Vignette Introduction to members:

Thank you for your investment of time to help us improve the system of care for our young people in foster care. Early next week, you will be provided with three vignettes, which will be used in the 10:35 agenda item, Bright Spots & Challenges within Current System, and describe the journey of a child/young person and their family in the foster care system. The goal of these vignettes is to highlight the complexities and challenges multiple systems have in meeting the needs of those we hope to help. A reminder that the purpose of our workgroup is to address the Medi-Cal system, yet the lives of those in the vignettes are touched by multiple systems. Once the vignettes are added to the meeting invite, please read the un-highlighted version first. The highlighted version is color-coded to recognize the system connected to a particular issue. Our hope is that by the highlighting of the vignettes we can better appreciate the difficulties in connecting to the most appropriate Medi-Cal services. These vignettes will assist us in discussing the guiding questions during our breakout session.

Vignette Introduction on web document:

These three vignettes, will be used in the 10:35 agenda item, Bright Spots & Challenges within Current System, and describe the journey of a child/young person and their family in the foster care system. The goal of these vignettes is to highlight the complexities and challenges multiple systems have in meeting the needs of those we hope to help. A reminder that the purpose of our workgroup is to address the Medi-Cal system, yet the lives of those in the vignettes are touched by multiple systems. Please read the un-highlighted version first. The highlighted version is color-coded to recognize the system connected to a particular issue. Our hope is that by the highlighting of the vignettes we can better appreciate the difficulties in connecting to the most appropriate Medi-Cal services. These vignettes will assist us in discussing the guiding questions during our breakout session.

Vignette 1

Makayla, age three years, and Zari, age four years, are sisters brought in to child welfare by law enforcement after law enfocement was called to conduct a welfare check on the children’s mother. The mother was found at the family’s home in the closet hanging by a belt with her two children watching. The mother was placed on a 5150 hold and taken to obtain inpatient psychiatric care, while the two children were taken to the child welfare office. This family is African American and has no child welfare history. The sisters were placed in a foster home for several weeks, while the placement social worker identified a relative placement option. Over a period of three months, the county social worker worked with the maternal grandmother regarding placement. The grandmother was going through the process of resource family approval\* (RFA), while working full time and caring for her two granddaughters. During this time, the mother was receiving mental health treatment and the grandmother received no financial support and little other resource support to care for her granddaughters. The grandmother has been trying to find a therapist through her employer’s insurance for her own support and has difficulty locating a therapist that is accepting new clients and with availablility that works with her tight schedule. The grandmother and biological mother requested mental health services for the girls, and the social worker submitted Screenings (Pathway) to County Mental Health Plan. The screenings identified impairment due to the girls witnessed their mother attempt to kill herself and are having nightmares, difficulty sleeping, and episodes of excessive crying, increased tantrums and difficulty being soothed. In the first three months of the case, the mental health services for the children were not in place due to the wait time for child assessments and scheduling. It was also noted by the grandmother and documented by Makayla’s physcian that there were some developmental delays of significance that indicated a need for further evaluation. The grandmother in this case also felt there were cultural considerations for this African American family that were not addressed. During the Child and Family Team (CFT) meetings (MH, DD, Child Welfare, Education) the family expressed that they did not feel their voice was heard by the roomful of professionals and, in fact, they felt judged.

\*Resource Family Approval Program (RFA) is the family-friendly and child-centered caregiver approval process that combines elements of the current foster parent licensing, relative approval, and approvals for adoption and guardianship processes and replaces those processes.

