

# California Systems Interoperability and Integration Project

## Proof of Concept Demonstration

### INTRODUCTION

In the fall of 2012, the California Health and Human Services Agency (CHHS), Office of Systems Integration received a federal grant award from the Administration for Children and Families (ACF). The one year planning grant, known as the *State Systems Interoperability and Integration Project Implementation Plan* (SSIIP), focuses on strategies to bridge information sharing among silos that adversely affect the ability of programs within CHHS to serve beneficiaries optimally and cost-efficiently. Within the CHHS there are hundreds of information systems ranging from highly complex to relatively simple stand alone databases. The aim of the SSIIP is to achieve electronic data sharing across programs by developing:

**Systems Interoperability and Integration Plan** that will provide the “big picture” vision for interoperability for health and human services over the next 5 – 10 years.

**Governance Model for Data Sharing** to identify the policies, systems, and decisions that will establish authority and responsibility for sustained interoperability.

**Confidentiality and Security analysis** to identify and resolve legal barriers and inaccurate perceptions and myths that inhibit to timely information sharing, within the requirements of the law.

**Organizational Change Road Map for Data Sharing** that will provide guidance and templates for overcoming the challenges of organizational change needed to take advantage of data sharing opportunities.

As part of the broader effort and as a way to demonstrate options for electronic data sharing, the Project will initiate a Proof of Concept focused on children and youth in foster care who have been and will be prescribed psychotropic medication. The Proof of Concept will show how replacing the current fragmented process of information sharing can be retooled into an electronic record sharing system that provides decision makers such as social workers, judges, parents and foster parents, and prescribing doctors with accurate and timely data and protects privacy and confidentiality.

## **BACKGROUND**

At federal, state and local levels there is growing momentum in electronic data sharing systems that benefit health and human services and the individuals they serve. Several initiatives within California are tackling the challenges of establishing technology systems that allow appropriate data exchange and maximizes information across departments at state and local levels. The common denominator of the various initiatives is advancing an electronic data sharing system for State and local level public agencies. As a result of the many initiatives underway, there is some confusion about how the efforts compliment and potentially overlap with the Interoperability and Integration Project (Project). The End Notes provides a brief description of the various efforts and relationship to the broader Project. The principle difference among the initiatives is that the Interoperability Proof of Concept is the only demonstration of how the concept of electronic data sharing can become operable.

Psychotropic medication in children and youth in foster care is a concern at the national level as well as within California. In recent studies by the Government Accountability Office (GAO), they have found that children in foster care were prescribed psychotropic drugs at higher rates than non-foster children in Medicaid. Although the higher rates do not necessarily indicate inappropriate prescribing practices, and could be due in part to foster children's greater mental health needs and greater exposure to traumatic experiences, the higher rates could also be due to the challenges of coordinating their medical care due to frequent moves, new doctors prescribing new medications possibly without a full medical record to review, no permanent guardian, and a lack of attention to the potential health risks of a psychotropic medication regimen. While the Proof of Concept does not directly address psychotropic medication use among children and youth in foster care, it is anticipated a system providing decision makers with ready access to accurate and timely information will result in better oversight and appropriate levels of medication and ultimately better health outcomes for those children and youth.

## **PROOF OF CONCEPT**

The Interoperability and Integration Project (Project) will result in a plan that provides the "big picture" vision for interoperability for health and human services. To demonstrate how interoperability might work, the Project has elected to focus a Proof of Concept on a foster care use case related to psychotropic medication. Based on practices in Alameda County, the project team will work with a wide variety of stakeholders to develop a Proof of Concept to show how electronic record sharing can be accomplished and ultimately improve services to children and youth in foster care.

Alameda County, in consultation with other California counties, will serve as the basis for identifying potential problems related to business practices and workflow, technology, and confidentiality (privacy and security) discussed in this paper. This is the starting point for a model that has broader interoperability implication and potential application within health and human services.

## **PROOF OF CONCEPT DISCUSSION**

### **Information Sharing: Challenges**

In California, the court must enter an order permitting children in foster care to be administered psychotropic medications. Therefore, it is essential that the presiding judge, along with the child welfare agency, the court personnel, the parent, the advocate for the child, and the caregiver know the current and full medical and behavioral health history of the youth in order to provide the best care and judgment regarding the administration of the psychotropic medication. The doctor prescribing the medication needs to have access to current and full medical and behavioral health history to ensure that the prescription is appropriate for the youth and not a medication that has been prescribed in the past and not been successful. It is also important for these persons to know whether the requested psychotropic medication is of a similar class to a medication the child in foster care is already taking and/or whether it is contraindicated to a medication (behavioral or physical health) the child is taking.

Presently, much of the information exchange between the court, child welfare public and private agencies, parent, child advocate, caregiver and the doctors is done by paper, completing authorization forms to different parties via facsimile or email, and even by regular mail. This does not facilitate providing the most current and complete information because it depends on a number of different persons to enter the information into the necessary systems, including the State's automated Child Welfare Services/Case Management System (CWS/CMS). The statewide child welfare system provides a Health and Education Passport that is intended to provide reports that contain medical and education information regarding the child in foster care. Manual form completion creates opportunity for delays and errors in deciphering handwriting. Resulting system entry delays and/or deciphering errors compound the opportunity for non-current, incorrect, and potentially harmful medication dosages prescribed for children in foster care. Incomplete records of behavioral and physical health history for the child in foster care may also result. In addition, in the foster child's county of origin, there may be a number of legacy electronic systems that do not link to each other so that the necessary information cannot be shared in an interoperable manner. Effectively monitoring the foster child's medical and mental health progress over time is

further compromised by frequent child moves, resulting in new doctors prescribing medications possibly without possessing a full medical history, that exacerbate delays associated with the manual front-end paper process.

