

AB 2083: Children and Youth System of Care



California Department of
EDUCATION



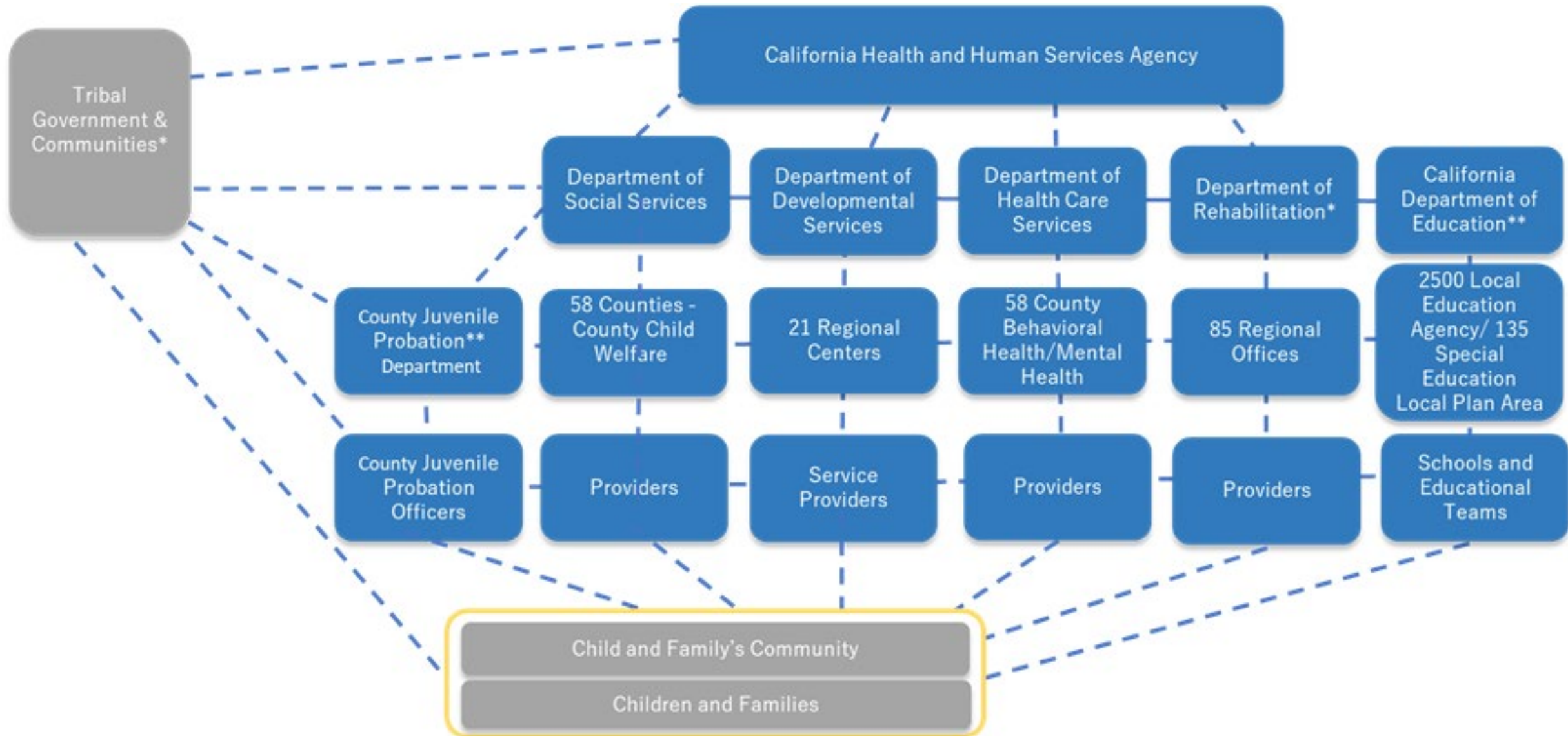
DOR DEPARTMENT of
REHABILITATION
Employment, Independence & Equality

California Welfare Director's Association Conference
2020

Today's Purpose

- Brief overview to AB 2083 System of Care
- Connect System of Care to Trauma Informed Care
- Review elements that aid successful local System of Care MOU
- But first...THANK YOU CWDA for a successful AB 2083 sponsorship!

