

Children and Youth System of Care
State Technical Assistance Team
October 7, 2020
MOU Part 3: Data and Information Sharing



Agenda

- ❖ Updates
- ❖ Data and Information Sharing Overview
- ❖ Presenters
- ❖ Q&A

System of Care Updates

- ❖ SOC
- ❖ DHCS
- ❖ DSS
- ❖ DDS

Background and Context for MOU Content on Information Sharing

- Information and data sharing are complex issues and mean different things to partner agencies
- Numerous federal and state policies apply
- Local alignment to comply with policy and overcome barriers is critical to successful care
- Children and Youth System of Care invites considerations for information sharing for individuals/students; as well as organizational data sharing between agencies
- Today's presentation will focus on client/student information sharing

The Good Care Dilemma

- Providers and service personnel must protect the confidentiality and privacy of clients
- Providers must deliver timely and effective services and care coordination

*These two foundational obligations are
sometimes in conflict*

The Integrated Core Practice Model Supports Information Sharing

- "Ensure that each involved organization responsible for assessment and care coordination has access to the full range of information needed to create a comprehensive picture."
- Where information is protected by confidentiality law/regulations, use engagement skills and processes to facilitate release of specific information that could be helpful to the best interests of the child and family.

Information and Data Sharing: Part 3 of the AB 2083 MOU Guidance

System partners agree, to the fullest extent allowed by law, to share necessary and relevant client specific information in order to conduct treatment, coordinate care and ensure the highest quality care is available to youth and caregivers.

[MOU Implementation Guidance](#)

Provisions for Data and Information Sharing in AB 2083 (1)

“Members of the Interagency Leadership Team may disclose and exchange information or a writing with one another that may be designated as confidential under state law if the member of the team having that information or writing, reasonably believes it is generally relevant to the identification, reduction, or elimination of barriers to services for, or to placement of, children and youth in foster care or to improve provision of those services or placements.”

[MOU Implementation Guidance](#)

Provisions for Data and Information Sharing in AB 2083 (2)

- Client/Student data sharing is imperative and implied
- Client/Student data must be destroyed or returned
- Is confidential, not open to public inspection

[Per W&I Code 16521.6](#)

Provisions for Data and Information Sharing in AB 2083 (3)

- "Members of an Interagency Placement Committee...or Child and Family Team (CFT) that is convened for the purpose of implementing the provisions of the MOU (2083)...shall comply with applicable statutory confidentiality provisions for that committee or team.
- Members of teams convened for purposes of implementing the MOU shall comply with applicable records retention policies for their respective agencies or programs."

Guiding Questions (1)

- Do you have an operating MOU or interagency agreement to allow for the sharing of child-specific information across partner agencies to support timely access to services for children and families?
- Is assessment information shared across systems to avoid the over assessment of youth and families?
- Have you engaged your county counsel and privacy officer as you develop child-specific information sharing policies?

Guiding Questions (2)

- Is there a process established to ensure that confidential information or writings are destroyed or returned once the purposes for which it was disclosed or exchanged are satisfied?
- Do members of an IPC, child abuse multidisciplinary personnel team, or CFT know the policies regarding confidentiality laws and records retention for their respective agencies or programs?

MOU Content

- An agreement, to the fullest extent allowed by state and federal law, to share necessary and relevant client specific information in order to conduct treatment, coordinate care and assure the highest quality care is available to youth and caregivers.
- Detailed processes for information sharing belong in policies and procedures, rather than the MOU.

Practices for Success (1)

- Consider using a single Release of Information (ROI) form across all agency partners (See ACL 18-09, January 25, 2018)
- Consider including additional partners when determining the protocols and implementation for information sharing for case management, planning, and service delivery.
- The timely, appropriate sharing of assessment data, from other system partners is the essence of system of care and effective care coordination.

Existing W&I Code to Support Information Sharing (1)

"...These memoranda shall specify the types of information that may be shared without a signed release form, in accordance with subdivision, and the process to be used to ensure that current confidentiality requirements, as described in subdivision, are met..."

[W&I Code 18986.46](#)

Existing W&I Code to Support Information Sharing (2)

"Information exchanged among the team shall be received in confidence for the limited purpose of providing necessary services and supports to the child or youth and family..."

[W&I Code 832 \(2\)](#)

FAQ #1: Does the privacy rule permit healthcare providers to share patient health information for treatment purposes without the patient's authorization?

"Yes. The Privacy Rule allows...health care providers that are covered entities to use or disclose protected...medical information for treatment purposes without the patient's authorization. This includes sharing the information to consult with other providers, including providers who are not covered entities, to treat a different patient, or to refer the patient."

[HIPAA for Professionals](#)

FAQ #2: Does the privacy rule allow a provider to share health information (PHI) about a student to a school nurse or physician?

Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent.

