

California Child Welfare Council
DATA LINKAGE AND INFORMATION SHARING (DLIS) COMMITTEE NOTES
June 14th, 2023 from 1:00 PM to 3:00 PM

Welcome & Introductions

Attendees: Wendy Wiegmann (California Child Welfare Indicators Project), Cynthia Tocher (CDSS), Alicia Sandoval (CDSS), Ryan Reyes (CDSS), Howard Himes (Napa County HHS Agency Director, Retired), Diana Casanova (CDE), Paula Ensele (CDSS), Richard Lin (CDSS), Gail Goodman (UC Davis), Kate Cordell (Opeeka)

Action Items:

- Approval of March 13th, 2023 Meeting Notes – Moved, Seconded, Approved.

Discussion Items:

- **National/state/local project updates**
 - No news.
- **CWS-CARES Update**
 - Received approval for CWS-CARES road maps and project updates
 - Changed timeline: To fully integrate feedback from end users, the first version of CARES will go live in Oct. 2026. Includes required functionality needed to decommission CWS/CMS, support new policies (e.g., FFPSA), and lay foundation for CARES v2.
 - See slides for capabilities in V1
 - CARES V2 will go live in April 2028, which will build on V1, add advanced analytics, continued implementation of interfaces, etc.
 - See slides for capabilities that are being reviewed for V2.
 - Roll out was initially set to occur over 9 months, which many end users found too quick since end users would have had to work across both systems
 - To address this, V1 will have a production pilot to support the statewide rollout approach
 - Currently determining number of pilot organizations, how to determine them, confirmation of parallel processing, and pilot duration
 - Pilot counties will have to do parallel processing
 - Estimating 45 days of piloting, but is still being refined
 - End users are involved at three points in the CARES development lifecycle
 - 1. Understanding end user needs to incorporate them in initial plans
 - 2. End users providing hands-on feedback on what was development
 - 3. Extended user scenario testing: end users test how the system would work in a real-life scenario to ensure it meets end user needs and those of children and families.
 - Overall, receiving and implementing feedback from end users is slated to be an iterative process
 - In end user testing, they are also looking to open piloting to non-core users to get their feedback as well.
 - If there are additional questions throughout the refinement process, please contact Alicia Sandoval.

- **Potential ideas for September 2023 meeting:**
 - Natural language research from the Children’s Data Network
 - Dr. Lyons (University of Kentucky): work on CANS data
 - Dr. Mark Courtney: work on Guaranteed Income Pilot Project (GIPP)
 - Dr. Wendy Wiegmann: walkthrough of TAY-Hub reports
 - Outcomes of CSEC evaluation
 - Shift to values-based care
 - Alicia, Daniel, and Wendy will reach out to see if any of these options are available to present at the September meeting
- **Substance User Disorder Data Workgroup Update**
 - CARA/CAPTA: 2016 amendment to CAPTA to address the needs of infants where there is indication of maternal substance use
 - Added best practices to support the safety and well-being of infants, provided accountability measures, and required data be reported
 - Plan of Safe Care:
 - should be initiated at the hospital if there was prenatal substance exposure
 - Review medical, mental health, and substance use conditions of mother and infant
 - Need to assess infant health, safety, and development
 - Goal is for 100% of infants with an indication of prenatal substance exposure to have a plan of safe care made by medical professionals
 - Breaking down 2021-22 FY data, analyses showed that of all infants that showed indications of prenatal substance exposure (IPSE; 43% of all referrals), only 44% had a plan of safe care (POSC) in reports made by medical professionals
 - Only 28% of IPSE referrals were reported by a medical professional
 - Only 34% of IPSE infants received any referral to services
 - One issue that has led to these low rates is that hospitals are unwilling to work with the child welfare system to coordinate POSC efforts
 - As a result, many counties had to create reports without medical professional involvement
 - Helpful to note that while the federal government considers medical social workers as a medical professional, this is not reflected in the numbers in California. There remains a need to include this class of professionals to get a more accurate denominator
 - Next steps: will look at Riverside, Stanislaus, and Shasta to learn more about on-the-ground processes of IPSE referrals and POSC development
 - Have permission from their agencies to engage with caseworkers to learn more about the end user perspective
- **GRIP (Goals, Responsibility, Information, and Process) across Continuum of Care-Kate Cordell,**
 - **PhD, Opeeka: kcordell@opeeka.com**
 - Sharing the Right Way
 - An overview of what we know about collaborative care when families are served by multiple organizations
 - Families can be overwhelmed and not understand the distinction between all the systems that are serving them. Therefore, the goal would be to pave highways between service systems to ensure that collaborative organizations can work together around the family rather than the family needing to relay information between systems themselves.
 - Shared GRIP:

- Goals: needs assessment, objectives, and success
 - How can we align our goals across care teams to set up families for success across all systems they are involved in?
- Responsibility: implementation, problem solving, and decision making
 - Making sure organizations are on the same page regarding service decisions
- Information: records, communication, and evaluation results
 - Ensuring there are effective routes of information sharing beyond emails, fax, and phone calls.
- Process: activities, workflow, and monitoring
 - What does the service trajectory of this family look like for this family, how are we doing handoffs?
- Question: how do you navigate agencies' concerns for confidentiality and data sharing, and the variation in how these processes happen (or don't) across counties?
 - Take the path of least resistance—what can we share? Let's start there.
 - A lot of time organizations will take an all or nothing approach, which is not helpful.
 - As they become more comfortable with what they can share, they will eventually come around to altering sharing procedures to share more information over time.
 - Opeeka provides sharing system that will help organizations determine what they want to share and what they want to remain confidential.
- Question: How is your work going in Ventura County cross-walking child welfare and behavioral health systems?
 - It is going slowly and carefully.
 - Speed bump with CDSS that has since been resolved and hopefully this will pave the road for other counties in the future
- In one study, found that have a single care coordinator (also referred to as a "systems guide") with cross-trained staff at all organizations improved collaboration between child welfare and mental health systems
- A systemic approach is critical to intersystem collaboration
 - Families should be seen as whole units with multidimensional needs
 - Care coordinator helps ensure these needs are met
- Story mapping organizes information from all agencies and allows the joint development of goals and subgoals.
 - Goals are listed in the same place
- Currently in Ventura; rolling out in Yolo and Solano Counties next.
- Sharing Responsibility & Process
 - Creating a resource map from the family's perspective
 - Establish no wrong door
 - Identify warm hand-offs
 - Document shared processes—continue to improve them when these processes have holes
 - "Don't blame people, improve the process"
- Shared Information:
 - Keep MOUs up to date, identify what information can be shared, think about supporting the family, create crosswalks, and create automation

and workflows for data sharing

- See presentation for references for partnership models
- Opeeka has machine learning applications that can help identify patterns in service use
 - E.g., identifying gaps in services for youth who are younger than age 11 and have suicidal ideation.
- Goal is to use AI to identify data and eventually, use ChatGPT to complete CANS (can become CANS approved)

Committee Adjourned

Next Meeting scheduled for Wednesday, September 13th, 2023 (in-person meeting to be held in Sacramento)