Children and Youth System of Care Partners



*Not a required partner in AB 2083

**Required partner by AB 2083, but not a department under Health and Human Services Agency

What is AB 2083?

Assembly Bill 2083 (Chapter 815, Statutes of 2018), requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma.

The legislation is focused on the child welfare system but can and must be expanded to look at children and youth served by various other systems.

Source: The California Health and Human Services Agency (CHHS),
<https://www.chhs.ca.gov/home/system-of-care/>

AB 2083 Requirements and Opportunities

- Development of a MOU between local partners including child welfare, regional centers, county office of education, probation, and behavioral health
- Development of State MOU Guidance
- Process to request technical assistance (TA) from the state
- Analysis of Gaps in Placement Types, Services, or Other Issues
- Development of a Multiyear Plan for Increasing Capacity

Who is Involved in AB 2083?

Child and Youth System of Care State Technical Assistance Team includes:

- California Health and Human Services Agency (CHHS)
- Department of Social Services (DSS)
- Department of Developmental Services (DDS)
- Department of Health Care Services (DHCS)
- California Department of Education (CDE)
- Tribal Governments*
- Department of Rehabilitation (DOR)*



*Not a required partner in AB 2083

Children and Youth System of Care State Technical Assistance Team

1. [MOU Guidance Document](#)
2. [AB 2083 Technical Assistance Information Notice](#)
3. Posted Webinars:
 - [Introduction to AB 2083 - Children and Youth System of Care State Technical Assistance Team](#)
 - [Interagency Leadership Team MOU Part 1 - Children and Youth System of Care Technical Assistance Webinar](#)
 - [MOU Part 9: Financial Resource Management](#)
3. Upcoming Webinars
4. Upcoming Gaps Analysis report and multi-year plan due to the Legislature

Local Children and Youth System of Care Partners

Required Partners

- County Child Welfare
- County Behavioral/Mental Health
- Regional Center
- County Office of Education
- Juvenile Probation

Collaborative Partners

- Federally Recognized Tribes (through consultation)
- Tribal Partners and Organizations
- Department of Rehabilitation
- First 5
- Family Resource Center
- Local Hospitals
- Community Based Organization/Providers
- County Dependency Court Judges
- County Public Health
- Others

MOU Components

1. Interagency Leadership Team
2. Integrated Core Practice Model
3. Information and Data Sharing
4. Screening, Assessment, and Entry to Care
5. Child and Family Teaming
6. Interagency Placement Committee
7. Alignment and Coordination of Services
8. Staff Recruitment, Training, and Coaching
9. Financial Resource Management
10. Dispute Resolution Process
11. Resource Families and Therapeutic Foster Care Services

MOU Development Considerations

- Is a critical step toward establishment of shared interagency responsibility, engagement and resource allocation
- Helps ensure that sufficient ongoing interagency engagement is occurring
- Fosters sustainability through change
- Supports local decision-making and may alleviate the need for state level TA
- Persistence is powerful!

Early Learning (1)

- MOU must include the 11 required sections included in the AB 2083 guidance, which will lead to practice change
- Any existing MOUs are only a starting place for System of Care
- Historical CSOC partners (BH, CWS, Probation) must be expanded to include Regional Centers and County Office of Education as equal and active partners
- While one department may “steward” the collaborative efforts (meetings/administration); the responsibility for engagement and successful partnership must be mutually owned by all department leaders

Early Learning (2)

- Pandemic response has impacted MOU development; increasing need for alignment and leveraging of resources
- MOU is a great place to include a shared commitment to Trauma Informed Care and other practice reforms
- Take advantage of existing cross agency relationships and governance agreements such as data sharing agreements, and arrangements for providing Medi-Cal services and accessing federal reimbursement through Medi-Cal
- Keep it simple and focused (membership and content)
- Develop MOU language and guidance as a partnership, and assure legal experts understand the primary purpose of the MOU.