Vignette 1

Makayla, age three years, and Zari, age four years, are sisters brought in to child welfare by law enforcement after law enfocement was called to conduct a welfare check on the children’s mother. The mother was found at the family’s home in the closet hanging by a belt with her two children watching. The mother was placed on a 5150 hold and taken to obtain inpatient psychiatric care, while the two children were taken to the child welfare office. This family is African American and has no child welfare history. The sisters were placed in a foster home for several weeks, while the placement social worker identified a relative placement option. Over a period of three months, the county social worker worked with the maternal grandmother regarding placement. The grandmother was going through the process of resource family approval\* (RFA), while working full time and caring for her two granddaughters. During this time, the mother was receiving mental health treatment and the grandmother received no financial support and little other resource support to care for her granddaughters. The grandmother has been trying to find a therapist through her employer’s insurance for her own support and has difficulty locating a therapist that is accepting new clients and with availablility that works with her tight schedule. The grandmother and biological mother requested mental health services for the girls, and the social worker submitted Screenings (Pathway) to County Mental Health Plan. The screenings identified impairment due to the girls witnessed their mother attempt to kill herself and are having nightmares, difficulty sleeping, and episodes of excessive crying, increased tantrums and difficulty being soothed. In the first three months of the case, the mental health services for the children were not in place due to the wait time for child assessments and scheduling. It was also noted by the grandmother and documented by Makayla’s physcian that there were some developmental delays of significance that indicated a need for further evaluation. **The grandmother in this case also felt there were cultural considerations for this African American family that were not addressed**. During the Child and Family Team (CFT) meetings (MH, DD, Child Welfare, Education) **the family expressed that they did not feel their voice was heard by the roomful of professionals and, in fact, they felt judged.**

\*Resource Family Approval Program (RFA) is the family-friendly and child-centered caregiver approval process that combines elements of the current foster parent licensing, relative approval, and approvals for adoption and guardianship processes and replaces those processes.

Key: Medi-Cal Mental Health, DD, Child Welfare, Education, Medi-Cal Physical Health, Probation, Substance Use Disorder, Private Insurance, **Multi-System Responsibility**

Vignette 2

Emilio is 14, Latino, and grew up in Southern California. He entered a Short-Term Residential Therapeutic Program (STRTP) in Northern California two weeks ago, after having lived in 15 previous placements. The youth was most recently diagnosed with Oppositional Defiant Disorder and Attention Deficit and Hyperactivity Disorder just prior to being presumptively transferred to his new county of residence.\* Emilio has a long list of other mental health diagnoses from prior episodes of treatment, including anxiety, depression, Adjustment Disorder, Reactive Attachment Disorder, and Post Traumatic Stress Disorder. The youth has received various mental health treatment over the years with several different clinicians due to the numerous placement changes that spanned across three different counties. He is currently prescribed and taking Ritalin which does not appear to be addressing the behavioral symptoms of concern. The current challenging behaviors reported include refusing to go to school at least once a week, running away to hang out with friends, not listening or following directions, and arguing with house staff. Additionally, Emilio broke windows in his last placement, and, on one occasion, had a physical altercation with peers. Although probation is not currently involved, Emilio previously had probation involvement for an incident of violent behavior when he broke out two windows at his previous group home and the police were called to remove him from the placement. Due to Emilio’s six placement changes over the past 18 months, which included moves to three different counties, it has been difficult to follow up on Emilio’s physical health due to changes in primary care physicians. There is a note from a physician at his last physical exam that Emilio stated that he uses marijuana approximately four to five times per week and that he feels his marijuana use helps to keep him calm. Emilio’s early education experience is unclear, but it seems that he received special education services briefly while in first grade for communication-related delays and has had less formal student support plans in place to address challenging behavior in some of his school settings. Related to the frequent placement changes, Emilio has changed schools ten times. There is no known family involvement at this time. Emilio has a long history of child welfare involvement dating back to the age of two years old when he was first removed from his mother and father’s care due to substantiation of physical abuse by the father and failure to protect (neglect) by the mother. Reunification services with the mother have been attempted twice over the past 12 years but reunification has not been successful. Upon entering placement there is no family placement or lower level placement identified as a transition plan. Staff from a prior placement once mentioned that Emilio shared about a positive connection with a teacher from a prior school in Southern California with whom he has lost contact.