[HIPAA for Health Care Providers](#)

FAQ #3: Why was the consent requirement eliminated from the privacy rule, and how will it affect individual's privacy protections?

"The consent requirement created the unintended effect of preventing health care providers from providing timely, quality health care to individuals...

The most troubling...problem was that health care providers would not have been able to use or disclose protected health information...prior to the initial face-to-face encounter with the patient, which is routinely done to provide timely access to quality health care.

To eliminate such barriers to health care, mandatory consent was replaced with the voluntary consent provision that permits health care providers to obtain consent for treatment, payment and healthcare operations, at their option, and enables them to obtain consent in a manner that does not disrupt needed treatment."

[HIPAA and Consent](#)

FAQ #4: Do we need a release of information to share CANS information?

"County placing agencies and county MHPs must share CANS assessments for children, youth and Non-Minor dependents assessed and/or served by either system and completion of a universal information release form shall not be required for this purpose."

[ACL 18-09/MHSUDS IN 18-007](#)

Questions and Answers

AB2083

San Mateo County

Panel Discussion

October 7, 2020



Children and Youth Systems of Care (CYSOC)

- 1988: San Mateo County granted funds by the CA Department of Mental Health to develop a process for coordinated care for youth
- The partnership was so successful San Mateo solidified and continued after funding ceased
- The original framework continues to function well and support the needs of youth

San Mateo County System of Care

Collaboration is a Strength

- MOUs outlining core agreements related to the care and coordination of services for foster youth
 - Relationships maintained by a well-developed infrastructure to support ongoing communication
 - Leadership at all levels across agencies meet regularly - both formally and informally - to ensure continuity of care.
 - This includes partners outside of current CYSOC
- 

Current CYSOC Membership

Public Child Welfare Agency

- **John Fong**, Director of Children and Family Services (CFS)

Behavioral Health and Recovery Services

- **Ziomara Ochoa**, Deputy Director, Youth Division (BHRS)

Probation

- **Michelle Kozul**, Deputy Chief

San Mateo County Office of Education

- **Jenee Littrell**, Deputy Superintendent

Other participants: Natasha Bourbonnais, CFS; Mary McGrath, SMCOE;
Anjanette Pelletier, SELPA

Impact and the Future

Positive outcomes continue for San Mateo County:

- Track record of fewer out-of-home placements
- Shared collaboration and responsibility
- AB2083 expands the continuity of care partners, as members of the Interagency Leadership team, to include:
 - Golden Gate Regional Center
 - Department of Rehabilitation
- Utilize CYSOC structure to meet ILT needs

Tools and Processes

Highlight tools or processes that enable data and information sharing between partners

- How do the processes allow partners to understand a student's educational and social emotional needs?

Communication Protocols

What communication protocols ensure the specific requirements of a student's individualized program, such as a Section 504 plan or an IEP, are informing placement decisions (or care planning)?

Information Sharing

What are the processes that support the sharing of information such as school-based, Regional Center IPP, CFT generated student information and/or other key knowledge between system partners?

Alignment of Services

How do we monitor that system services are not in conflict, such as with mental health service provided through school-based services, IEPs, social services or specialty mental health services from a mental health plan, or services from regional center?

Utilizing Existing Resources

Local Partnership Agreement outlines service provision and referral processes for each partner.

- Schools, BHRS, DOR and Regional Center were original partners
- Addition of pertinent information across agencies in the partnership will be included

Thank you



SAN MATEO
COUNTY
OFFICE OF
EDUCATION

Q and A

LASSEN COUNTY FOSTER YOUTH SERVICES COORDINATING PROGRAM



Contact Information



Mailing Address:

2950 Riverside Drive, Suite 101
Susanville, CA 96130

Physical Address:

1415 Chestnut Street
Susanville, CA 96130

Phone: (530) 251-8212

Who Are We?

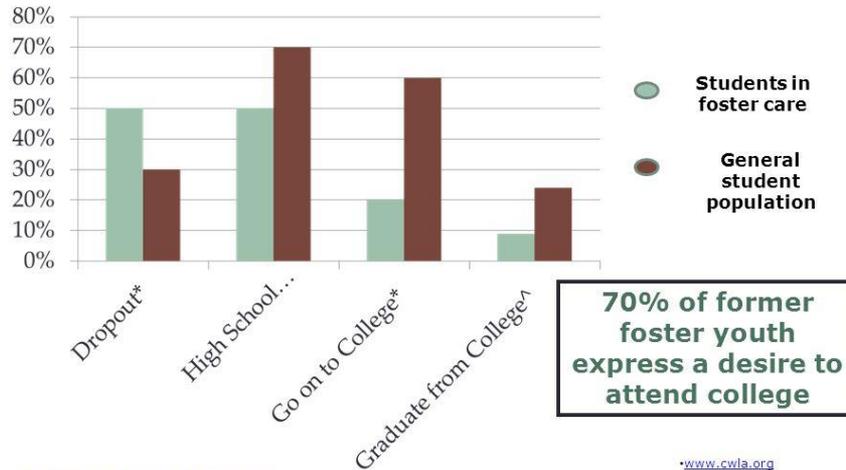


- ❖ State-wide
- ❖ County operated
- ❖ **Housed at the Juvenile Probation Department**
- ❖ Calli Oxford – FYS/ILP Program Manager

Why Are We Here?

