, when the DPO is confident the youth will be ordered into foster care (best practice)
- Probation is to include recommendations of the CFT in the development of the youth's case plan
- The placing agency will then convene a CFT meeting no less than once every 6 months
- Youth in placement who receive Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) or Therapeutic Foster Care (TFC), a CFT meeting must occur at least every 90 days.

CFT Composition

- Meeting must be scheduled at time and locations convenient for family member participation
- Meeting should have a clear purpose and follow a structured format
- Meeting frequency and duration will look different for each family
- CFT should consider family's ideas before making their own suggestions

CFT continued

- Video: Functional CFT



CFT Training

- Currently offered by UC Davis Extension, Resource Center for Family-Focused Practice

CANS Assessment Tool

- ACL 18-09
- Child and Adolescent Needs and Strengths (CANS) is a multi-purpose assessment tool to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers and systems

CANS continued

- CANS results **MUST** be used with the CFT process to guide case planning and placement decisions
- Youth receiving SMHS are assessed by CAN-certified providers and certified county staff every 6 months
- County placing agencies and county Mental Health Plans are jointly responsible for ensuring that the CANS is completed on each youth

CANS continued

- CDSS is providing training for skilled facilitators and staff who will administer/utilize CANS
- The implementation of CANS will be phased in between July 2018 – January 2019

Role of Probation in Placement Decisions

- CPOC negotiated amendments to WIC 727 in AB 403 and again in AB 1997
- It is the role of the judge to order a youth into placement
- It is the role of the Probation Department to determine what the appropriate placement should be
- The judge is not to order specific placements

CCR Resources

- Email: ccr@dss.ca.gov, rfa@dss.ca.gov
- Newsflash
- Probation Advisory Committee
- Northern California Placement Committee
- Networking

Psychotropic Medications

- Video: Foster Kids Prescribed Psychotropic Drugs
- In California, there are over 9,000 children in the child welfare system that are prescribed psychotropic medication, which can cause side effects, including but not limited to: sleeping problems, weight gain or loss, diabetes or tremors.

Psychotropic Medications continued

- Legislation signed in the Fall of 2015
 - ❖ SB 238
 - ❖ SB 319
 - ❖ SB 484

Senate Bill 238

- SB 238, Chapter 534 (ACL 16-37) implemented changes in an effort to improve the safe and appropriate use of psychotropic medication by youth in foster care
- Training on use of psych meds, trauma, substance use disorder and mental health treatments will be developed and made available to PO's (currently, classes are offered by Regional Training Academies)
- Judicial Council to amend and adopt new rules of court (Rule 5.640) and develop appropriate judicial council forms regarding authorization for administration of psych meds

Senate Bill 238 continued

- Added section 16501.4 WIC to ensure improved oversight of use of psych meds through data sharing between CDSS, Department of Health Care Services and county child welfare agencies
- The child and caregiver will have the opportunity to provide input to the court about medications prescribed

Senate Bill 238 continued

- Requires that probation departments provide a copy of the juvenile court order approving or denying request for authorization of psych med to youth's caregiver

Senate Bill 319

- SB 319 (ACL 16-48) was established to allow additional safeguards regarding the oversight and monitoring of psychotropic medication use for children in the child welfare system
- Amends to add “monitoring and oversight of psychotropic medications” to the list of activities included in the planning and coordination of health care that may be performed by the public health nurse (PHN)

Senate Bill 319 continued

- Allows health care providers to disclose medical information to the PHN, as well as the PO, for the purpose of coordinating health care services and medical treatment

Senate Bill 484

- SB 484 (ACIN I-25-16) creates new data collection and distribution requirements related to the use of psych meds
- Requires CDSS to develop measures to identify group homes with levels of psych med usage warranting further review and address psych med concerns with those identified facilities
- Requires recordkeeping requirements for facilities serving foster children on psych meds

Senate Bill 484 continued

- Psych meds to only be used in accordance with written directions of prescribing physician
- Requires group homes to maintain a copy of court order that authorized psych med for youth
- Facilities shall keep a separate log for each psych med prescribed for the youth that includes name of med, date of prescription, quantity of med prescribed, number of initial refills, required dosage, directions for use and the date and time of each dose taken