\*Placing agencies make the decisions related to presumptive transfer, and mental health plans are responsible for providing the services. NOTE: Best practice is to waive presumptive transfer when placing a youth in a STRTP.

Vignette 2

Emilio is 14, Latino, and grew up in Southern California. He entered a Short-Term Residential Therapeutic Program (STRTP) in Northern California two weeks ago, after having lived in 15 previous placements. The youth was most recently diagnosed with Oppositional Defiant Disorder and Attention Deficit and Hyperactivity Disorder just prior to being presumptively transferred to his new county of residence.\* Emilio has a long list of other mental health diagnoses from prior episodes of treatment, including anxiety, depression, Adjustment Disorder, Reactive Attachment Disorder, and Post Traumatic Stress Disorder. The youth has received various mental health treatment over the years with several different clinicians due to the numerous placement changes that spanned across three different counties. He is currently prescribed and taking Ritalin which does not appear to be addressing the behavioral symptoms of concern. The current challenging behaviors reported include refusing to go to school at least once a week, running away to hang out with friends, not listening or following directions, and arguing with house staff. Additionally, Emilio broke windows in his last placement, and, on one occasion, had a physical altercation with peers. Although probation is not currently involved, Emilio previously had probation involvement for an incident of violent behavior when he broke out two windows at his previous group home and the police were called to remove him from the placement. Due to Emilio’s six placement changes over the past 18 months, which included moves to three different counties, it has been difficult to follow up on Emilio’s physical health due to changes in primary care physicians. There is a note from a physician at his last physical exam that Emilio stated that he uses marijuana approximately four to five times per week and that he feels his marijuana use helps to keep him calm. Emilio’s early education experience is unclear, but it seems that he received special education services briefly while in first grade for communication-related delays and has had less formal student support plans in place to address challenging behavior in some of his school settings. Related to the frequent placement changes, Emilio has changed schools ten times. There is no known family involvement at this time. Emilio has a long history of child welfare involvement dating back to the age of two years old when he was first removed from his mother and father’s care due to substantiation of physical abuse by the father and failure to protect (neglect) by the mother. Reunification services with the mother have been attempted twice over the past 12 years but reunification has not been successful. Upon entering placement there is no family placement or lower level placement identified as a transition plan. Staff from a prior placement once mentioned that Emilio shared about a positive connection with a teacher from a prior school in Southern California with whom he has lost contact.



\*Placing agencies make the decisions related to presumptive transfer, and mental health plans are responsible for providing the services. NOTE: Best practice is to waive presumptive transfer when placing a youth in a STRTP.

Key: Mental Health, DD, Child Welfare, Education, Physical Health, Probation, Substance Use Disorder

Vignette 3

In a rural county in California, a sibling set of four, Suzy (age one year), Johnny (age two years), Lilly (age six years), and Jeffery (age eight years), entered foster care due to general neglect related to parental substance use and mental health issues. Law enforcement placed the children into temporary custody due to unsanitary conditions of the home environment as there was no edible food, animal feces/urine, and garbage found throughout the home. Law enforcement was completing a safety check at the home due to concerns reported by a neighbor. In the prior six years, the family had 15 previous child maltreatment referrals and three prior voluntary child welfare cases, which included voluntary placement. The parents are White and have a history of opioid use. Johnny was born prematurely and tested positive for opioids and THC. There are reports that the mother had limited prenatal care with the youngest two children. Jeffery was able to share with her social worker about seeing her mom and dad fight, which included yelling, hitting, and throwing and breaking items. The parents were offered reunification services for a period of 24 months. The children experienced three non-relative resource family placements in a period of four years. The movement of the siblings was in part due to the behaviors displayed by Lilly and Jeffery (tantrums, refusing directions, biting, hitting, breaking toys) that were not appropriately addressed. Due to the behaviors of the older two siblings, also not being appropriately recognized as trauma-related, the foster parents requested they be removed from the home two years after the case began. It is unknown whether the Social Worker referred the children for a mental health assessment in response to these challenges. Upon the change in placement of the older siblings, the younger children did not remain in contact. The foster parents requested to limit contact between the siblings, because of concern that the contact resulted in difficult behavior following sibling visits. Once Suzy started school, reports began regarding challenging behaviors displayed in the classroom such as difficulty sitting still, hitting peers on the playground, difficulty with peer relationships, and difficulty reading. Johnny was diagnosed with type 1 diabetes by his local doctor, who referred him to a pediatric specialist at the nearest children’s hospital, three hours away, for specialized treatment. Johnny was also evaluated for developmental delays and received Early Start services and, then, later transitioned to a special education preschool setting. Lilly and Jeffery, now 11 and 13 years-old are living separately. Lilly is living in an Intensive Services Foster Care\*\* (ISFC) home in a neighboring county and Jeffery is living in a STRTP (this is after moving to several different types of placement) in Central California. Jeffery’s mental health case has been waived for presumptive transfer. Case records indicate that the parents initially reported no relative placement options and, it appears, there were no further family finding efforts to explore relative placement options for the children.