Four MOU Processes that Aid Successful MOU Implementation

- **Interagency Leadership Team (Part 1)**
 - Webinar: [Children and Youth System of Care Technical Assistance Webinar](#)
- **Integrated Core Practice Model Use (Part 2)**
- **Information and Data Sharing (Part 3)**
 - Upcoming Webinars--October and November
- **Fiscal and Resource Management (Part 9)**
 - [Webinar: MOU Part 9: Financial Resource Management](#)

Part # 1: Interagency Leadership Team

- Aligns interagency vision and trust
- Regular and consistent meetings for engagement and shared solution-finding
- Maximizes reform/development efforts for all partners
- Share decision-making and responsibility



Successful ILT Leadership Behaviors



Provide timely feedback and assure effective communication



Build collective accountability, risk and reward



Explore and affirm the efforts and strengths of partners



Invest in early intervention and prevention work minimizes trauma and saves dollars



Practice Power-sharing and Understanding

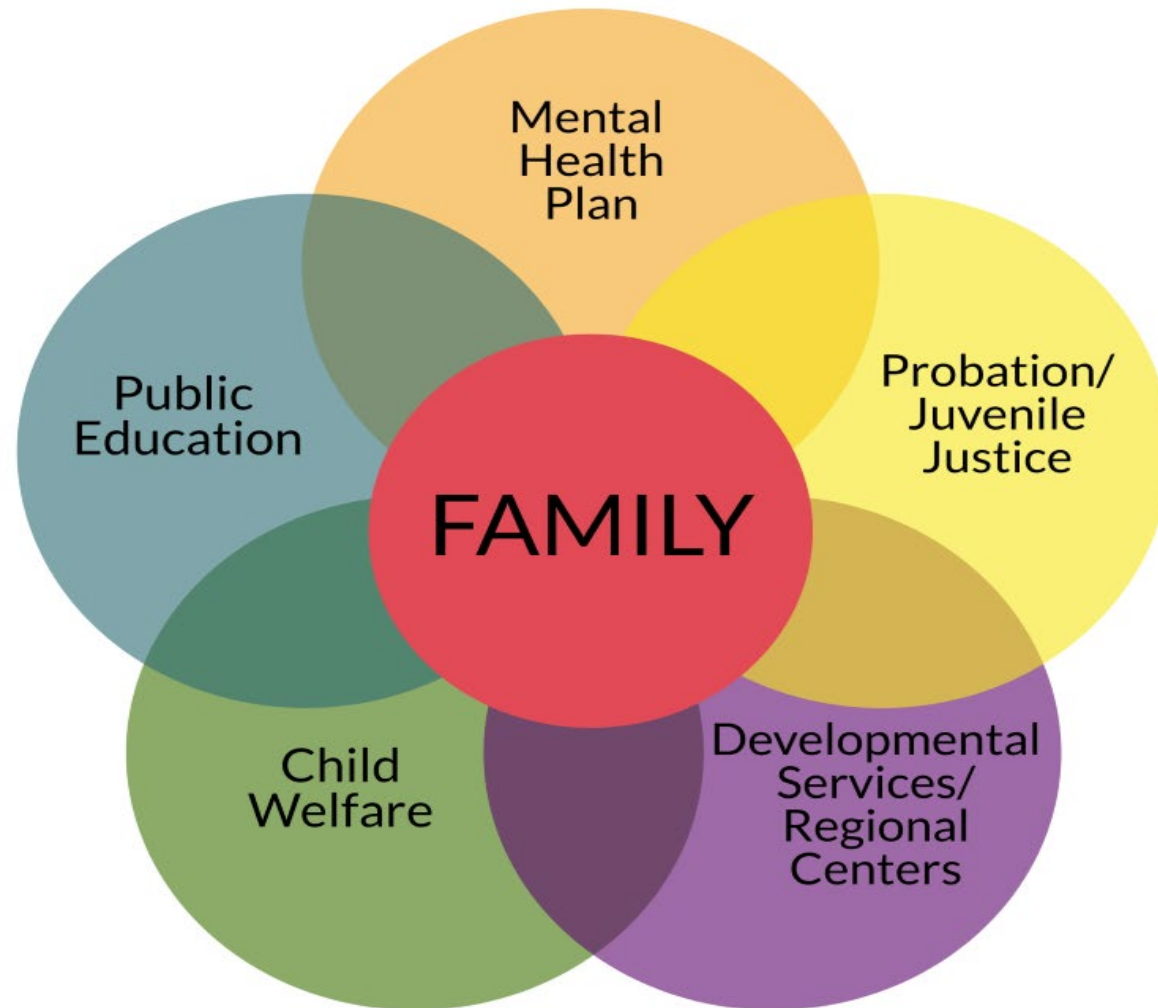
Part #2: Integrated Core Practice Model

- Provides research-based theory of change
- Articulates five universal elements of a care episode
- Establishes common principles and practices for successful care
- Defines practices for success in behavioral terms
- Five Elements:
 - *Engagement*
 - *Assessment*
 - *Service planning/implementation*
 - *Monitoring/adapting*
 - *Transitions*