Psychotropic Medication Judicial Council forms

JV 216

JV 217

JV 220

Revised January 1, 2018

<http://www.courts.ca.gov/forms.htm?filter=JV>

California Rules of Court Rule 5.640

(handout)

- Once a child is declared a ward of the court, removed from the custody of the parent/guardian, and placed in foster care, only a juvenile court judicial officer is authorized to make orders regarding the administration of psych meds to the child (via JV-220)
- The court may order that the parent be authorized to approve or deny that the administration of psych meds – the order must include the parent – poses no threat to the youth and that the parent has the capacity to understand the request and the information provided to authorize the administration of psych meds, consistent with the best interest of the child (via JV-216)

Sexual and Reproductive Health Rights of Youth and Nonminor Dependents in Foster Care

WHY IT MATTERS...

- System-involved youth are at higher risk of STIs and unplanned pregnancy than their same aged peers not in foster care. Therefore, it is important that youth have access to tools and information to take charge of their own sexual health.
- New legislation and recent policy changes at the state level affect the reproductive and sexual healthcare services to be provided to youth in foster care, including probation youth.

- Foster Youth have certain reproductive and sexual health rights, such as:
 - The right to have access to age-appropriate, medically accurate information about unplanned pregnancy, abstinence, contraception, abortion, prenatal care, and STI information about prevention/treatment.
 - The right to be provided transportation to reproductive and sexual health-related services.
 - The right to consent to the birth control method of their choice.
- These rights and additional rights are described in detail in **All County Letter Number (ACL)16-82.**

Healthy Sexual Development Pregnancy Prevention Resource Materials

CDSS has produced several materials to assist case management workers, county social workers and probation officers, in doing this work:

- CA Plan for the Prevention of Unintended Pregnancy (ACL 16-88)
- Case Managers Guide, available on the Healthy Sexual Development (HSD) website
<http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>
- Youth Brochure “*Know Your Sexual and Reproductive Health Rights*” available on the HSD website and also for bulk order.

New Annual Case Plan Documentation Requirements for County Social Workers and Probation Officers

1. New Case Plan Documentation Requirements for County Social Workers and Probation Officers for Youth, 10 years old or Older, and Non-Minor Dependents (NMDs) in foster care. (W&IC 16501.1(g)(20)(21))
2. New Curriculum Developed by the California Department of Social Services to Support the Reproductive and Sexual Health of Youth and NMDs in Foster Care. (W&IC 16521.5(h))
3. New Training Provisions for all Child Welfare Workers (W&IC 16206(15)), Resource Families, Group Home/STRTPs administrators, and Juvenile Court Judges.

- Case management workers must **annually review the case plan and update it as necessary to document** that a youth, 10 years old or older, or NMD has received Comprehensive Sexual Health Education compliant with the CA Healthy Youth Act:
 1. At least once during middle school
 2. At least once during high school
- IF the youth/NMD hasn't received the instruction, county agencies must ensure the instruction is received during the academic timeframe through an alternate source

Case management workers must **annually update the case plan to document** that the case worker has done the following:

1. Informed the youth/NMD of their **right to access information** about sexual and reproductive health care.
2. Informed the youth/NMD of their **right to consent** to sexual and reproductive health services, and their **right to confidentiality** regarding those services.
3. Informed the youth/NMD **how to access these services**; and **assist with any identified barriers**

For more information about SB 89, see ACL No. 18-61 dated June 20, 2018

- Probation Departments will need to determine how to meet the new case plan documentation requirements at the local level.



NEW TRAINING PROVISION FOR PROBATION OFFICERS: W&IC 16206(15)

- Due to the passage of SB 89 (Statutes of 2017), the CDSS is contracting with CalSwec and the RTAs to develop and deliver a training about HSD.
- CDSS anticipates an eLearning and Classroom training to be available for probation officers sometime in the next six months.
- Counties are instructed to include the training requirements of SB 89 into existing training curricula or newly developed training modules.