Academic Challenges

Foster Care Alumni Studies: Education Outcomes



[Workshop P Education Advocacy.ppt](#)

www.cwla.org
^ Casey Northwest Alumni Study

❖ Poor Educational Outcomes

- High Dropout Rates
- Low Test Scores
- Low Graduation Rates
- High Rates of School Mobility

How Did We Get Here?



- ❖ AB490
- ❖ ESSA
- ❖ LCFF
- ❖ AB854

Who is Considered a Foster Youth?



❖ AB490

- Any child who is the subject of a juvenile dependency court (Cal. Welf. & Inst. Code 300), whether or not the child has been removed from his or her home
- Any child who is the subject of a juvenile court petition (Cal. Welf. & Inst. Code 602), **regardless of where the youth lives.**

❖ Local Control Funding Formula (LCFF)

- Any child who is the subject of a juvenile dependency court petition (Cal. Welf. & Inst. Code 300), whether or not the child has been removed from his or her home.
- Any child who is the subject of a juvenile delinquency court petition (Cal. Welf. & Inst. Code 602) **and who has been removed from his or her home by the court and placed into foster care under a “suitable placement” order. This includes youth who have been placed in a foster home, relative home, or group home. It does not include youth who have been placed in a juvenile detention facility, such as a juvenile hall or camp.**

❖ AB12

- Any youth age 18-21 who is under the jurisdiction of the juvenile court (i.e., is in extended foster care). See SB 859(2014), Cal. Educ. Code 42238.01



What We Do (1)

- ❖ Educational Case Management Services
 - Monthly meetings with foster youth
 - Meetings with school staff, caregivers and caseworkers
 - IEP
 - CFT
 - Attendance
 - Disciplinary
 - Tutoring

What We Do (2)



❖ Facilitate Collaboration

- Ensure coordinated and non-duplicative service delivery
- Ensure pupils in foster care receive educational supports and services to succeed in school
- Youth Education Summit





What We Do (3)

- ❖ Services
 - Tutoring
 - Mentoring
 - Independent Living Program



- ❖ Records (HEP)
 - Transcript
 - Attendance
 - Disciplinary
 - IEP
 - Immunization
 - Birth Certificate
 - Medical Reports

What We Do (4)



❖ Capacity Building

- Workshop
- LCAP
- Quarterly Meeting
- Other Meetings



❖ Post Secondary Education

- Admission
- Campus Tours
- Financial Aid

Advocacy

- School Placement
- Enrollment
- Credit Recovery
- Extra Curricular Activities
- AB 167/216

How We Differ

- ❖ The FYSCP Manager is an employee of the Probation Department.
- ❖ The Probation Department has a standing MOU with county agencies which allows data sharing and communication.



How We Share Information and Data

- What student/youth information do we share?
- How do we share that information?
- What local policies or guidance do we provide to staff to enable their sharing?
- What our outcomes suggest about how effective or useful our information sharing is?

Lassen County Foster Youth Services



“Helping foster youth succeed.”

Questions, Comments, Suggestions



Resources

System of Care

- [System of Care Tool Kit](#)
- [Child Specific TA/MOU TA](#)
- [Legislation - Assembly Bill 2083](#)

System Profiles

- [Child Welfare Services](#)
- [Specialty Mental Health Services](#)
- [Rehabilitation Services](#)
- [Regional Center – Early Start Services](#)
- [Regional Center – Lanterman Act Services](#)
- [CA Dept of Education – Special Education Services](#)
- [CA Dept of Education – Foster Youth Services](#)

MOU Guidance

- [AB 2083 MOU Guidance Information Notice](#)
- [AB 2083 MOU Guidance](#)

Other Resources

- [ACL 18-09 & MHSUDS IN 18-007: Requirements for Implementing CANS Tool within a CFT](#)
- [U.S. Dept. Health & Human Services: Guidance on Privacy & Student Edu & Health Records](#)
- [Administration for Children & Families: Confidentiality Toolkit](#)

Calling for System of Care Presenters

- Data Sharing Agreements or Uniform Release processes
- Local Efforts toward Coordination of Services Efforts toward Uniform Assessment and Entry into Care
- Local Efforts at Fiscal Sharing
- Cross Training
- Or any other area of the MOU!