ICPM Provides Common Language in Support of Other Practice Reform Efforts

- Safety Organized Practice
- Family First Prevention Services
- Juvenile Justice/Trauma Awareness
- Multi-Tiered System of Supports
- Person-Centered Planning and Thinking
- Whole Person Care/ODS Waiver
- CalAIM (Pending)

Integrated Core Practice Model Supports Family-Centered Care



Fluid and timely youth and family information exchange



Rules and Regulations can be challenging but should not impede engagement, service delivery and supports

Question legal and risk barriers

Upcoming State TA webinars on this topic (November)

Information Sharing Practices for Success

- Consider using a single, uniform Release of Information (ROI) form (See ACL18-09, January 25, 2018).
- Timely, appropriate sharing of assessment and service planning is the essence of System of Care and effective care coordination.
- System of Care leaders can greatly impact timeliness and quality of care by assuring info sharing is fluid and clear.
- Capture shared info sharing in policy and training.
- Returns on investment are sometimes only seen in “others” outcomes.

Part 9: Financial Resource Management



Maximize partner allocations, grants, other revenues



Evaluate local opportunities; leverage and focus efforts

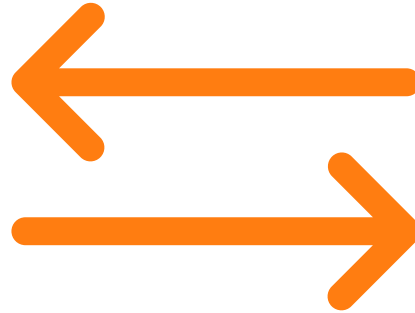


Sharing personnel resources; co-location cost avoidance

Practices for Success



Assess current financial barriers and practices that represent ongoing conflicts and barriers