\*\* The Intensive Services Foster Care (ISFC) program was created to provide supports to children and youth who require intensive treatment, including treatment for behavioral and specialized health care needs.

Vignette 3

In a rural county in California, a sibling set of four, Suzy (age one year), Johnny (age two years), Lilly (age six years), and Jeffery (age eight years), entered foster care due to general neglect related to parental substance use and mental health issues. Law enforcement placed the children into temporary custody due to unsanitary conditions of the home environment as there was no edible food, animal feces/urine, and garbage found throughout the home. Law enforcement was completing a safety check at the home due to concerns reported by a neighbor. In the prior six years, the family had 15 previous child maltreatment referrals and three prior voluntary child welfare cases, which included voluntary placement. The parents are White and have a history of opioid use. Johnny was born prematurely and tested positive for opioids and THC. There are reports that the mother had limited prenatal care with the youngest two children. Jeffery was able to share with her social worker about seeing her mom and dad fight, which included yelling, hitting, and throwing and breaking items. The parents were offered reunification services for a period of 24 months. The children experienced three non-relative resource family placements in a period of four years. The movement of the siblings was in part due to the behaviors displayed by Lilly and Jeffery (tantrums, refusing directions, biting, hitting, breaking toys) that were not appropriately addressed. Due to the behaviors of the older two siblings, also not being appropriately recognized as trauma-related, the foster parents requested they be removed from the home two years after the case began. It is unknown whether the Social Worker referred the children for a mental health assessment in response to these challenges. Upon the change in placement of the older siblings, the younger children did not remain in contact. The foster parents requested to limit contact between the siblings, because of concern that the contact resulted in difficult behavior following sibling visits. Once Suzy started school, reports began regarding challenging behaviors displayed in the classroom such as difficulty sitting still, hitting peers on the playground, difficulty with peer relationships, and difficulty reading. Johnny was diagnosed with type 1 diabetes by his local doctor, who referred him to a pediatric specialist at the nearest children’s hospital, three hours away, for specialized treatment. Johnny was also evaluated for developmental delays and received Early Start services and, then, later transitioned to a special education preschool setting. Lilly and Jeffery, now 11 and 13 years-old are living separately. Lilly is living in an Intensive Services Foster Care\*\* (ISFC) home in a neighboring county and Jeffery is living in a STRTP (this is after moving to several different types of placement) in Central California. Jeffery’s mental health case has been waived for presumptive transfer. Case records indicate that the parents initially reported no relative placement options and, it appears, there were no further family finding efforts to explore relative placement options for the children.

\*\* The Intensive Services Foster Care (ISFC) program was created to provide supports to children and youth who require intensive treatment, including treatment for behavioral and specialized health care needs.

Key: Mental Health, DD, Child Welfare, Education, Physical Health, Probation, Substance Use Disorder