AVAILABLE CDSS RESOURCES

- **ACL 16-82, September 30, 2016**
Reproductive and Sexual Health Care and Related Rights for Youth and NMDs in Foster Care
- **ACL 16-88, October 12, 2016**
California's Plan for the Prevention of Unplanned Pregnancy for Youth and NMDs in Foster Care
- **ACL 18-44, May 1, 2018**
New and Revised Resource Materials Regarding Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care
- **ACL 18-61, June 20, 2018**
New Mandates Regarding Case Plan Documentation And Training Related To Reproductive and Sexual Health Care Needs and Rights of Foster Youth
- **Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention**

Know Your Sexual and Reproductive Health Rights

KNOW your RIGHTS

KNOW your RIGHTS

Helpful Tip: If you feel like someone violated your rights, or you need support making a complaint, call the Office of the Ombudsperson toll-free at 1-877-846-1602

My case worker is: _____
 Phone #: _____
 My attorney is: _____
 Phone #: _____
 My CASA is: _____
 Phone #: _____
 My trusted person is: _____
 Phone #: _____

PUB 490 (4/18)

Your Sexual and Reproductive Health Care and Related Rights

No judgements! You have the right to sexual health information that only includes medical facts and not anyone's opinions.

Do you know your rights when it comes to your sexual and reproductive health? Even if you're under age 18, you have rights! Knowledge is power, so read your rights below:

1. You have the right to have your personal rights explained and provided to you in a manner that you understand.
2. You have the right to get health care, including reproductive and sexual health care.

Continue reading to learn more about what kind of reproductive and sexual health care services you can get.



3. You have the right to make your own decision about the following kinds of care (meaning you can say "yes" or "no" and do not need permission from a parent, caregiver, social worker, or any other adult if you want this care):
 - a. Female or male birth control or protection, pregnancy testing, and prenatal (pregnancy) care, at any age,
 - b. Abortion, at any age,
 - c. Health care you need because of a rape or sexual assault, at any age,
 - d. Health care to prevent sexually transmitted infections (STIs) and HIV, at age 12 or older, and
 - e. Testing and treatment for STIs and HIV, at age 12 years or older.
4. You have the right to get the information you want about sexual health care. You can ask your doctor or another trusted adult about:
 - a. Reproductive and sexual health care,
 - b. Ways to prevent pregnancy and pregnancy testing,
 - c. Abortion,
 - d. Prenatal (pregnancy) care, like monthly or weekly doctor visits during pregnancy, and
 - e. How to prevent and treat STIs, including HIV medication and the Human Papillomavirus (HPV) vaccination.

5. When you get sexual or reproductive health care, or ask your doctor questions about sex, your doctor cannot share that information with your parents, caregivers, group home, social worker, or probation officer without your written consent. There are a few small exceptions.
6. You have the right to ask your doctor to explain "privacy" to you and who can and cannot get your medical information before you get any health care.
7. You have the right to choose your own health care provider for sexual and reproductive health care, as long as the provider is covered by your Medi-Cal or other approved insurance.
8. Your caregiver, group home, or social worker must help you with transportation to get reproductive and sexual health care services in a timely manner.
9. You have the right to get, have, and use the birth control or protection of your choice, including, but not limited to:
 - a. Condoms, including the female condom
 - b. Diaphragm
 - c. Birth control patch, pill, ring, or shot
 - d. Spermicide
 - e. Dental dam
 - f. Emergency contraception (morning after pill)
 - g. Medications to prevent STIs
 - h. Intrauterine Device (IUD) or Implant
 - i. Medications to treat or prevent HIV such as Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP)
10. You have the right to keep your personal items, like birth control, in your own private storage space. Condoms or other protection, or birth control cannot be taken away from you as a punishment or due to your caregiver's religious beliefs or personal feelings. You have the right to be free from unreasonable searches of your belongings.
11. You have the right to fair and equal access to services, placement, care, treatment, and benefits. You have the right to not be treated unfairly, harassed, or discriminated against because of your sex, sexual orientation, gender identity, HIV status, or other factors like race, religion, ethnic group identification, ancestry, national origin, color, or mental or physical disability.
12. You have the right to contact and make complaints about violations of your rights to state agencies, including the Community Care Licensing Division of the California Department of Social Services and the state Foster Care Ombudsperson (See the "Resources" section of this brochure for more information).