### **Technology: Interoperability and Integration**

Information about the child is maintained in separate systems, and not all information is maintained in electronic format. There is no universal identifier for the client that is shared across state, local, and private information systems. This introduces opportunities for erroneously matching information about two different people or failing to match information from two systems about the same person.

A case manager and/or public health nurse enters information about the child manually into the CWS/CMS system. Some of the case information is based on a manual review of Medi-Cal, health, and education records. Different user credentials and logins are required to access different IT systems. Even if the physician uses an electronic health record (EHR) system, there is currently no standard mechanism for the EHR system to exchange relevant information electronically and automatically with the CWS/CMS. Forms required by the court for the approval of psychotropic medications are prepared manually and transmitted in paper format to a variety of interested parties. Consent or disagreement with recommendations is shared via manual signatures on paper forms.

The Health and Education Passport is typically printed and provided in a binder. Some information in the Passport is in the format of a scanned page, rather than being stored as individual data elements in a database. This means that specific information of interest (e.g., past medication history and evaluation of effectiveness) may be difficult to find and cannot be readily used in a decision-support tool.

### **Confidentiality: Protecting Privacy and Security**

Last, and surely not the least barrier to timely information sharing, there are the legal confidentiality challenges and concerns, particularly with growing requirements under federal HIPAA standards and rules. What information can be shared, with whom, for what purpose, and how can the information be shared and the rights of confidentiality and privacy of the foster care minor be safeguarded? Once shared, how does the process ensure that the information is not re-disclosed?

Currently, Federal and California state law requires appropriate consents for the administration of medication to foster children. For dependents of the juvenile court with a prescribed psychotropic medication, court authorization or parental consent for the administration of the medication will be documented in the child's record. Thereafter, HIPAA does not restrict the delivery of medical information from the attending physician to the child's assigned social worker, probation officer, or the custodial caregiver. Nor

does it restrict entry of such information into CWS/CMS. California Civil Code Section 56.103 establishes these provisions. Obtaining and documenting judicial consents is specified in California Rules of Court Section 5.640.

## **CLOSING**

Using the psychotropic medication for children in foster care issue as the Proof of Concept, California plans to initiate changes to current manual processes in favor of automated and integrated service systems that would better support the medical needs and safety of foster children in its care. Using one county (Alameda) as the example, along with the participation of other counties and interested parties, California intends to demonstrate that information can be shared and, at the same time, the rights of confidentiality and privacy can be protected, and how the information can be shared in an interoperable manner. Furthermore, the Proof of Concept will illustrate that interoperable systems can be developed thoughtfully yet expeditiously, and readily adapted to the current technology and system challenges. In conclusion, through the timely sharing of necessary psychotropic medication information for children in foster care, systems will be more efficient and effective, with the outcome of improving the health and well-being of the children in foster care in California.

This Proof of Concept will demonstrate interoperability at the state and local levels and will provide a template for future expansion across all applicable health and human services programs and systems.

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## End Notes

### Statewide Electronic Data/Information Sharing Initiatives Related to Proof of Concept (POC)

Initiative	Goal	Compliments Proof of Concept Goals	Overlaps Proof of Concept Goals	How Proof of Concept is Different
Psychotropic Medications in Foster Children Quality Improvement Project	Improve oversight of psychotropic medication among children and youth in foster care.	X		
	<p>Improve the usability of the Health Education Passport (HEP) by linking data and information electronically</p> <p>Engage end-users to aid in establishing uniform protocols and procedures when documenting treatment plan in the HEP.</p>	X	X	<p>Proof of Concept will demonstrate how sharing electronic data can work</p> <p>Work with representatives of government agencies to develop the “how, what, and who” to access electronic data</p>
The Children’s Partnership: Personal Health Record (PHR) Planning Grant and Planning Grant and Care Coordination Initiatives (CCI)	<p>PHR: assist State in implementing “Audacious Goal” for Foster Care population by developing Strategic Action Plan; Phase 1 implementation with 2 -3 counties (see below)</p> <p>CCI: county initiatives demonstrate how technology and electronic information exchange improves care coordination and outcomes for vulnerable children including Foster Care</p>	X	X	Focused on end user of system for information to provide services to children and youth in foster care

Initiative	Goal	Compliments Proof of Concept Goals	Overlaps Proof of Concept Goals	How Proof of Concept is Different
California Health and Human Services Health Information Exchange (HIE) Plan	Support better alignment of state level health IT activities with health care delivery system transformation efforts; adoption of electronic health records	X	X  Linking health records to child welfare services	
Child Welfare Council	Endorses information technology systems that allow appropriate data exchange/maximizes information available between child welfare system and courts	X		
Blue Ribbon Commission for Children in Foster Care	Endorses information technology systems that allow appropriate data exchange/maximizes information available between child welfare system and courts	X		

## **Links**

### **Quality Improvement Project**

<http://pepi.ucdavis.edu/download/cngng/Quality%20Improvement%20Project%20for%20Psychotropic%20Medication/>

### **The Children's Partnership**

<http://www.childrenspartnership.org/about-us/overview>

### **The CHHS HIE Plan**

<<http://www.ohii.ca.gov/calohi/eHealth/MakingHIEHappen/PlansReports/HITTrailblazers.aspx>>

### **Child Welfare Council**

<http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Pages/DataInfoandDataSharingCommittee.aspx>

### **Blue Ribbon Commission on Foster Care**

<http://www.courts.ca.gov/brc.htm>

### **Administrative Office of the Courts**

[www.courts.ca.gov/policyadmin-aoc.htm](http://www.courts.ca.gov/policyadmin-aoc.htm)

<http://www.stewardsofchange.com/clients-projects/pages/default.aspx>