Create uniform local practices



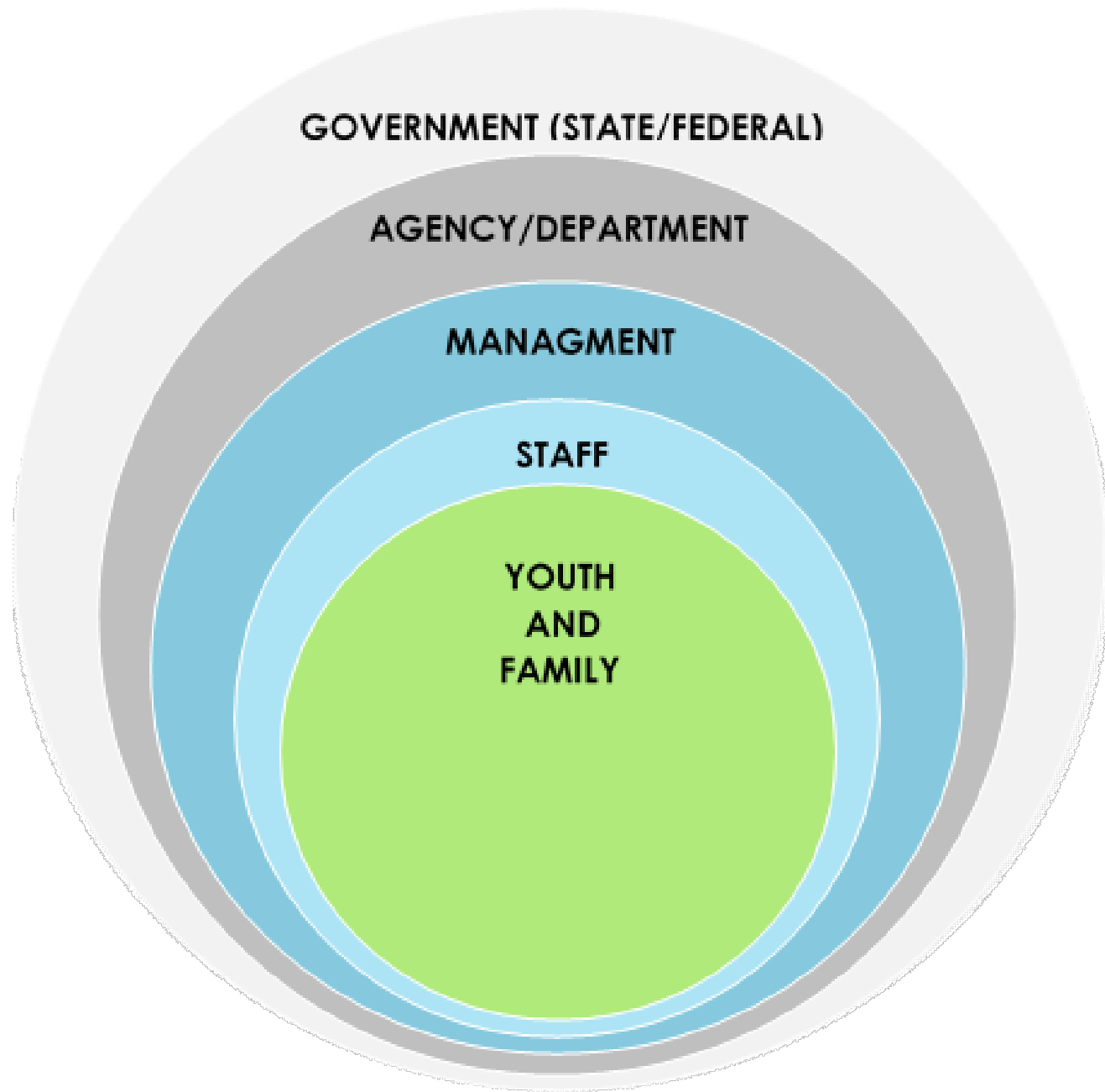
Establish a local practice of inquiry and explore the root of financial barriers

Resource Sharing Practices for Success

- Get budget and planning staff/teams together
- Identify common service targets and analyze for redundancy of effort
- California has many sources of “match” to maximize federal allocations (MHSA, Prop 10, JJCPA, Prop 64, LCAP, etc)
- Explore reinvestment into prevention and early intervention

The Principles On Which AB 2083 Is Designed Are Trauma Informed

- Family Voice and Choice
- Natural Supports
- Collaboration
- Teaming
- Community Based
- Culturally Responsive
- Individualized
- Strength Based
- Persistence
- Outcomes Based
- Trauma Informed



Partnership shares risk, reward and responsibility; *decreasing institutional trauma!*

Trauma Informed System of Care



Trauma Informed Systems (TIS) principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures.

Epstein, K, Speziale, K, Gerber, & Loomis, B (2014): SF DPH TIS (Trauma-Informed Systems Initiative)

System of Care's Return on Investment



- School Attendance increased (Discontinuation of 8.6% vs. 15%)