Complaints are confidential and you cannot be threatened or punished for making complaints.

Foster Youth Sexual and Reproductive Health Care Rights

TALKING TO OTHERS ABOUT SEX AND YOUR RIGHTS: SUGGESTED QUESTIONS TO ASK

Whether you're abstinent (not having any sex), thinking about having sex, or already sexually active, it's important and okay to talk about sex and relationships with a trusted adult. Your trusted adult may be a doctor, social worker, mentor, attorney, judge, teacher, family member or someone else you feel comfortable talking to. It is also important and okay to talk about these things with a romantic partner. But how do you know what to say or how to start a conversation? It is not always easy, so here are some suggested questions to start the conversation:

QUESTIONS TO ASK YOUR PARTNER

- » Will you respect my decision about sex, and about what I'm okay doing and not doing? How do you feel about my decision?
- » How are we going to make sure we protect ourselves against STIs?
- » Have you ever tested positive for an STI? If so, were you treated?
- » Are you having sex with other people?
- » Have you thought about your future goals? How do you feel about an unplanned pregnancy?

QUESTIONS TO ASK YOUR DOCTOR

About your rights...

- » I know I have a right to privacy in sexual and reproductive health care. What does that mean in this office? Are you always going to ask for my written permission before you share any of my information?

About birth control or protection...

- » How do I know what birth control method is right for me? What are the common side effects of the different birth control methods?
- » Will my caregiver or parent find out if I decide to use a birth control? Can they pressure me to use a certain kind of birth control?
- » Do I need to use birth control or condoms if I'm transgender or dating someone of the same gender as me?
- » How do you use a condom correctly?
- » What is emergency contraception and how can I get it?

About STIs...

- » I had sex without a condom. Should I get tested for an STI and/or pregnancy?
- » What do I need to know about STIs, including testing, treatment, and prevention?



QUESTIONS TO ASK A TRUSTED ADULT

About relationships...

- » What does a healthy relationship look like? How can I show my partner I love them?
- » Is jealousy a sign of love?
- » I'm being hurt or threatened by my partner. What can I do?
- » I feel like my partner is pressuring me to have sex or do things I am not ready for or feel uncomfortable with. What should I do?
- » How do I know when I'm ready to have sex with someone?

About sexuality and gender identity...

- » How does someone know they are lesbian, gay, bisexual, transgender, or questioning?
- » If I have a same sex crush, does this mean I'm gay or lesbian?
- » Can I sleep in a room or use the restroom based on the gender I identify with?
- » Is touching myself wrong? Is it okay if I'm in a private place such as my bedroom or bathroom?

About going to visit the doctor...

- » How do I make an appointment to visit the doctor? Are doctor appointments confidential between me and my doctor?
- » What information and documents will I need when I visit the doctor?
- » I need information about local community resources and public transportation to visit the doctor. Where can I get this information?

About pregnancy or birth control...

- » I need information about birth control. Where can I get this information?
- » Does someone have the right to take away my birth control or condoms?
- » Can someone force me to go on birth control?
- » I think I might be pregnant. Where can I get information about pregnancy testing, prenatal care (if I need it) and/or the different options that are available?



Resources:

California Office of the Foster Care Ombudsperson – To file a complaint regarding your foster youth rights, contact the Ombudsperson at 1-877-846-1602 or email fosteryouthhelp@dss.ca.gov

California Department of Social Services, Community Care Licensing – To file a complaint against a state licensed group home or foster home call 1-844-538-8766

www.genderspectrum.org/ – Information and resources about gender sensitive topics

www.glaad.org/transgender/resources Information and resources for transgender people

www.loveisrespect.org – Information about sex, healthy relationships, dating, dating abuse, and sexting

www.plannedparenthood.org/learn/birth-control/ – Information about birth control

www.bedsider.org/methods – Information about birth control

www.safehelpline.org – National Sexual Assault Hotline 1-800-656-HOPE (4673)

www.stayteen.org – Information about relationships, love, sex, and pregnancy

www.teenhealthrights.org – Youth friendly guide to sexual health rights

www.teensource.org/condoms/free – Sign-up for free condoms if you are 12-19 years old and live in California



The suggested resources in this brochure are provided for your convenience for general informational purposes only. The California Department of Social Services bears no responsibility for accuracy, legality, or content of these external websites.

CWS/CMS Updated Reporting Requirements

- CSEC
- Parenting Youth and Non-Minor Dependents (NMD)
- Foster Youth Credit Reports
- CFTM
- Healthy Sexual Development & Reproductive Health Care Rights

CWS/CMS Reporting Requirements for CSEC

- ACL 15-49 May 28, 2015
- Explained documentation in CWS/CMS of youth who are or at risk of being sexually exploited; “exploitation” was added as an abuse category in CWS, creating special project codes in CWS: victim during care, victim before care, at-risk, absence from placement

CWS/CMS Reporting

Requirements for CSEC continued

- ACL 16-49, ACL 16-74 and ACL 16-85 (supersedes instructions from ACL 15-49)
- Explained how to transition from special project codes to using permanent system changes in CWS
- On the ID page of the client notebook (green button)
- At risk, victim before care, victim during care, victim in open case not in foster care, victim while absent from placement, victim with closed case (handout, definitions on pages 4-6 of ACL)

CWS/CMS Reporting

Requirements for CSEC continued

- ACL 16-85 September 30, 2016 (handout)
- Created specific policy and procedure to prevent child sex trafficking
- CWS/CMS requirements: PO shall document youth receiving CWS identifies as victims of exploitation in client notebook as at risk, victim before foster care, victim during foster care, victim while absent from placement

CWS/CMS Reporting Requirements for Parenting Youth and NMD

- ACL 16-32 April 28, 2016
- ACL laid the foundation of capturing pregnancy information 2 ways: observed condition or diagnosed condition
- Observed condition: Should be used when PO learns youth/NMD is pregnant (will not auto-populate to HEP)
- Diagnosed condition: Should be used when youth has been hospitalized as a result of pregnancy (will auto-populate to HEP)

CWS/CMS Reporting Requirements for Parenting Youth and NMD continued

- CWS/CMS Quick Guide for Probation has been updated and includes instructions for how to document a parenting youth/NMD in CWS (handout)

CWS/CMS Reporting Requirements for foster youth credit reporting

- ACL 13-31 April 19, 2013 superseded by ACL 14-23
- ACL 14-23 February 28, 2014 CDSS provides list of 16 and 17 year olds quarterly. When there is indication of a credit report, PO will request a copy of report from 3 credit reporting agencies; youth must be provided with a copy of credit report if one exists; must be assisted in interpreting the credit report and clearing any inaccuracies
- ACL 15-98 December 8, 2015 lowered credit report age to 14

CWS/CMS Reporting Requirements for foster youth credit reporting continued

In CWS/CMS, the following must be documented:

- Credit report requested
- Credit report received
- If credit reports contain any accounts, document how the county ensured the youth received assistance with interpreting credit reports and resolving inaccuracies, including referrals made for assistance and any resulting actions
- Any communication from CDSS indicating youth does or does not have credit report

CWS/CMS reporting requirements for Child and Family Team Meetings

- ACL 17-104
- Documentation of CFTM meetings in CWS/CMS effective January 1, 2018
- Documentation is required in both the Case Plan Notebook (even though Probation doesn't use this notebook) and the Contact Notebook

Probation Officers Guidelines for Unintended Pregnancy Prevention

- ACL 16-88 released 10/12/16
- Outlines California's plan for the prevention of unintended pregnancy for youth and NMD' in foster care
- Research shows teens in foster care are at increased risk for unplanned pregnancy and STD's
- Reasonable and prudent parent standard

Probation Officers Guidelines for Unintended Pregnancy Prevention continued

- PO shall provide youth with copy of Foster Care Rights upon entry into foster care and at least once every 6 months
- PO shall provide youth with access to age-appropriate, medically accurate information about reproductive and sexual health care, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and prevention and treatment of STDs
- CDSS brochure PUB 490 released February 2017

Indian Child Welfare Act

- In re W. B.
- ACL 16-87

Summary and Conclusion

- What are you taking away from this day's work together?
- We value your continued feedback!
- Please complete the evaluations (and leave them face down on your tables)
- Thank you for your participation and valuable contributions!