- Decrease MH inpatient services by 42%



- Average cost per child for ER visits decreased 57%



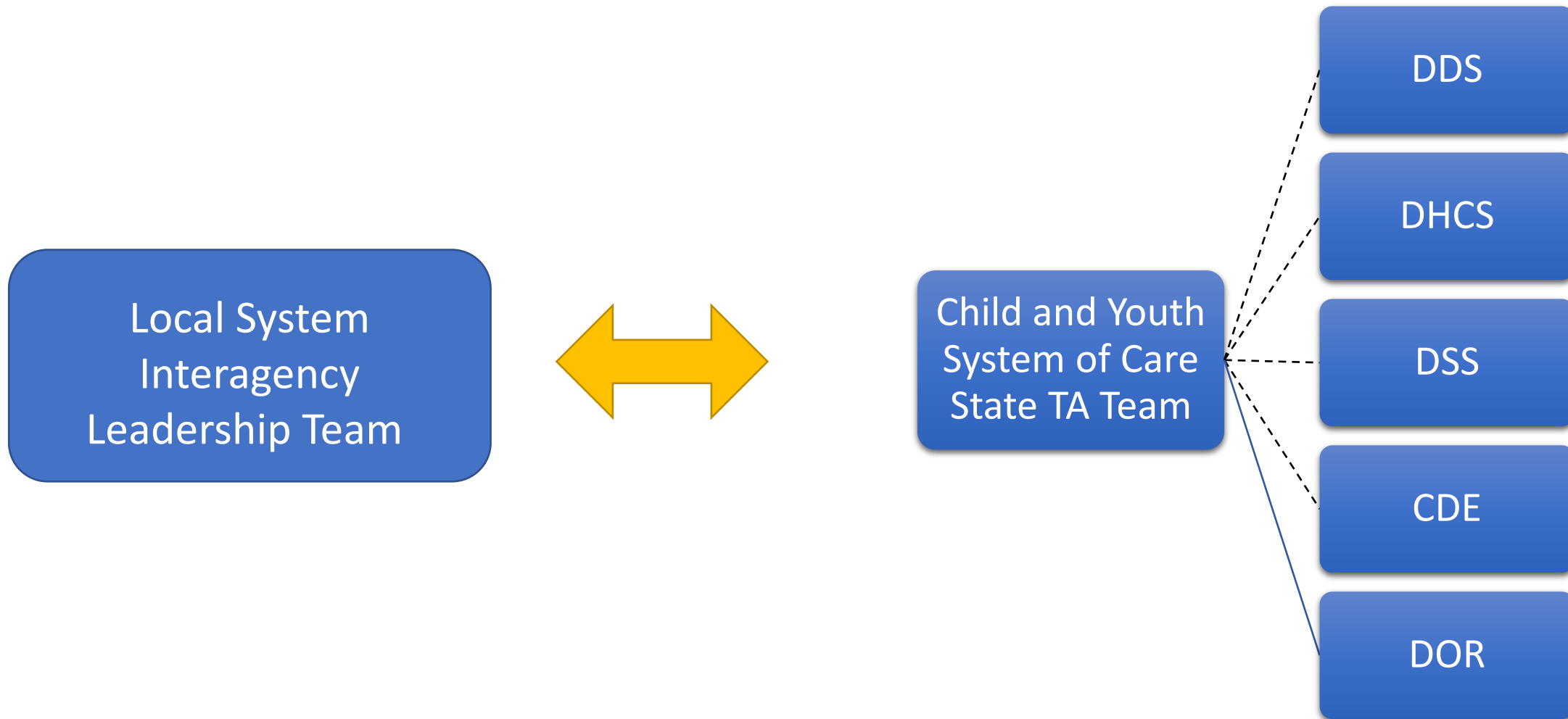
- Juvenile arrests decreased by 38%.



- Decreased behavioral and emotional problems, suicide rates, substance use, and corrections involvement.

(NTACCH, April 2014)

Child and Youth System of Care State Technical Assistance Team



Request for Technical Assistance

If moving through your local dispute process has been exhausted:



Email to: **SystemofCare@DSS.CA.GOV**

Important Take-Aways

- Collaboration is not the same as integration and MOU is the blueprint for integrative efforts in behalf of children, youth and families
- The MOU is only as useful as the leadership behaviors it inspires
- Timely and seamless information and data sharing link systems and outcomes
- Revenue sharing and co-location reduce cost and minimize trauma
- Return on Investment is large, but takes persistence and time